



Mystic, Connecticut

**THIS FACILITY, LIKE ALL OTHER CONTINUING CARE FACILITIES IN THE STATE OF CONNECTICUT, IS SUBJECT TO CHAPTER 319HH, CONNECTICUT GENERAL STATUTES, CONCERNING MANAGEMENT OF CONTINUING CARE FACILITIES. REGISTRATION UNDER THE LAW DOES NOT CONSTITUTE APPROVAL, RECOMMENDATION, OR ENDORSEMENT OF THE FACILITY BY THE DEPARTMENT OF SOCIAL SERVICES OR THE STATE OF CONNECTICUT, NOR DOES SUCH REGISTRATION EVIDENCE THE ACCURACY OR COMPLETENESS OF THE INFORMATION IN THIS DISCLOSURE STATEMENT.**

## **DISCLOSURE STATEMENT**

**JULY 2025**

Equal Housing Opportunity

TABLE OF CONTENTS

INTRODUCTION..... 1

I. THE PEOPLE ..... 2

    StoneRidge Senior Care, LLC ..... 3

    Residents Association and Residents Council ..... 4

    Life Care Services LLC ..... 4

    Executive Director ..... 6

    Administrator ..... 6

    Director of Operations Management ..... 7

II. THE COMMUNITY..... 8

    The Location..... 9

    StoneRidge ..... 9

    The Personnel..... 10

    The Services..... 10

    Health Center ..... 11

    Contracts and Fees..... 13

III. THE PROPOSAL ..... 14

    The *ContinuingCare*<sup>TM</sup> Concept ..... 15

    Long-Term Care Insurance ..... 15

    The Return-of-Capital<sup>TM</sup> Plan ..... 16

    Summary of Residency Agreements..... 17

    Summary of Traditional Residency Agreement..... 19

        Payment of First Person Fee and Second Person Fee..... 20

        Payment of Loan ..... 20

    Transfer to Another StoneRidge Residence ..... 20

    Managed Care ..... 21

    Monthly Service Fee ..... 22

    Fee Schedules..... 22

    Working Capital Account ..... 23

    Estate Planning..... 23

IV. FINANCIAL ..... 24

    Financial Projections ..... 25

    Cash Flow Projection (Pro Forma) ..... 25

    Average Age of Residents..... 29

    Number of Health Care Admissions ..... 29

    Health Care Utilization Rates ..... 29

    Days of Care ..... 30

    Number of Permanent Transfers ..... 30

    Occupancy Rates..... 30

    Audited Financial Statement ..... 30

    Provider’s Compensation..... 31

<b>V.</b>	<b>REGULATORY MATTERS .....</b>	<b>32</b>
	Continuing Care Retirement Community Registration .....	33
	Assisted Living Services Agency License and Managed Residential Community Registration .....	33
	Health Center Licensure .....	33
	Entrance Payment Escrow .....	33
	Expansion Entrance Payment Escrow .....	34
	Reserve Fund Escrow .....	35
	Investment Direction .....	35
	Medical Expense Deductions .....	35
	Tax Discussion .....	35
	Judicial Proceedings .....	36
<b>VI.</b>	<b>EXHIBITS .....</b>	<b>37</b>
A.	Senior Living Communities Managed by Life Care Services LLC	
B.	Description of the Services and Commonly Discussed Topics	
C.	Residency Agreements	
D.	Audited Financial Statement	
E.	Statement from Escrow Agent	
F.	Historic Entrance Payments	
G.	Current Fee Schedules	

**INDEX**

**STONERIDGE  
NOTICE TO PROSPECTIVE RESIDENT**

In accordance with Section 17b-522 of the Connecticut General Statutes, this Notice to Prospective Resident is required to be given to a prospective resident or his or her legal representative as set forth below.

Prior to the earlier of (a) the execution of a contract to provide continuing care or (b) the transfer of any money or other property to StoneRidge by or on behalf of the prospective resident, StoneRidge is required to provide the following notice:

- ii. A continuing-care contract is a financial investment and your investment may be at risk.
- ii. Our ability to meet our contractual obligations under such contract depends upon our financial performance.
- iii. You are advised to consult an attorney or other professional experienced in matters relating to investments in continuing-care facilities before you execute a contract for continuing care.
- iv. The Connecticut Department of Social Services does not guarantee the security of your investment.

**Acknowledgment:** I, or my legal representative, have received and reviewed a copy of the above Notice to Prospective Resident, the Disclosure Statement and a copy of the continuing-care contract prior to entering into a continuing-care contract or the transfer of any money or other property to StoneRidge.

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Signature of Prospective Resident

Date

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Signature of Prospective Resident, if two

Date

**STONERIDGE**  
**ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT**

In accordance with Section 17b-522 of the Connecticut General Statutes, this Acknowledgment of Receipt of Disclosure Statement is required to be given to a prospective resident or his or her legal representative as set forth below.

StoneRidge is required to deliver to a prospective resident or his or her legal representative a current Disclosure Statement not more than 60 days or less than 10 days before the execution of a continuing care contract or the transfer of any money or other property to StoneRidge by or on behalf of the prospective resident.

**Acknowledgment:**

\_\_\_\_\_ I, or my legal representative, have received and reviewed a revised and up-to-date Disclosure Statement in that there have been revisions to the original Disclosure Statement I, or my legal representative, received and reviewed.

OR

\_\_\_\_\_ I, or my legal representative, have not received a revised and up-to-date Disclosure Statement in that there have been no revisions to the original Disclosure Statement I, or my legal representative, received and reviewed.

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Signature of Prospective Resident Date

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Signature of Prospective Resident, if two Date

## INTRODUCTION

We are pleased you have expressed an interest in StoneRidge. We are very proud of our senior living community and appreciate the opportunity to tell you more about it. We are convinced that the more you learn about StoneRidge, the more comfortable you will be in deciding to make it your future home.

StoneRidge brings to Residents of a qualifying age a way of living known as “*ContinuingCare*™.” This concept provides services that offer Residents the opportunity to pursue their personal interests. *ContinuingCare* communities, such as StoneRidge, encompass these important components: a private Residence, a wide array of personal services, and the security of access to on-site licensed assisted living services, memory care, rehabilitative care and nursing care (hereafter also collectively known as “Health Center Care Services”) in the Health Center, all combined within a sound financial plan. StoneRidge Senior Care, LLC (“we,” “our,” or “the Provider”) is a Delaware limited liability company, qualified to do business in Connecticut and conducts business as StoneRidge. As the Provider, we are committed to operating a quality senior living community which is financially sound and genuinely responsive to Resident desires and needs.

One of the purposes of this Disclosure Statement is to explain to prospective Residents, their families, and their advisors who and what is involved in the operation of StoneRidge. This Disclosure Statement was prepared on the basis of information available at the time of its publication and includes assumptions which were believed to be realistic as of that date. Such information and assumptions are, of course, subject to change, particularly in the areas of economics and design. StoneRidge can be significantly affected by changes in inflation and interest rates even though our projections are conservative and are formulated to take into account those influences. Because of these and other influences, future changes may be necessary, and we reserve the right to make those changes in the operation of StoneRidge.

Although we have prepared this Disclosure Statement carefully and have tried to use nontechnical language, it is possible that there may be some differences between the text of this Disclosure Statement and the language of the Residency Agreement or other documents which are summarized herein. Copies of the actual documents should be inspected to fully understand all of their terms and provisions. In the event of any differences, the provisions of the language of the Residency Agreement or other documents which are summarized herein shall govern. Capitalized terms used herein shall have the same meaning as given them in the Residency Agreement.

