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

www.oci.ga.gov

Phone: 404-656-7556 ◊ Fax: 770-344-5798 ◊ E-mail: Tbrewster@oci.ga.gov

NON-TRADITIONAL ENTITIES

GID-061-NT DEC2014

Application For Certificate of Authority As A Continuing Care Provider

PART I

Complete the following:

1. Applicant Information:

Name _____ FEIN _____

Street _____ City _____

State _____ Zip _____ Phone _____ Fax _____ Email _____

2. The applicant is the "Provider" by virtue of: ☐ Ownership ☐ Operator

3. The applicant is a: ☐ Corporate for profit ☐ Partnership ☐ Limited Partnership ☐ Trust
☐ Unincorporated Association ☐ Other (Explaiin) _____

4. Facility Location:

Street _____ City _____

State _____ Zip _____ Phone _____ Fax _____ County _____

5. The facility is/will be known as: _____

6. A. The facility contains, or will contain _____ continuing care living units with a maximum capacity of _____ persons.
B. The facility has, or will have (check as applicable): ☐ Assisted Living ☐ Intermediate Care ☐ Skilled Nursing Care

7. Contact Person:

Name _____ Title _____

Street _____ City _____

State _____ Zip _____ Phone _____ Fax _____ Email _____

8. Attorney or Principal filing this application:

Name _____ Title _____

Street _____ City _____

State _____ Zip _____ Phone _____ Fax _____ Email _____

9. For accounting and reporting purposes, the applicant's year end will be: _____

10. A. Total Number of Nursing beds in the facility: _____

B. Nursing beds are: ☐ Sheltered ☐ Community ☐ Mix (Explain): _____

C. Identify the entity that has or will actually make application for the proposed nursing bed "Certificate of Need" with the Department of Community Health:

_____

D. Health care will be provided: ☐ on site ☐ off site ☐ other (Explain)

_____

This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs or services. Disabled persons needing this document in another format can contact the ADA Coordinator for this office at No. 2 Martin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.

PART II

The required Exhibits as referenced in the instructions for this Application For Certificate of Authority As A Continuing Care Provider must be and are included as attachments. Specifically, those documents are:

Exhibit I - Organizational Documents
Exhibit II - Biographical Statements, including the Biographical Affidavit Form(s) , GID-059-NT NOV09 (same as GID-9)
Exhibit III - Bond Requirements
Exhibit IV - Reservation Agreements and Residency Agreements
Exhibit V - Current and Previous Operations
Exhibit VI - Financial Statements
Exhibit VII - Fees
Exhibit VIII - Directions For Attesting To This Application

Effective, 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

NOTE

Incomplete Applications Will Be Returned.
Fees Are Not Refundable.

ATTESTION:

I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating to Life Settlement Providers; that all the foregoing information and documentary evidence submitted is true, complete and correct to the best of my knowledge and belief.

Company _____

Signature _____

Print Name _____

Print Title _____

Sworn to and Subscribed before Me

this _____ day of _____, _____.

_____
(Notary Public)

(SEAL)