



November 30, 2021

Via U.S. Mail and Email

Commissioner Karima Woods  
Government of the District of Columbia  
Department of Insurance, Securities, and Banking  
1050 First Street, NE  
Suite 801  
Washington, DC 20002

**Confirmation of Opt-Out Election submitted to Senior Health Insurance Company of Pennsylvania  
(In Rehabilitation)**

Dear Commissioner Woods:

This letter acknowledges receipt of a valid State Opt-out Election Form. As previously communicated to you, since you have opted out of the Approved Rehabilitation Plan, the Rehabilitator will file a premium rate application for policies issued in your state on an If Knew premium basis. However, no rate increases will be sought for policyholders on premium waiver or for those whose premium is at or above If Knew premium.

If all rate increases requested by the Rehabilitator in your state are timely approved in full, your state will be treated as if it had not opted out of the Approved Rehabilitation Plan. Your state will be deemed to be an Opt-in State, and your policyholders will be included in the Approved Rehabilitation Plan just as those whose policies were issued in states that did not opt out (Opt-in States).

**Process to Cancel your Opt-Out Election**

If you subsequently decide not to opt-out of the Approved Rehabilitation Plan, an Opt-out Election may be canceled. To cancel the previously submitted opt-out, the chief insurance regulatory official of a state must cancel their Opt-out Election using the attached form entitled "State Opt-out Election Cancellation Form" or its own form containing the requisite statement. The form must be signed and sworn by the chief insurance regulatory official of the state and mailed to the following address:

Senior Health Insurance Company of Pennsylvania (In Rehabilitation)  
Attn: Administrator of State Opt-out Elections  
550 Congressional Boulevard, Suite 200, Carmel, IN 46032

The form must be received by the Rehabilitator at the above address. If it is received after the Opt-out Deadline, which is November 15, 2021, the cancellation of the previously submitted opt-out requires the Rehabilitator's

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written consent, which generally will be provided unless the cancellation will have an adverse effect on the Plan or opt-in policyholders. Please also see the second paragraph of this letter.

The Opt-out Election Cancellation will be effective if an electronic version of the Opt-out Election Cancellation is received by the Rehabilitator via email at [rehabilitation@shipltc.com](mailto:rehabilitation@shipltc.com) (or via facsimile at (317) 566-7588) on or before the Opt-out Deadline. The physical original signed and notarized Opt-out Election Cancellation must be received by the Rehabilitator no later than ten days after the Opt-out Deadline, which is November 25, 2021.

A communication not on the enclosed Opt-out Election Cancellation Form must contain the following statement, also found on the attached State Opt-out Election Cancellation Form:

*On behalf of State [or Commonwealth] of [X], and in the exercise of my authority as [X]'s senior insurance regulatory official, having first elected by communication dated [Opt-out Election date] to withdraw from the premium rate increase approval provisions of the Rehabilitation Plan for Senior Health Insurance Company of Pennsylvania (SHIP) as to all of the in force long-term care insurance policies currently held by SHIP and first issued by SHIP or its predecessors in [X], I hereby revoke the Opt-out Election. Accordingly, I request that all of the SHIP long-term care insurance policies issued in [X] be included in the premium rate increase approval provisions of SHIP's Rehabilitation Plan. I have read the Plan and understand the consequences of this revocation.*

More detailed instructions can be found on pages 109 - 110 of the Approved Rehabilitation Plan.

We strongly encourage you to contact us if you have any questions about these matters. You can reach me at [phcantilo@cb-firm.com](mailto:phcantilo@cb-firm.com) and (512) 478-6000 and Robert L. Robinson, SHIP's chief rehabilitation officer, at [rrobinson@shipltc.com](mailto:rrobinson@shipltc.com) and (609) 670-2367.

Thank you for your patience and cooperation during the rehabilitation process.

Sincerely yours,

Patrick H. Cantilo  
Special Deputy Rehabilitator



This form must be received by the  
Opt-out Deadline – November 15, 2021

**STATE OPT-OUT ELECTION CANCELLATION FORM**

Senior Health Insurance Company of Pennsylvania (In Rehabilitation)

If you desire to cancel the previously submitted opt-out of the rate modification provisions of the Approved Plan, please fill in the blanks with the name of your state in the paragraph below, sign your name, and include your title and date in the blanks below the paragraph. The form must be notarized and received by the deadline.

*On behalf of State [or Commonwealth] of [X], and in the exercise of my authority as [X]'s senior insurance regulatory official, having first elected by communication dated [Opt-out Election date] to withdraw from the premium rate increase approval provisions of the Rehabilitation Plan for Senior Health Insurance Company of Pennsylvania (SHIP) as to all of the in force long-term care insurance policies currently held by SHIP and first issued by SHIP or its predecessors in [X], I hereby revoke the Opt-out Election. Accordingly, I request that all of the SHIP long-term care insurance policies issued in [X] be included in the premium rate increase approval provisions of SHIP's Rehabilitation Plan. I have read the Plan and understand the consequences of this revocation.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME appeared on the \_\_\_ day of \_\_\_\_\_, 2021 \_\_\_\_\_, known to me to be the person who signed the foregoing form and upon [his/her] oath stated that [he/she] executed the same for the purposes therein stated.

Notary public in and for \_\_\_\_\_ [NOTARY SEAL]

My commission expires \_\_\_\_\_

This form should be returned to:  
Senior Health Insurance Company of Pennsylvania (In Rehabilitation)  
Attn: Administrator of State Opt-out Elections  
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