**We are pledged to the letter and spirit of U.S. policy for achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex (including gender identity and sexual orientation), national origin, creed, ancestry, sexual orientation, marital status, learning disability, physical or mental disability, or the lawful source of Resident’s income (e.g., social security, alimony, public or general assistance).**

# **I. THE PEOPLE**

## STONERIDGE SENIOR CARE, LLC

The Provider, StoneRidge Senior Care, LLC, is a Delaware limited liability company organized for the purpose of operating a ContinuingCare senior living community that conducts business as StoneRidge. Its address is 186 Jerry Browne Road, Mystic, CT 06355. The Provider is also the owner of the real estate at which the community is located. The member of the Provider (“Member”) is StoneRidge JV LLC, a Delaware limited liability company. StoneRidge JV LLC is a wholly-owned subsidiary of LCS Milwaukee I LLC, an Iowa limited liability company. LCS Milwaukee I LLC is a wholly-owned subsidiary of Life Care Services Communities LLC, an Iowa limited liability company, which in turn, is a wholly-owned subsidiary of Life Care Companies LLC, an Iowa limited liability company, which in turn, is a wholly-owned subsidiary of LCS Holding Company, LLC, a Delaware limited liability company. LCS Holding Company, LLC is owned by the following companies: (i) 76.78% by RCI Legacy Holdings, LLC, a Delaware limited liability company, which is a wholly-owned subsidiary of Redwood Holdings, LLC, a Maryland limited liability company; (ii) 15.18% by MPM Senior Living Investors, LLC, a Delaware limited liability company, which is majority-owned by McCarthy Group, LLC, a Delaware limited liability company; and (iii) 8.04% by LCS Management Holding Company LLC, a Delaware limited liability company. The Provider is not affiliated with any religious, charitable, or nonprofit corporations or entities.

The officers and managers of StoneRidge Senior Care, LLC are listed below. Their business address is 400 Locust Street, Suite 820, Des Moines, IA 50309.

Chris Bird, President and CEO  
Bridgette Uhlemann, Senior Vice President and Secretary  
Jason Victor, Senior Vice President and Treasurer  
GeLynna Shaw, Executive Vice President  
Daniel Lahey, Executive Vice President

The Provider has the overall responsibility for StoneRidge. Before the Provider undertook the sponsorship of StoneRidge, a complete program was developed which included preliminary plans, budgets for capital costs, planned financing, and projected operating income and expenses. Local and state ordinances were investigated to be certain that the proposed *ContinuingCare* community would comply with applicable laws. Some of its primary duties include the approval of building design, capital expenditures, and operating budgets. The Provider reviews annually the insurance coverages on StoneRidge’s property and personnel. Operational policies for StoneRidge and criteria for residency are subject to approval and periodic review by the Member. The Provider will also adopt and approve personnel policies for employees and other policies and rules required for operation of StoneRidge. The Provider will monitor compliance with the budget and the performance of StoneRidge and its management. These activities will be carried out by means of reports, studies, and on-site inspections.

None of the persons described herein have been convicted of a felony or pled nolo contedere to a felony charge, held liable or enjoined in a civil action by final judgment, or are subject to a currently effective injunction or restrictive or remedial order of a court of record, within the past five years, nor has any individual had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, rising out of or relating to business activity or health care, including, but not limited to, actions

affecting the operation of a foster care facility, nursing home, retirement home, residential care home, or any facility subject to sections 17b-520 to 17b-535, inclusive, or a similar statute in another state or country.

**The Provider is solely responsible for its obligations, including its obligations under the Residency Agreement. No other person or entity referred to herein has assumed any financial responsibility for the fulfillment of the Provider's agreements, except as otherwise expressly stated.**

## **RESIDENTS' ASSOCIATION AND RESIDENTS' COUNCIL**

Membership in the Residents' Association is open to all Residents of StoneRidge. The Residents' Association nominates and elects certain Residents to become members of the Residents' Council. The Residents' Council usually meets monthly with administration. The Residents' Council and its various committees is advisory in nature and is intended to consolidate majority opinion, and advise on general interest topics related to the quality of life at StoneRidge which are presented to the Provider for consideration and action. At least twice a year, the Provider will meet with the Residents. The Provider retains full decision-making authority for the operation of StoneRidge.

## **LIFE CARE SERVICES LLC**

The Provider has retained Life Care Services LLC ("Life Care Services") to manage the Community. As the nation's third largest operator of senior living communities, Life Care Services serves more than 40,000 seniors in 140+ communities (see Exhibit A). With over 50 years of service, Life Care Services has developed expertise in nearly every facet of senior living management. For more information, visit Life Care Services' website: <https://www.lcsnet.com/management-services/management-services-overview>.

Principal officers of Life Care Services include Chris Bird, Daniel Lahey, GeLynna Shaw, Bridgette Uhlemann, Jason Victor, and Jill Sorenson.

Chris Bird As chief executive officer of LCS, Chris Bird is responsible for executing the business strategy across all business lines in the LCS Family of Companies. Chris provides leadership and direction for business growth, service excellence, and enhancing the company's stability and value among financial partners, property owners, and other stakeholders in the senior living field.

Chris joined LCS in 2018 and brings over 25 years of experience in operations and marketing, new business development, fostering capital partner relationships, and leadership of both Life Plan and Rental Communities across the country. Today, he is responsible for the oversight of serving nearly 40,000+ seniors and 27,000 employees.

Chris serves as a member of the Board of Directors of LCS Holding Company, LLC and is a member of the Argentum Advisory Council. He holds a bachelor's degree in history from the University of Memphis, Tennessee.

Daniel Lahey As executive vice president/chief financial and investment officer, Dan Lahey is responsible for directing all financial and real estate operations for the organization. In this capacity, Dan provides leadership for corporate accounting and treasury, community finance, investments, capital markets, and asset and portfolio management for LCS.

Dan has established himself as an industry leader in various roles in the finance and real estate teams since joining LCS in 2008. He joined LCS as an Accounting and Tax Manager on the finance team, and later joined LCS Real Estate at its inception. Dan's expertise has helped build the LCS brand and accelerated our growth with key capital relationships and growing our ownership interests in both Life Plan and Rental communities. Under his leadership, the LCS Real Estate team has executed transactions valued at more than \$2.6 billion since 2018. In addition, LCS Real Estate has been successful in investing more than \$170 million of LCS equity capital.

Dan earned his Bachelor of Arts in accounting and finance from Wartburg College and worked in public accounting for nine years prior to joining LCS. Dan serves on the Board of Directors of LCS Holding Company, LLC, as well as its related audit committee, compensation committee, and retirement fiduciary committee, and is chair of the LCS Investment Committee.

GeLynna Shaw As a professional in the senior living industry, GeLynna Shaw brings her expertise in finance, mergers and acquisitions, and operational effectiveness to her role as Executive Vice President of Operations at Life Care Services. GeLynna oversees all aspects of community operations including sales, health and wellness, dining, resident engagement, and plant operations.

Her 28-year career in senior living includes experience with Continuing Care Retirement Communities and rental communities has been focused on systems, processes, and people that are effective to ensure the best outcomes for the residents. GeLynna joined LCS in 2018 and has been instrumental in improving the performance of existing communities, successfully opening new communities, and onboarding new acquisitions. Her passion for those she serves and her record of improving performance through operational efficiencies has been essential to the success of the LCS Family of Companies.

GeLynna is a board member of Hexagon and serves on the LCS Public Policy Committee. She has served on pricing, compliance, and risk committees, and brings that knowledge to the LCS Family of Companies. GeLynna holds a bachelor's degree in business with a major in accounting from Tennessee Technological University. She is a certified public accountant.

Bridgette Uhlemann In her role as corporate counsel and director of legal and compliance, Bridgette Uhlemann ensures the legal rights of LCS are protected by providing legal advice and recommendations to all levels of the organization. She oversees legal affairs, including corporate governance, contract law, public policy, and corporate and regulatory compliance for LCS. Bridgette directs the overall delivery of legal and compliance services to the organization, including in-house attorneys, compliance analysts and outside legal counsel. She collaborates with leadership and ensures key legal issues and opportunities are understood by stakeholders to mitigate risk and protect company assets.

At LCS, Bridgette is a member of the LCS Foundation Board of Directors, and she chaired the Walk to End Alzheimer's Committee in 2019. Outside the organization, she serves as the board chair for the Alzheimer's Association, Iowa Chapter and the secretary for the Mid-Iowa

Association of Local Governments. Bridgette graduated from Drake University with a B.A. in English and Law, Politics and Society. She earned her J.D. from Drake University Law School.

