

TEXAS DEPARTMENT OF INSURANCE

MC 305-2C, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

NOTICE OF REQUEST TO RELEASE FUNDS FROM THE RESERVE FUND ESCROW ACCOUNT

NOTE: ANY PERSON ACTING AS AN ESCROW AGENT FOR A PROVIDER PURSUANT TO SECTION 246.077- 246.078 OF CHAPTER 246, HEALTH AND SAFETY CODE (ACT) AND THE RULES ADOPTED BY THE TEXAS DEPARTMENT OF INSURANCE MUST GIVE WRITTEN NOTICE TO THE TEXAS DEPARTMENT OF INSURANCE OF A PROVIDER'S REQUEST FOR RELEASE OF FUNDS HELD IN ESCROW NOT LATER THAN THE ELEVENTH DAY BEFORE THE DATE OF THE PROPOSED RELEASE TO THE PROVIDER

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

_____ for _____ (Escrow Agent) (Provider)

am aware of the requirements of Section 246.077 - 246.078 of the Act and of the Rules adopted by the Texas Department of Insurance. I hereby attest that _____ has made a written (Provider) request for release of funds from the reserve fund escrow account and that the amount of such release is equal to not more than one-twelfth (1/12) of the required balance of the reserve fund escrow account. Therefore, I intend to release said funds on _____.

(Date)

Signed _____

Date _____

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(s):

\$ _____

Balance(s) amount repaid from prior release

\$ _____