

Commonwealth Schools of Insurance

P.O. Box 22414, Louisville, KY 40252-0414 • 502.425.5987 • FAX 502.429.0755
E-mail: info@commonwealthschools.com

INSTRUCTIONS TO COMPLETE THE CONTINUING EDUCATION COURSE

Thank you for choosing the Commonwealth Schools of Insurance to fulfill your continuing education requirements.

Please follow the instructions below to complete the course:

STEP 1

Please print out the ANSWER SHEET, CERTIFICATE and QUESTIONS that follow this page. After printing the ANSWER SHEET, please fill out the requested information clearly and completely.

STEP 2

TEST QUESTIONS must be answered on the page that follows. You must score 70% or better to receive credit for this course.

STEP 3

After completing the TEST and STUDENT INFORMATION marked with a "X" on the Certificate of Completion, the completed Answer Sheet and Certificate may be emailed, faxed or mailed to:

Emailed to:	info@commonwealthschools.com
Faxed to:	502.429.0755
Mailed to:	Commonwealth Schools of Insurance, Inc. P O Box 22414 Louisville, KY 40252-0414

Please note that your ANSWER SHEET and CERTIFICATE will not be processed without payment. Payment arrangements are listed on the ANSWER SHEET.

YELLOW CARD SPECIAL

*Simply complete and return all 24 hours of CE at the same time.
Regardless of the prices listed, your total charge will be*

\$110.00

NOTICE

The material contained herein may not be duplicated without the express written permission of Commonwealth Schools of Insurance.

The material contained in this course cannot be used as an original source of authority on legal matters. Any references made to laws and regulations in this material have been edited and summarized for clarity; and changes in these laws and regulations may have occurred since this course was published. The reader should always consult legal counsel as appropriate.

Commonwealth of Kentucky
Department of Insurance - Agent Licensing Division
P. O. Box 517 - Frankfort, Ky. 40602
502-564-6004 <http://insurance.ky.gov>

APPROVED CONTINUING EDUCATION COURSE

CERTIFICATE OF COMPLETION

STUDENT NAME: **X** _____

CONTINUING EDUCATION COURSE IDENTIFICATION

Course Title: _____ *Long-Term Care* _____

Course Certification Number: _____ *C39614* _____

Course Completion Date: _____ Number of Hours: _____ *6* _____

Instructor Name: _____ *PLEASE LEAVE BLANK* _____
(Required if certification is for a classroom course)

Provider Name: _____ *Commonwealth Schools of Insurance, Inc.* _____

Provider Certification Number: _____ *S12128/PROV0085* _____

PROVIDER CERTIFICATION:

I hereby certify that this course was conducted as approved by the Commonwealth of Kentucky Department of Insurance. I further certify that the person whose name appears above did personally complete this course on the date indicated. Also, I acknowledge that fraudulent certification of this document will result in immediate withdrawal of approval of the provider, plus penalties, and simultaneous withdrawal of approval of all of the provider's courses (KRS 304.9-295 and 806 KAR 9:220).

Name: _____ *James F Davis* _____
Authorized Provider Representative

Signature: _____ Date: _____

STUDENT CERTIFICATION:

I hereby certify that I personally completed the course listed above in the manner required to satisfy Kentucky's continuing education laws and regulations. Also, I acknowledge that fraudulent certification of completion of this course will result in cancellation of my agent, adjuster, and/or life settlement broker licenses (KRS 304.9-295 and 806 KAR 9:220).

Name: **X** _____ DOI# or NPN: **X** _____

Signature: **X** _____ Date: **X** _____

*The provider is required by law to give the student who successfully completes any continuing education course the original of this form upon completion of the course and to retain a copy in the provider's records for at least five years.
For a classroom course, the provider is required by law to submit the Continuing Education Course Attendance Roster (Form CE-300) to the Department of Insurance within thirty days through eServices electronic submission. Students must verify that credit has been recorded for this class by visiting our website at: <http://insurance.ky.gov>. If credit does not appear, please verify with the provider that the Roster has been submitted. If the Roster has been submitted and you do not receive credit, please forward this original document to the Department directly, and keep a copy for your file.
For all correspondence credits, the provider must submit the Course Completion to the Department through eServices, or the student must mail this original form to DOI and verify credit on our website, as required by KRS 304.9-295(10)(11).*

Long-Term Care

(6 credit hours - LOA is Life & Health)

PLEASE PRINT CLEARLY

First Name	M.I.	Last Name	DOI# and NPN #
Home Mailing Address	City	State	Zip Code
Business Name			
Business Address	City	State	Zip Code
Home Telephone	Business Telephone	Email Address	
Date of Birth	Month	Year	FAX No.