Jason Victor Jason Victor is senior vice president, treasurer and corporate finance for LCS. In this role, he provides oversight and direction for the organization's financial matters, ensuring its consistent and efficient fiscal performance. Jason has responsibility for the organization's corporate accounting, corporate payroll, community payroll, treasury and tax departments. He oversees all aspects of general accounting, cash management, billing and receivables, accounts payable, payroll, consolidations and financial reporting. In addition, he serves as a member of the LCS Audit Committee and provides leadership for LCS Risk Management, including the LCS Advantage insurance program and Hexagon, a captive insurance company.

Jill Sorenson: Leaning on her expertise to foster and maintain meaningful relationships, Jill Sorenson leads the regional team serving a portfolio of 36 Life Plan communities. Following her passion for serving seniors, Jill's responsibilities have grown during her career at LCS. From roles in accounting, information technology, and corporate resource development to receiving her nursing home administrator license, Jill is committed to serving others. Prior to her current position, Jill has a proven track record in successfully delivering on occupancy goals and achieving 4- and 5-star ratings from the Centers for Medicare and Medicaid Services.

To ensure Life Care Services is serving the customer first and foremost, Jill initiated client satisfaction surveys with client boards and owners to build stronger and more strategic relationships. Outside LCS, Jill has served on the San Diego Region for Aging Services of California and the Aging Services of California Board. She is a frequent presenter at national and state industry conferences on topics affecting the senior living industry and was selected for the Hall of Honor for McKnight's Women of Distinction program in 2023. Jill holds a bachelor's in business administration from Simpson College and an MBA from the University of Phoenix.

## **EXECUTIVE DIRECTOR**

Pamela Klapproth joined StoneRidge in 2023 as the Executive Director and has over twenty years of extensive experience as a senior housing and services professional. She has expertise in strategic planning, operations, financial management, resident and employee relations, fundraising, marketing and community relations, new building construction and renovations, quality assurance, and compliance management. Previously she was CEO/Executive Director of Kendal on Hudson in Sleepy Hollow, NY and Covenant Living of Cromwell, Connecticut. Pamela is a licensed nursing home administrator and has leadership experience with home and community-based services, along with having launched the first "CCRC Without Walls" program in Connecticut. Pamela has a bachelor's degree in business administration from the University of Connecticut in health systems management and a master's degree in business administration from the University of Hartford. Additionally, she has a certificate in long-term care administration from the graduate school of the University of Connecticut.

## **ADMINISTRATOR**

Patrick Cartier is the Administrator at StoneRidge. He oversees health service areas including Avalon, TopSail, and The Cottage at Avalon. Patrick earned a bachelor's degree in

business administration from Eastern Connecticut State University and has a certificate in long-term care administration from the graduate school of the University of Connecticut. Patrick previously served as an administrator for Apple Rehab Chesterfields and worked for two years as the Director of Food Services at Saint Joseph Living Center in Windham, CT. His approach skillfully integrates his knowledge of business management with healthcare, focusing on providing comprehensive and compassionate care.

### **SENIOR DIRECTOR OF OPERATIONS MANAGEMENT**

Scott Doherty has been a member of the Life Care Services LLC family for over 20 years and has been a health care administrator since 1991. He began his career at Life Care Services as Administrator at Vista Grande Villa in Jackson, Michigan. He was executive director at Westminster Village in Spanish Fort, Alabama from January 2004 until February 2007 before being appointed the executive director at Timber Ridge in Issaquah, Washington. Prior to joining LCS, Mr. Doherty served four years of active duty in the United States Navy. He has also served six years in the Naval Reserves. His four years of active duty included a tour aboard the aircraft carrier USS Theodore Roosevelt. Mr. Doherty earned a bachelor of science degree in health care administration from James Madison University in Harrisonburg, Virginia along with a minor in business management. In January 2013, Mr. Doherty was promoted to director of operation management and became a vice president of Life Care Services in 2014.

## **II. THE COMMUNITY**

## THE LOCATION

StoneRidge is located at the southwest corner of Jerry Browne Road and Pequotsepos Road in Mystic, Connecticut.

## STONERIDGE

Phase I of StoneRidge consists of 166 Residences, common areas, and a 40-bed skilled nursing facility offering nursing care. The common areas include a dining room with a view of the woods; a library; an art studio; a fitness room; a beauty/barber shop; the Jerry Browne Pub; Mariner Grille; a residential health services office; a postal outlet, a meeting room; a computer room; a Resident-run country store; and a private dining room which may be reserved by Residents who wish to entertain a group. Outdoor amenities include a communal garden area, a golf putting green, and a perimeter walking path.

Marketing of Phase II commenced in December 2005, construction commenced in July 2006, and the first move-ins for Phase II occurred in October 2007. Phase II consists of 51 additional Residences and new common spaces including an enclosed swimming pool, dining enhancements, an auditorium, and lounge areas. Phase III marketing commenced in February 2007. Construction of Phase III commenced in April 2007 and the first move-ins for Phase III occurred in August 2008 and memory care in 2009. Phase III consists of 53 additional Residences and a 12 suite memory care cottage. StoneRidge also has the opportunity to construct an additional 20 skilled nursing beds pursuant to the provisions of its Certificate of Need.

In March 2025, StoneRidge announced it is planning an expansion for the final phase of the community's master plan. The project is anticipated to break ground in June 2026. The new building will be an extension off the clubhouse between the Avalon Health Care Center at StoneRidge and residential buildings 5000 and 6000. It will include underground parking, 14 traditional Assisted Living residences on the first floor, and 54 Independent Living residences – which will be situated on the second, third, and fourth floors. Common space amenities, such as dining, fitness, health & wellness, and art/maker spaces, will also be enhanced with the expansion.

The types of Residences that are available include: one (1) bedroom traditional, one bedroom (1) deluxe, one (1) bedroom with den, one (1) bedroom with den deluxe, two (2) bedroom traditional, two (2) bedroom deluxe, two (2) bedroom corner, two (2) bedroom end, two (2) bedroom with den, two (2) bedroom end with den. All Residences and common areas are connected by common corridors and elevators. This provides the Residents access throughout StoneRidge without going outdoors. All Residences are equipped with safety features such as grab rails in the bathrooms and emergency nurse call signals in the bedrooms and baths, full sprinkler systems, and smoke alarms. Every Residence has complete kitchen facilities with major appliances, central air, and other amenities.

Avalon Health Care Center at StoneRidge ("Avalon") is designed with both private and semiprivate rooms, and includes a large physical/occupational therapy room, arts and crafts therapy area, dining rooms, and lounges. Emphasis in Avalon is on restorative care in order to return Residents to their Residences.

In addition to convenient access to on-site Health Center Care Services, StoneRidge is designed to create an environment that enriches the lives of the people who live and work there. The design of StoneRidge allows for creative and healthy lifestyle activities in a comfortable environment. However, the Provider reserves the right to modify the services and amenities to better serve StoneRidge Residents if justified by market demands or if design or construction technology advances or alternatives are made available.

## **THE PERSONNEL**

With approval from the Provider, Life Care Services employs the executive director, and administrator of StoneRidge under the terms of its Client Services Agreement. Life Care Services or the Provider will also employ the director of accounting, and the marketing and sales staff at StoneRidge. The Provider employs all other personnel. In Avalon, this includes a director of nursing services, a dietary manager, registered nurses, licensed practical nurses, and nursing paraprofessionals. A medical director (M.D. or D.O.) has been contracted on a consulting basis to direct care in Avalon. An occupational therapist, a physical therapist, a speech therapist, and a dietician are available on a consulting basis. Other employees of StoneRidge include receptionists, community life services director, a finance manager, maintenance workers, security personnel, residential health services staff, housekeeping staff, kitchen staff, dining room personnel, clerical staff, and transportation personnel.

