

TEXAS DEPARTMENT OF INSURANCE

MC 106- 1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

NOTICE OF REQUEST TO RELEASE
ENTRANCE FEE ESCROW FUNDS

NOTE: ANY PERSON ACTING AS AN ESCROW AGENT FOR A PROVIDER PURSUANT TO SECTION 246.071- 246.076 OF CHAPTER 246, HEALTH AND SAFETY CODE (ACT) AND THE RULES ADOPTED BY THE TEXAS DEPARTMENT OF INSURANCE OF A PROVIDER'S REQUEST FOR RELEASE OF FUNDS HELD IN ESCROW WITHIN THREE (3) BANKING DAYS OF SUCH REQUEST.

I, _____ as an officer/representative of the escrow agent,
(Full Legal Name)

_____ for _____
(Escrow Agent) (Provider)

am aware of the requirements of Section 246.071 - 246.076 of Chapter 246. Health and Safety Code and of the Rules adopted by the Texas Department of Insurance. I hereby attest that _____ has met all the requirements prior to the release of funds from the entrance fee escrow account. Therefore, I intend to release said funds on _____ (Date).

Signed _____

Dated _____

Name of Provider: _____

Name of Facility: _____

Location of Facility: _____
(Street Address) (City) (State)

Escrow Agent's Business Address: _____
(Street Address) (City) (State)

This request for release of funds received on: _____ (Date)

Amount of requested release: \$ _____

Balance of escrow account prior to release: \$ _____

Prior request for release of funds received on: _____ (Date)

Amount of prior release: \$ _____