

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334****Phone: 404-656-7556 ♦ Fax: 770-344-5798 ♦ Email: Tbrewster@oci.ga.gov**www.oci.ga.gov**CONTINUING CARE RETIREMENT COMMUNITY
DISCLOSURE STATEMENT CHECKLIST****LIMITED RISK ENTITIES
GID-372-NT DEC2014**

License Number _____ Facility Name _____

Year _____ Date _____

This form is to be filed as an accompanying document to the Disclosure Statement.**Continuing Care Retirement Community
Disclosure Statement Checklist**

Statute/Regulation	Brief Description (see applicable statute for complete requirements)	Yes	No*	N/A	Page#
O.G.G.A. 33-45-10 (e)	Cover Page				
O.G.G.A. 33-45-10 (d) (1)	Provider name/address/type of legal entity				
O.G.G.A. 33-45-10 (d) (2)	Names and addresses of provider's controlling parties; Description of business experience; occupation with provider				
O.G.G.A. 33-45-10 (d) (3)(A)	Disclosure of any conflict of interest				
O.G.G.A. 33-45-10 (d) (3)(B)	Disclosure of any criminal record				
O.G.G.A. 33-45-10 (d) (4)	Disclosure of affiliation with religious, charitable or other nonprofit organization				
O.G.G.A. 33-45-10 (d) (5)	Estimate of the number of residents in facility to be provided services				
O.G.G.A. 33-45-10(d) (6)	Location and description of facility				
O.G.G.A. 33-45-10 (d) (7)	Location of other facilities				
O.G.G.A. 33-45-10 (d) (8)	Provision of reserve funding, establishment of escrow accounts, trusts, or reserve funds				
O.G.G.A. 33-45-11	Schedule of financial reserves				
O.G.G.A. 33-45-10 (d) (9)	Audited financial statements by an independent CPA				
O.G.G.A. 33-45-10 (d) (9)	Interim financial statements				
O.G.G.A. 33-45-10 (d) (10)	Participation in Medicare or Medicaid programs				
O.G.G.A. 33-45-10 (d) (11) (A)	Fee schedule; entrance fees, monthly charges, plan by which the entrance fee is determined if the entrance fee is not the same in all cases				
O.G.G.A. 33-45-10 (d) (11) (B)	A table of past increases in entrance fees and monthly care fees a during the previous three years				
O.G.G.A. 33-45-10 (d) (12)	Report on facility being developed				
O.G.G.A. 33-45-10 (d) (13)	Disclosure of additional costs to residents				
O.G.G.A. 33-45-10 (f)	Resident and services agreement used by the provider				
O.G.G.A. 33-45-10 (b)	Summary of disclosure statement page				

* Please provide and attach explanation in a separate sheet