## **THE SERVICES**

The decision to move into a *ContinuingCare* senior living community demands careful consideration of many factors, including the services to be provided. A description of the services provided by the Provider is attached as Exhibit B to this Disclosure Statement. Briefly, in accordance with the terms of the StoneRidge Residency Agreement, and in addition to providing a Residence and community amenities for lifetime use by the Resident, the Provider provides the following services: (1) maintenance and cleaning of the common areas; (2) weekly flat laundry service; (3) full maintenance inside and out, including provided appliances in each Residence; (4) weekly housekeeping of each Residence; (5) dining services for Residents and their guests; (6) planned activities; (7) security services; (8) scheduled local transportation services; (9) Health Center Care Services; (10) a residential health services program; (11) emergency call monitoring and responses; (12) water, sewer, air conditioning, heating and electricity; (13) standard cable; (14) trash removal; (15) room service for up to 14 days when ordered by the appropriate personnel; and (16) various administrative services. Also, additional services are available to the Residents for an extra charge, as outlined in the Residency Agreement.

The choices at StoneRidge support a healthy way to live. StoneRidge's innovative *HealthyLife™ Services* Program offers an all-encompassing commitment to Resident's healthy lifestyle...including spiritual, physical, emotional, social, environmental, intellectual, vocational and health services. This dynamic principle underscores the nature of StoneRidge's services which are designed to promote personal wellness.

The Provider offers three (3) levels of health services that include: (1) residential health services (home care services); (2) assisted living; (3) memory care; and (4) short- and long-term rehabilitative and nursing care services. Health Center refers collectively to the areas across

StoneRidge's campus where assisted living, memory care, rehabilitative care, and nursing care will be provided ("Health Center").As an option, should the Resident not desire to transfer to the Health Center, the Resident may elect to receive home care services in their Residence as long as the Resident's health or safety or that of others is not jeopardized. Such services will be coordinated by StoneRidge's Health & Wellness Navigator. Services provided by StoneRidge Assistance In Living staff or a home care or home health care provider serving the area are at the Resident's expense.

The Health & Wellness Navigator ("Navigator") will assist the Resident in obtaining personal care services from StoneRidge Assistance In Living an outside agency of Resident's choice in accordance with StoneRidge's Personal Service Provider Policy. At the Resident's direction, the Navigator may guide preventative wellness oriented services such as fitness and exercise activities, as well as healthy food choices. Other services may include: wellness screenings such as blood pressure checks, health fairs and life-long learning seminars geared to health and wellness. Should health care needs arise, the Navigator may support Residents with health and medical related services, such as assistance with physician appointments, emergency medical management, physician ordered on-site laboratory screenings, physical and other therapies, as well as private home health services designed to provide care in Resident's Residence during spells of illness or post hospitalization. The goal is to provide as much support as the Resident desires to promote wellness and to avoid admission to a more acute level of health care. If more acute care is needed, the Navigator will coordinate admitting details.

Residents who do not require ongoing care in the Health Center, but who need limited additional personal services to continue residing in their Residence, may contract for those additional services through StoneRidge's *HealthyLife Services* Program. These services include, but are not limited to bathing, dressing, additional housekeeping, shopping, escort, and personal laundry. These services are provided by StoneRidge through StoneRidge Assistance In Living. Such services may also be provided by a home health services provider serving the area. See "Home Health Care" below regarding Residents' right to utilize outside providers for these services. The Provider has the right to adjust the level of personal care services and the charges for such services. The services furnished through this program are provided for an extra charge to the Resident and enable the Resident to remain in their Residence without transfer to the Health Center.

Health Center services are available to all Residents of StoneRidge. Residents, under the direction of their attending physician and the Health Center's medical director (after consultation with the Resident's responsible party, if any, and Residents to the extent possible), may be directly admitted to the Health Center from their Residences. Residents of StoneRidge have priority access to the Health Center over non-residents desiring admission. Residents who are able to do so will be encouraged to return to their Residences as soon as possible. Residents who are unable to return to their Residences, however, will have the benefit of care in the Health Center. For a more complete description of the Health Center see "Health Center" below and Section 4 of the Residency Agreement.

## **HEALTH CENTER**

StoneRidge has a Medicare-certified on-site skilled nursing facility ("Avalon Health Care Center at StoneRidge" or "Avalon") licensed to provide skilled nursing services to StoneRidge

Residents under the licensure requirements of the State of Connecticut. Our philosophy is to foster an atmosphere and a culture that support independence, dignity, and choice for all Residents regardless of physical or mental abilities. This is achieved through a culture that enhances personal care based on individual choices and quality of life options.

The Provider delivers to Residents quality Health Center Care Services within the limits of the specially designated area's license and consistent with the approved budget. Licensure for hospital-level care cannot be obtained, and hospital level services are not provided within the Health Center. Such level of care must be provided by a hospital, and the costs related to hospitalization are the responsibility of the Resident.

**Care in the Health Center.** Health Center Care Services are provided pursuant to the *ContinuingCare* Residency Agreement to Residents of StoneRidge. The Health Center offers private and semi-private suites with preferred access to Residents of StoneRidge, but also markets any available suites to non-residents. The goal of the Health Center is to provide the highest quality Health Center Care Services in a state-of-the-art Health Center with a focus on personal choice and within the limits of its license.

**Reduced Health Center Fees Plan and the First 90 Days in the Health Center.** If a Resident has entered into a Residency Agreement, and, in the opinion of the Resident's attending physician or StoneRidge's medical director (after consultation with the Resident to the extent possible, and Resident's responsible party, if any), it is determined that the Resident requires care outside the Residence, the Resident is provided memory care, rehabilitative care, and/or nursing care in the Health Center for a discounted rate for 90 cumulative days. During the Resident's first 90 cumulative days of Health Center Care Services, the Resident receives a 50 percent discount from the per diem charge for care in the Health Center. After the Resident's first 90 cumulative days of Health Center Care Services, the Resident receives a 10 percent discount from the per diem charge for care in the Health Center. Assisted living care in the Health Center is not eligible for 90 cumulative days at 50%. Instead, Resident will receive a 10% discount on the per diem charge for all assisted living care in the Health Center. Whether the Resident continues to pay the Monthly Fee for the Residence while a Resident in the Health Center depends upon whether the Resident chooses to **release** or **retain** the Resident's Residence.

**Medicare-Qualified Stay.** If the Resident's stay in the Health Center is fully covered as a Medicare-qualified stay, the discount towards the per diem charge as described in the above paragraph will not take effect until the termination of the Resident's Medicare-qualified stay, providing that the Resident has Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to StoneRidge. However, a Resident may choose to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage. If the Provider is a participating provider with the Resident's managed care program and the Resident's stay is a Medicare-qualified stay, the Provider agrees to be reimbursed at the rate negotiated with Resident's managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that the Resident is eligible for when receiving Health Center Care Services in the Health Center.

**Resident Priority Over Non-Residents.** A Resident will be given priority over non-residents for admission to the Health Center. In the unlikely event the Health Center is fully

occupied, the Resident will be provided care in another health care facility or in his/her apartment with Stoneridge Assistance In Living, if applicable, until space becomes available at the Health Center. To the extent the Provider is responsible for the Resident's care and accommodations in the Health Center under the Residency Agreement, the Provider will be responsible for the charges associated with the alternate Health Center Care Services so long as the Resident continues to pay the applicable per diem charge for Health Center Care Services and the Monthly Fee if the Resident retains his or her Residence. The Resident agrees to relocate to the Health Center when a suite is available.

Section 4 and Exhibit B of the Residency Agreements (see Exhibit C) set forth in greater detail the extent to which Health Center Care Services will be provided and the terms for providing this care. Physical, occupational, and speech therapy services are provided on a contract basis.

### **CONTRACTS AND FEES**

The services to be performed under the Residency Agreement are furnished pursuant to a management agreement between the Provider and Life Care Services. Life Care Services is the day-to-day manager of StoneRidge pursuant to a Client Services Agreement between Life Care Services and the Provider. Under the management agreement, the Provider pays Life Care Services a management fee for management of the Community. Life Care Services will also be entitled to reimbursement of certain costs incurred by it in connection with providing management services, including reimbursement of on-site Life Care Services staff salaries.