Please send COMPLETED ANSWER SHEET, CERTIFICATE and PAYMENT VIA:

Emailed to: info@commonwealthschools.com

Faxed to: 502.429.0755

Mailed to: Commonwealth Schools of Insurance, Inc.
P O Box 22414

Louisville, KY 40252-0414

Boxes must be filled in completely to insure accuracy in grading.

1	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18	A B <input type="checkbox"/> <input type="checkbox"/>
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4	A B <input type="checkbox"/> <input type="checkbox"/>	20	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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11	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29	A B <input type="checkbox"/> <input type="checkbox"/>
14	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30	A B <input type="checkbox"/> <input type="checkbox"/>
15	A B <input type="checkbox"/> <input type="checkbox"/>	31	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

YELLOW CARD SPECIAL

*Simply complete and return all 24 hours of CE at the same time.
Regardless of the prices listed, your total charge will be \$110.00*

CHECKS AND ALL MAJOR CREDIT CARDS ARE ACCEPTED:

COURSE FEE \$39.00 or Check Here for Yellow Card Special

CARD NO. _____ EXP DATE _____ CV2 NO. _____

CREDIT CARD BILLING ADDRESS _____

SIGNATURE: _____

**KENTUCKY LONG-TERM CARE INSURANCE
TEST**

1. Approximately how many Kentuckians are 65 years of age or older?
 - A. 580,000
 - B. 1 million
 - C. 2 million
 - D. Only Bob Hope and George Burnes

2. The average stay in a nursing home for 1 year costs:
 - A. \$12,000
 - B. \$80,000
 - C. \$35,000
 - D. \$50,000

3. More than half of all unmarried persons entering a nursing home would fall below the national poverty line within:
 - A. 5 years
 - B. 3 years
 - C. 2 years
 - D. 13 weeks

4. For most Americans, either Medicare or Medicaid is a viable option for long-term nursing home coverage.
 - A. True
 - B. False

5. Levels of nursing care from highest to lowest:
 - A. Skilled, custodial, intermediate, home
 - B. Skilled, intermediate, home, custodial
 - C. Skilled, custodial, home, intermediate
 - D. Skilled, intermediate, custodial, home

6. What percentage of U.S. nursing homes are Skilled Nursing Facilities and Medicare-approved?
 - A. 15%
 - B. 35%
 - C. 52%
 - D. 60%

7. LTC policies are usually made available to:
 - A. People over age 84
 - B. People under age 40
 - C. People age 55-74
 - D. All people regardless of age

8. "Guaranteed renewable" means:
 - A. Carrier cannot adjust premiums
 - B. Policyholder or carrier can cancel policy
 - C. Only policyholder can cancel policy
 - D. Only carrier can cancel policy

9. By Kentucky Law, an insurer can increase premiums on the basis of age for insureds over age 65.
 - A. True
 - B. False

10. The Kentucky Department of Insurance makes available a guide to LTC coverages to:
 - A. Consumers
 - B. Insurance agents
 - C. Carriers
 - D. Anyone