# **III. THE PROPOSAL**

## **THE *ContinuingCare*<sup>™</sup> CONCEPT**

The *ContinuingCare* concept ensures an individual lifetime use of a Residence, support services, access to 6 assisted living apartments, 12 memory care suites in The Cottage at Avalon, and access to long-term nursing care in Avalon Health Care Center at StoneRidge... This concept has grown as an increasing number of men and women reaching retirement age have sought better alternatives to traditional retirement living. For those services and accommodations, a Resident pays a First Person Fee, a one-time Working Capital Fee, and makes a Loan to the Provider in accordance with the terms of the Residency Agreement. The Resident begins to pay the Monthly Fee on the earlier of the date the Resident moves into StoneRidge, or within 90 days of the Provider's approval of the Residency Agreement. A Resident may relocate from his or her Residence to the on-site Health Center as provided in the Residency Agreement.

The Residents of StoneRidge will have, through their *ContinuingCare* arrangement, another way of paying for long-term care, although not underwritten by an insurance company. The Provider will provide Health Center Care Services in TopSAIL, The Cottage at Avalon, and Avalon Health Care Center at StoneRidge for as long as required at a discounted rate to the Resident. The *ContinuingCare* arrangement will make Health Center Care Services available to the Resident for significantly less cost than the cost to obtain these services in a well-rated comparable facility.

## **LONG-TERM CARE INSURANCE**

Some Residents may have obtained coverage under some form of long-term care insurance prior to moving to StoneRidge. These policies are typically purchased to cover home health, assisted living, memory care, and/or nursing care expenses which are not covered by Medicare or other insurance. The terms of coverage vary among insurers and policies. Some policies are purchased directly by individuals, while others are provided through former employers. Some will directly reimburse an individual for qualified expenses incurred, while others provide an indemnity amount with payment going directly to the provider of the service. Many also provide some coverage for qualified home health care and assisted living care at a lower rate than for memory care or nursing care.

StoneRidge does not provide advice to its Residents as to whether an existing long-term care insurance policy should be maintained in effect following occupancy. This decision is one which will vary by individual and type and cost of the policy. The Provider recommends that the decision be made in consultation with the Resident's financial advisor. If coverage is maintained, the Provider has agreed pursuant to paragraph 4.7 of the Residency Agreement, to use reasonable efforts to assist the Resident in working with his or her insurance company to obtain the insurance benefits to which the Resident may be entitled. In some cases, this will mean filing claims on behalf of the Resident with the insurance company for eligible benefits, while in others it will mean submitting bills to the Resident for services provided in the Health Center which, upon payment, can be used by the Resident to claim recovery of the charges covered by the policy. The Provider cannot undertake to represent a Resident in the event of a dispute with an insurer over the benefits payable under a policy.

The Residency Agreements are attached to this Disclosure Statement as Exhibit C.

## THE RETURN-OF-CAPITAL™ PLAN

The *Continuing Care* concept has evolved over the years in many ways. Probably the most dramatic change is the handling of the historical, one-time "Entrance Payment." Originally, the Entrance Payment paid by a Resident became the property of the provider on the day the Resident assumed occupancy. This appeared to some to be inequitable for an individual who was a Resident for only a short time, despite the balancing effect for the long-term Resident. As a consequence, providers began offering partial repayments to the estates of Residents based on a Resident's term of residency. In other words, the provider "earned" the Entrance Payment over a period of time until the repayment became zero.

The Provider's Return-of-Capital™ Plan for Residency Agreement (the "Residency Agreement") provide an additional benefit. Under the Return-of-Capital Plan, an Entrance Payment consists of a First Person Fee and a Loan. The Loan constitutes a significant portion of the Entrance Payment and is repayable upon cancellation of the Residency Agreement according to the schedule below. If a Resident dies or decides to leave StoneRidge, the Entrance Payment is repayable to the Resident or Resident's estate net of amounts subject to offset pursuant to the Residency Agreement in the following manner:

- During the first four (4) months of occupancy, the Entrance Payment and Second Person Fee, if applicable, will be repayable.
- During months five (5) through 25 of occupancy the First Person Fee will be reduced by a total of 15 percent (15%) and 1 percent (1%) of the Entrance Payment per month of occupancy. The Loan, an amount equal to 65% of the Entrance Payment, will be repaid and the Second Person Fee, if there are two (2) Residents, will be non-repayable; and
- After 25 or more months of occupancy the Entrance Payment will be 65% repayable (i.e., the Loan) and the Second Person Fee, if there are two (2) Residents, will be non-repayable.

The Provider also offers a 50% Return-of-Capital™ Plan under its Residency Agreement for a limited number of Residences. The Provider may, at the Provider's sole discretion, offer the option of the 50% Return-of-Capital™ Plan for one or more Residences. The differences between these two Plans are the following:

- The Entrance Payment for the 65% Return-of-Capital™ Plan is greater than the Entrance Payment for the same residence under the 50% Return-of-Capital™ Plan;
- Under the 50% Return-of-Capital™ Plan, the Loan is 50% of the Entrance Payment and the First Person Fee is 50%; and
- Under the 50% Return-of-Capital™ Plan, during months five (5) through 25 of occupancy the First Person Fee will be reduced by a total of 10 percent (10%) and 2 percent (2%) of the Entrance Payment per month of occupancy.

In the event of death or cancellation of the Residency Agreement and removal of all property from the Residence, your Loan will be placed in a repayment queue. Loans are repaid in sequential order in the repayment queue as detailed in Loan Agreement attached as Exhibit A to the 65% Return-of-Capital™ Residency Agreement and 50% Return-of-Capital™ Residency Agreement. When your Loan is the first in the repayment queue, we will make a Loan payment to

you/your estate within 14 days of receipt of an eligible Entrance Payment(s) that include funds sufficient to repay your Loan in full. However, in no event shall such date be more than 36 months from the date of cancellation of the Residency Agreement. If the Residency Agreement is not cancelled within 30 years from the date of the Loan Agreement, the Loan shall be immediately due and payable by StoneRidge to the Resident or the Resident's estate.

In anticipation of meeting the needs of Residents over time, the Provider recognizes the need to be able to modify and develop new forms of residency agreements. To meet those needs, the Provider reserves the right to offer new prospective Residents alternative forms of residency agreements from time to time without said change being applied to existing Residents.

The Residency Agreements are attached to this Disclosure Statement as Exhibit C.

### **SUMMARY OF RESIDENCY AGREEMENT**

Upon deciding to become a Resident of StoneRidge, a future Resident will execute a Residency Agreement to reserve the Residence selected. A prospective Resident will execute a Residency Agreement in one of the forms attached in Exhibit C. The current Entrance Payments, Monthly Fees, and Ancillary charges for Phases I, II, and III Residences are attached as Exhibit E.

Residency Agreements are subject to acceptance by the Provider. At the time of executing a Residency Agreement, a determination needs to be made as to whether a prospective Resident meets the residency criteria: age, financial qualifications, and the ability to live in a Residence with or without reasonable accommodation or reasonable modification. To determine if the prospective Resident meets the age and financial residency guidelines, a Confidential Data Application is completed. The Application requires the prospective Resident's birth date as well as a summary of assets and monthly income. The prospective Resident's signature on the Application is an acknowledgment that the information provided is correct and the prospective Resident agrees throughout his or her residency to maintain the minimum level of assets and income that initially qualified him or her for residency.

A summary of the Residency Agreement and terms of residency are set forth below. The summary explanation of the Residency Agreement contained in this Disclosure Statement is qualified by reference to the Residency Agreements (see Exhibit C) which shall prevail in the event of any conflict.

The basic terms and conditions of the Residency Agreement are summarized as follows:

1. **Payment of First Person Fee and Second Person Fee.** At the time the Residency Agreement is executed by a Resident, he or she will be required to pay a partial First Person Fee in an amount equal to ten percent (10%) of the Entrance Payment which will be deposited into an escrow account and will be released to the Provider pursuant to the escrow agreement. The balance of the First Person Fee will be paid at the time of the Loan payment and payment of the Working Capital Fee. If there are two (2) Residents, a Second Person Fee will be paid at the time of the Loan payment.

Before occupancy, the 10 percent will be fully repayable without interest if: (i) the Provider does not accept the prospective Resident for residency; (ii) the prospective Resident

changes his or her mind within the 30 day rescission period; or (iii) due to death, illness, injury or incapacity, the prospective Resident will be unable to occupy a Residence. In all other cases, if a Resident changes his or her mind prior to occupancy, the Provider will retain the lesser of two percent (2%) of the Resident's Entrance Payment or \$1,000 from the First Person Fee Resident paid, plus an amount equal to any costs specifically incurred by the Provider at the Resident's request, and will repay the balance without interest to the Resident within 60 days of written notice of cancellation.

After occupancy, the Resident's First Person Fee may be partially repayable as outlined in the Residency Agreement. After occupancy, the Second Person Fee is not repayable. Any non-repayable First Person Fee or Second Person Fee may be used by the Provider for any purpose related or unrelated to StoneRidge. The Provider may distribute any non-repayable First Person Fee or Second Person Fee to its Member.

2. **Payment of Loan.** A Resident will be required to make a Loan to the Provider. On the earlier of the date the Resident moves into StoneRidge or within 90 days of the Provider's approval of the Residency Agreement, the Resident will be required to make a Loan to the Provider. The Loan will be fully repaid as set forth in the Residency Agreement and the Loan Agreement that is part of the Residency Agreement.
3. **Payment of a Working Capital Fee.** A Resident will be required to pay a one-time Working Capital Fee to the Provider at the time the Resident makes the Loan under the Residency Agreement. The Working Capital Fee will be an amount equal to two (2) times the then-current Monthly Fee, including the Second Person Monthly Fee if there are two (2) Residents for the Residence. The Working Capital Fee is intended to be used only for purposes related to StoneRidge and will be non-repayable.
4. **Payment of a Monthly Fee.** A Resident will be required to pay a Monthly Fee which is determined annually by the Provider. For a more complete description of the Monthly Fee, see the section titled "Monthly Fee" in this Disclosure Statement and Section 1 of the Residency Agreement.
5. **Miscellaneous Additional Services and Extra Charges.** Section 2 of the Residency Agreement describes certain items that may be available for an extra charge, including, but not limited to, additional meals beyond the meal plan included in the Monthly Fee, extended tray service beyond 14 days to Resident's Residence, Residential Health Services (home health care) provided in Resident's Residence, use of the beauty/barber shop, and additional housekeeping.
6. **Charges for Assisted Living, Memory Care, and Rehabilitative Care and Nursing Care Services in the Avalon Health Care Center at StoneRidge.** Section 4 of the Residency Agreement establishes the basis for charges for Health Center Care Services in StoneRidge's Health Center. In general, during the first 90 cumulative days of memory care, rehabilitative care, or private or semiprivate nursing care in the Health Center, the Resident will be provided with a 50 percent discount from the market rate established as the per diem charge. After the first 90 days of accumulated private memory care, rehabilitative care, or private or semiprivate nursing care in the Health Center, the Resident will receive a 10 percent discount from the per diem charge for care in the Health Center.

Assisted living care in the Health Center is not eligible for 90 cumulative days at 50%. Instead, Resident will receive a 10% discount on the per diem charge for all assisted living care in the Health Center. Whether the Monthly Fee for the Residence continues will be based on whether the Residence is released or retained and whether there is one (1) Resident or two (2) Residents.

7. **Cancellation.** The Provider may cancel a Residency Agreement after it has been accepted only for the reasons set forth in Section 9 of the Residency Agreement. Prior to occupancy, the Residency Agreement may be rescinded by the Resident giving the Provider written notice within 30 days from the date of the Residency Agreement being executed. In such event, the First Person Fee paid by the Resident will be returned in full, without interest, less those costs specifically incurred by the Provider at the Resident's request and described in the Residency Agreement executed by the Resident and the Provider.

During the right of rescission period the Resident is not required to move into StoneRidge. Should the Resident cancel the Residency Agreement during or after the 30-day right of rescission period, the timing and amount of repayment will depend upon the circumstances surrounding cancellation as set forth in Section 8 of the Residency Agreement. A Resident may cancel the Residency Agreement after occupancy in accordance with Section 8 of the Residency Agreement. Information regarding the disposition of a resident's personal property in the event of cancellation following occupancy is described in Section 8 of the Residency Agreement.

The Provider may not cancel the Residency Agreement after occupancy except for just cause as described under Section 9 of the Residency Agreement.

8. **Financial Assistance.** In cases where a Resident's financial resources prove inadequate, the Resident may apply for special financial consideration by the Provider. It is the policy of the Provider not to require a Resident to leave StoneRidge because of justifiable inability to pay the full Monthly Fees or Health Center per diem charges as long as it does not impair the Provider's ability to operate on a sound financial basis. If this occurs, any deferred charges will be offset against any Loan repayment due the Resident. The circumstances under which a Resident will be allowed to remain in StoneRidge in the event of financial difficulty are set forth in Section 9 of the Residency Agreement. Further, when the Resident initially applies for residency, the Resident agrees to maintain throughout his or her residency the minimum level of assets and income that initially qualified him or her for residency.

## **SUMMARY OF TRADITIONAL RESIDENCY AGREEMENT**

The Community will be offering a Traditional Plan for Repayment to prospective residents on a limited basis, in addition to the Return-of-Capital™ Plans. The primary difference between the Return-of-Capital Plans and the Traditional Plan is that the Traditional Plan will continue to amortize until the Resident's entire Entrance Payment has been earned by the Provider. There is no loan made to the Provider.

**Payment of Entrance Payment and Second Person Fee.** At the time the Residency Agreement is executed by a Resident, he or she will be required to pay an amount equal to 10% of the Entrance Payment, which will be deposited into an escrow account until it may be released to us pursuant to Connecticut law. The balance of the Entrance Payment will be paid on the earlier of the date the Resident moves into the Community or within 90 days of the Provider's approval of the Residency Agreement. If there are two (2) Residents, a Second Person Fee, if applicable, will be paid at the time of the balance of the Entrance Payment and payment of the Working Capital Fee.

Before occupancy, the 10% will be fully repayable without interest if: (i) the Provider does not accept the prospective Resident for residency, (ii) the prospective Resident changes his or her mind within the 30 day rescission period or (iii) due to death, illness, injury, or incapacity, the Resident will be unable to occupy a Residence. In all other cases, if a Resident changes his or her mind prior to occupancy, the Provider will retain \$1,000 of the Entrance Payment paid plus an amount equal to any costs specifically incurred by the Provider at the Resident's request, and will repay the balance, without interest, within 60 days of cancellation. After occupancy, the Resident's Entrance Payment and Second Person Fee may be fully repayable or non-repayable as outlined in the Residency Agreement and summarized below.

**No Loan.** As the entire Entrance Payment may become earned by the Provider, the Resident will not be required to make a Loan to the Provider. The Entrance Payment is instead earned by the Provider pursuant to the amortization schedule summarized below.

**Repayment of Entrance Payment After Occupancy.** If a Resident dies or decides to leave StoneRidge, the Entrance Payment is repayable to the Resident or Resident's estate net of amounts subject to offset, pursuant to the Residency Agreement in the following manner:

- During the first four (4) months of occupancy, the Entrance Payment and Second Person Fee, if applicable, will be repayable.
- During months five (5) through 45 of occupancy, the Entrance Payment will be reduced by the total of 20 percent (20%) plus two percent (2%) of the Entrance Payment per month of occupancy until the Entrance Payment has fully amortized down to zero. The Second Person fee is not repayable.
- After 45 months of occupancy, the Resident will not receive any repayment of their Entrance Payment.
- After you assume occupancy at StoneRidge, you may cancel your Residency Agreement at any time by giving us one hundred twenty (120) days' advance written notice signed by you (both of you if there are two (2) of you) and sent by registered or certified mail. You will continue to pay your Monthly Fee until the later of (i) the expiration of such one hundred twenty (120) day period or (ii) your vacancy of the Residence, and removal of all your furniture and other property.