11. Which of the following is (are) discussed in "The Consumer's Guide to Long-Term Care Insurance in Kentucky"?
- A. Factors that affect premium rates
 - B. Explanation of benefit limits
 - C. Comparison of policies available in Kentucky
 - D. All of the above.
12. On what grounds can an LTC policy be canceled or non-renewed in Kentucky?
- A. Age of insured
 - B. Non-payment of premium
 - C. Deterioration of insured's physical health
 - D. Deterioration of insured's mental health
13. Which statement is true about an LTC policy in Kentucky?
- A. Can provide significantly more coverage for skilled nursing care than for other levels
 - B. Can provide coverage for skilled nursing care only
 - C. Must provide similar coverage for all levels of nursing care
 - D. All of the above are false
14. The pre-existing condition exclusion for an LTC policy is a maximum of:
- A. 6 months
 - B. 9 months
 - C. 1 year
 - D. Pre-existing condition exclusions are prohibited
15. An LTC policy in Kentucky can use waivers or riders to exclude, limit, or reduce coverage or benefits for specifically named pre-existing conditions beyond the waiting period.
- A. True
 - B. False
16. A Kentucky applicant can return an LTC policy within _____ after delivery and receive a full refund if dissatisfied for any reason.
- A. 1 week
 - B. 10 working days
 - C. 30 days
 - D. Depends on benefit levels
17. An LTC policy can be issued in Kentucky if it limits or excludes coverage for:
- A. Alzheimer's disease
 - B. Alcoholism or drug addiction
 - C. Cancer
 - D. Broken hips
18. If an insured is institutionalized while an LTC policy is in force, the insurance can be terminated and coverage for the institutionalization shall lapse upon termination.
- A. True
 - B. False

19. In Kentucky, a rider to an LTC policy increasing benefits with an accompanying increase in premiums:
- A. Must be approved by the Kentucky Association of Older Persons
 - B. Does not need the insured's consent if the premium increase is under 10%
 - C. Must be signed in writing by the insured
 - D. Only needs the insured's verbal consent
20. An LTC policy providing home health or community care benefits cannot exclude or limit benefits by:
- A. Requiring that skilled nursing facility care would be necessary were home health care is not provided.
 - B. Requiring that the insured first receive nursing or therapeutic services
 - C. Requiring that the insured first have an acute condition
 - D. All of the above.
21. An LTC policy providing home health care or community care benefits must make them available at a dollar amount equivalent to ____ of 1 year's coverage for nursing home benefits.
- A. 50%
 - B. 75%
 - C. 100%
 - D. Unclear from statute
22. An insurer offering an LTC policy in Kentucky must also make inflation protection available to the applicant (except in life policies or riders).
- A. True
 - B. False
23. An LTC policy automatically includes inflation protection unless it is rejected by the insured in writing.
- A. True
 - B. False
24. Every insurer shall annually report to the Kentucky Department of Insurance by June 30:
- A. The 10% of its agents with the greatest percentage of lapses and replacements as their total annual sales
 - B. The number of lapsed policies as a percent of its total annual sales
 - C. The number of replacement policies as a percent of its total annual sales
 - D. All of the above
25. LTC policies issued in Kentucky must have a minimum loss ratio of:
- A. 50%
 - B. 60%
 - C. 75%
 - D. Does not apply

26. An agent's spouse calls elderly people under the guise of the Surgeon General of the U.S. and asks if they have LTC on the spouse. This is an example of:
- A. Twisting
 - B. High pressure tactics
 - C. Cold lead advertising
 - D. None of the aforementioned
27. An agent tells an elderly person that most nursing homes steal their patients blind after their children spend most of the money entrusted to them. To avoid being thrown in the street because of inability to pay the nursing home bills, the elderly person should purchase LTC insurance. This is an example of:
- A. Twisting
 - B. High pressure tactics
 - C. Cold lead advertising
 - D. None of the aforementioned
28. An agent tells a prospect that, rumor has it, the president of a competing LTC insurer has a \$10,000-a-day cocaine habit on which he's spending premiums. This is an example of:
- A. Twisting
 - B. High pressure tactics
 - C. Cold lead advertising
 - D. None of the aforementioned
29. An LTC policy issued in Kentucky cannot use smaller than 10-point type.
- A. True
 - B. False
30. An LTC policy issued in Kentucky must follow format prescribed by the Commissioner that clearly delineates outline of coverage, terms by which the policy may be returned and premium refunded in full, benefits, exclusions and limitations, terms under which the policy may be discontinued, and premium.
- A. True
 - B. False
31. A replacing LTC insurer shall not compensate its agents for more than _____ of the compensation it pays on renewal.
- A. 100%
 - B. 150%
 - C. 200%
 - D. Not clear from statute.