## **TRANSFER TO ANOTHER STONERIDGE RESIDENCE**

Residents may determine that a transfer to another Residence may better meet their needs. A transfer policy has been developed to support aging in place and to meet the financial needs of the Residents and StoneRidge. If so desired, Residents who have already taken occupancy of a Residence at StoneRidge may transfer to another available Residence in accordance with our then-

current policy and practices. Any transfers to a new Residence are subject to management approval and will require an Amendment to a Resident's Residency Agreement. Based upon the two apartments, a Resident desiring to transfer may be required to pay an additional Entrance Payment. A Resident may need to complete a new Confidential Data Application and meet StoneRidge's financial qualifications to occupy the new Residence. A Refurbishment Fee to restore the condition of the previous Residence will be charged for each transfer. The Monthly Fee will also be adjusted to the then-current Monthly Fee for the new Residence. The amortization of the new Residence's Entrance Payment shall be calculated based upon the date of initial occupancy at Stoneridge. All repayments of the any Entrance Payment paid by the Resident (previous or new Residence) will be repaid upon cancellation and pursuant to the terms of the Residency Agreement.

### **MANAGED CARE**

The Resident may choose to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and one supplemental insurance coverage. If the Provider is a participating provider with the Resident's managed care program and the Resident's stay is a Medicare-qualified stay, the Provider agrees to be reimbursed at the rate negotiated with the Resident's managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that the Resident is eligible for when receiving Health Center Care Services in the Health Center.

If the Provider is not an approved participating provider with the Resident's managed care program and the Resident chooses to receive nursing care services at a managed care participating provider during a Medicare qualified stay, then the Resident understands and agrees that he or she must relocate for as long as necessary for those services, and will be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, the Resident understands and agrees that unless the Residency Agreement is canceled, he or she will continue to pay the Monthly Fee if the Resident chooses not to release his or her Residence. Such a Medicare-qualified stay at a managed care participating provider will not reduce the discount towards the per diem charge that the Resident is eligible for when receiving Health Center Care Services in the Health Center.

If the Provider is not a participating provider in the Resident's managed care program and the Resident would still like to receive nursing care in the Health Center during a Medicare-qualified stay, the Provider will attempt to negotiate an acceptable reimbursement rate with the Resident's managed care program. If the Provider is able to negotiate an acceptable rate, the Provider agrees to accept as full payment the rate provided by the Resident's managed care program. Such a managed care stay in the Health Center will not reduce by one day the discount towards the per diem charge that the Resident is eligible for when receiving Health Center Care Services in the Health Center. If a negotiated rate cannot be agreed upon and the Resident would still like to receive nursing care in the Health Center during a Medicare-qualified stay, then each day of the Resident's stay in the Health Center will reduce the discount towards the per diem charge that the Resident is eligible for when receiving Health Center Care Services in the Health Center. At the conclusion of each such Medicare-qualified stay, the Resident will be entitled to nursing care in the Health Center under the terms of the Residency Agreement, as adjusted to reflect any reduction during such stay in the number of discounted days of care the Resident is eligible to receive as provided in paragraph 4.2 of the Residency Agreement.

## **MONTHLY FEE**

On the earlier of the date the Resident moves into StoneRidge or within 90 days of the date of the Provider's approval of the Residency Agreement, the Resident is required to pay the one-time Working Capital Fee, pay the balance of the First Person Fee, make the Loan, and begin paying the Monthly Fee (due upon receipt of a billing statement) as explained in Section 5 of the Residency Agreement.

The amount of the Monthly Fee in effect at the time the Residency Agreement is executed will be clearly stated in the Residency Agreement. The total Monthly Fee is higher when a second person also shares a Residence. The current Monthly Fees for Residences are attached as Exhibit E. The amount of the Monthly Fee is determined by the operating cash requirements for the preceding year, which shall mean all recurring and nonrecurring costs, expenses, and outlays incurred in connection with the operation and administration of StoneRidge. Operating cash requirements shall be determined by StoneRidge management and shall include, but not be limited to, salaries and wages and all fringe benefits paid to employees of StoneRidge and other persons stationed at StoneRidge and other persons having day-to-day administrative, marketing and/or management responsibilities; telephone; utilities; license fees; occupational taxes, payroll taxes, property taxes, sales taxes, permits, etc., associated with StoneRidge; lease payments, if any; legal and accounting services; bad debts and other losses; deductibles related to insurance claims; consulting fees for specialists such as dietitians and medical directors; food and supplies; marketing and sales expenses; capital improvements; costs of repair, maintenance, replacement and improvements to equipment, furniture, fixtures and buildings, except those costs paid from the Capital Asset Replacement Reserve Fund, management fees and other reimbursable costs, including costs of reasonable expenses incurred in performing management services for StoneRidge, such as transportation, living expenses, telephone expense, and photocopying expense; cost of maintenance and normal replacement of landscaping; principal and interest payments on all loans, including "permitted encumbrances, but excluding Loans under the Residency Agreement; and other similar items related to StoneRidge. Operating cash requirements shall not include income taxes.

The Monthly Fee is adjusted upon 30 days' written notice to the Residents. The Monthly Fee will be increased only if it is necessary to meet the operating cash requirements of StoneRidge. Adjustments are intended to reflect anticipated changes in operating cash requirements and anticipated inflation related to the operating cash requirements during the coming year. Each Resident's Monthly Fee increase will be computed by the Provider. Any adjustment to the Monthly Fee will take into account the amount of reserves and working capital necessary to assure StoneRidge's financial independence and the ability to deal with unforeseen circumstances.

## **FEE SCHEDULES**

Limited historical Entrance Payments and Monthly Fees are available as the Provider began operating Stoneridge in 2016. Current Entrance Payments, Monthly Fees and Extra Charges are included as Exhibit F and G to this Disclosure Statement.

## **WORKING CAPITAL ACCOUNT**

The Provider uses the one-time Working Capital Fees to maintain a Working Capital Account. The funds maintained in the Working Capital Account may be used for any purpose related to StoneRidge including the working capital needs of StoneRidge, for capital refurbishment needs of StoneRidge, and to make capital improvements, replacements, or additions at StoneRidge. The Working Capital Account is funded by Resident's payment of a one-time Working Capital Fee. The Working Capital Fees and the interest earned on the fees will be used by the Provider only for purposes related to StoneRidge.

## **ESTATE PLANNING**

The 65% Return-of-Capital™ Plan provides for the payment of the Entrance Payment in two (2) parts: a First Person Fee and a Loan. The First Person Fee is an amount equal to 35% of the Entrance Payment. An amount equal to 10% of the Entrance Payment is paid upon execution of the Residency Agreement. A Resident is then required to pay the balance of the First Person Fee, the Second Person Fee, if applicable, a one-time Working Capital Fee, and make the Loan on the earlier of the date Resident moves into StoneRidge or within 90 days of the Provider's approval of the Residency Agreement. The Loan is repayable to the Resident's estate upon the death of the Resident, or in the case of a double-occupied Residence, upon the death of the surviving Resident, in accordance with the terms of the Loan Agreement.

In the absence of any agreement between the Residents of a double-occupied Residence which has been provided to the Provider, the Loan repayment or Entrance Payment will be paid to the estate of the surviving Resident. Residents of double-occupied Residences who wish to make other provisions as to whom the Loan repayment or portion of the Entrance Payment is to be repayable should consult their attorney for an appropriate agreement. It is the responsibility of the Resident to make the Provider aware of the existence of any such agreement and to provide a copy of the agreement to the Provider. No other rights under the Residency Agreement are assignable. Forms of Assignment of Rights to Repayments are available for review by the Resident or by the Resident's financial or legal advisor upon request.

## **IV. FINANCIAL**

## **FINANCIAL PROJECTIONS**

The following information is provided to future Residents, their families, and their advisors so that they may understand the financial basis on which StoneRidge is operated. The Provider's past experience regarding such items as wage rates, utilities, real estate taxes, supplies, etc., and the past experience of Life Care Services in successfully managing senior living communities, has been the basis for financial planning for StoneRidge.

### **CASH FLOW PROJECTION (PRO FORMA)**

On the following pages are the January 1, 2025 through December 31, 2027 pro forma cash flow projection for the Provider. The pro forma projection is based on the assumptions stated in the notes attached thereto and are projections of future activity rather than historical financial statements. Such pro forma projection is based on cash flow concepts which make it unlike an income statement prepared in accordance with generally accepted accounting principles.

The pro forma cash flow projection is simply a projection of the estimated expenses and income of StoneRidge. The projected rates for income and expenses are not guaranteed. The percent of increase may be greater or lower based upon the increased cost to operate StoneRidge and other factors. Variances from these projections should be expected.

**StoneRidge**  
**Cash Flow Projection**  
**For the Period Beginning January 2025**

	<b>FY2025</b>	<b>FY2026</b>	<b>FY2027</b>
<b>Beginning Cash</b>	10,237,838	13,044,643	15,542,735
<b>Additions:</b>			
Apartment Service Fees	19,733,869	20,505,562	21,572,680
Health Center Revenue, Net of Life Care Discount	9,724,995	10,054,341	10,254,120
Miscellaneous Income	95,088	95,088	95,088
Working Capital Reserve Fees	392,981	401,827	422,150
Entrance Fees Net of Refunds	10,279,611	10,667,192	11,010,398
Interest Income	118,563	118,573	118,571
<b>Disbursements:</b>			
Operating Expenses	(25,088,605)	(25,901,487)	(26,918,160)
Return to Partners	(3,175,000)	(5,500,000)	(5,500,000)
Capital Expenses	(5,500,000)	(3,780,500)	(3,618,125)
Debt Service	(3,732,697)	(4,120,503)	(4,072,954)
Professional Fees	(42,000)	(42,000)	(42,000)
<b>Net Change</b>	2,806,805	2,498,092	3,321,767
<b>Ending Cash</b>	13,044,643	15,542,735	18,864,502

- (1) Beginning Cash represents the Operations cash and Assets whose use is limited that are required to meet debt and statutory covenants at the beginning of each year. Below is the beginning balance at January 1, 2025.

Cash	\$7,761,561
Assets whose use is limited:	
Reserve Fund Escrow	<u>\$2,476,277</u>
Total	\$810,237,838

The Reserve Fund Escrow, as required by the State of Connecticut, is equal to at least one month's cash operating costs of the project, plus six months' debt service.

- (2) Apartment Revenue represents the total of first-person monthly Service Fees for all apartments based on an assumed average occupancy of:

<u>2025</u>	<u>2026</u>	<u>2027</u>
253.1	252.4	254.5

Also included in Apartment Service Fees are double occupancy fees that represents revenues from monthly Service Fees required under the Residency Agreement for a second person occupying an apartment. The average number of apartments occupied by more than one person projected for 2025 through 2027 is:

<u>2025</u>	<u>2026</u>	<u>2027</u>
75	74.8	75.5

- (3) Health Center Revenue, Net of Life Care Discount assumes a 2025 daily rate of \$525 for semi-private beds, \$575 for private beds, \$284 for ALU and \$392 for Memory Care. Out of 40 total SNF beds (22 semi-private and 18 private), 6 AL beds (all private), and 12 Memory Care beds (all private), the average census projected for 2025 through 2027 is:

<u>2025</u>	<u>2026</u>	<u>2027</u>
53.79	53.54	53.58

The Life Care Discount represents the income never realized when residents become patients in the health center or assisted living center. Both “temporary assignments” and “permanent assignments” to the health center and assisted living center, based upon Milliman, Inc. population projections and LCS-generated data, are considered in determining life-care discount. Both temporary and permanent assignments are based upon the total number of life-care residents. The number of residents assigned temporary to the health center is projected at 1% percent of the non-Medicare life-care residents.

- (4) Miscellaneous Income represents projected income from meals, garage rentals, guest rooms, and beauty and barber shop.
- (5) Working Capital Reserve Fee represents a one-time non-refundable working capital fee due at closing which will be used for purposes related to StoneRidge.
- (6) Entrance Fee Receipts, Net of Refunds represents Admission Payments received from residents for apartments being occupied for the first time and/or units turning over due to health center assignment, death or move-out.
- (7) Interest Income is interest earned on interest-bearing bank accounts.
- (8) Operating Expenses includes the expenses for staffing, materials, and services. Expenses are projected to increase between 3.5 – 4.2% in the projection years.
- (9) Return to Partners represents cash eligible for distribution in accordance with the partnership agreement.
- (10) Capital Expenses represents the cost for replacement of interior finishes and elements of the buildings and equipment.
- (11) Debt Service is based on the current loan; projection assumes continued financing on similar terms. The principal amounts are set forth in the amended loan documents. The interest portions are based on estimated LIBOR rates.
- (12) Professional Fees includes the cost of legal/professional expenses not related to operation of facility.

**StoneRidge**  
**Forecasted Statement of Revenues & Expenses**  
**For the Period Beginning January 2025**

	FY2025	FY2026	FY2027
<b>OPERATING INCOME</b>			
Apartment Revenue	19,733,869	20,505,562	21,572,680
Health Center Revenues - Net	9,724,995	10,054,341	10,254,120
Other Income	95,088	95,088	95,088
<b>TOTAL INCOME</b>	<b>29,553,951</b>	<b>30,654,991</b>	<b>31,921,888</b>
<b>EXPENSES:</b>			
G&A	(6,181,818)	(6,353,088)	(6,649,658)
Plant	(3,863,132)	(3,989,644)	(4,152,319)
Housekeeping	(1,839,368)	(1,923,039)	(2,005,072)
Dietary	(4,700,935)	(4,880,119)	(5,069,268)
Resident Care	(8,503,352)	(8,755,597)	(9,041,842)
<b>TOTAL OPERATING EXPENSES</b>	<b>(25,088,605)</b>	<b>(25,901,487)</b>	<b>(26,918,160)</b>
<b>NET OPERATING INCOME</b>	<b>4,465,346</b>	<b>4,753,504</b>	<b>5,003,728</b>
<b>NON OPERATING INCOME &amp; EXPENSE</b>			
Working Capital Fees	392,981	401,827	422,150
Endowment Amortization Income	3,505,884	3,505,884	3,505,884
Interest Income	118,563	118,573	118,571
Amortization Expense	(4,798,551)	(4,798,551)	(4,798,551)
Depreciation Expense	(3,642,970)	(3,968,968)	(4,215,121)
Interest Expense	(3,236,068)	(2,818,503)	(2,710,954)
Financing Cost Amortization	(44,494)	(44,494)	(44,494)
Professional Fees	(42,000)	(42,000)	(42,000)
<b>TOTAL NON-OP INCOME &amp; EXPENSE</b>	<b>(7,746,654)</b>	<b>(7,646,232)</b>	<b>(7,764,515)</b>
<b>NET INCOME</b>	<b>(3,281,308)</b>	<b>(2,892,728)</b>	<b>(2,760,787)</b>

### RESIDENTIAL TURNOVER RATES

The residential turnover rate is calculated by dividing the number of apartments released by the average number of occupied apartments.

The residential turnover rates for the most recently completed fiscal year, and anticipated for the next three years, are as follows:

<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
11.3%	11.5%	11.6%	11.6

### AVERAGE AGE OF RESIDENTS

The projected average age of residents for the next three years is as follows:

<u>2025</u>	<u>2026</u>	<u>2027</u>
85.75	85.90	86.1

### NUMBER OF HEALTH CARE ADMISSIONS\*

The number of health care admissions pursuant to continuing-care contracts for the most recently completed fiscal year, and anticipated for the next three years, is as follows:

<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
83	84	84	84

\* Skilled Nursing Only

### HEALTH CARE UTILIZATION RATES\*

Health care utilization rates, including admission rates and days per 100 residents by level of care for continuing care residents for the most recently completed fiscal year, and anticipated for the next three years, are as follows:

<u>Year</u>	<u>Utilization Rate</u>
FY 2024	45%
FY 2025	48%
FY 2026	50%
FY 2027	51%

\* Skilled Nursing Only

### **DAYS OF CARE\***

The days of care per year for the most recently completed fiscal year, and anticipated for the next three years for continuing care residents, are as follows:

<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
6,140	6,250	7,000	7,300

\* Skilled Nursing Only

### **NUMBER OF PERMANENT TRANSFERS\***

The number of permanent transfers of continuing care residents to the health center anticipated for the next three years is as follows:

<u>2025</u>	<u>2026</u>	<u>2027</u>
6	7	8

\* Skilled Nursing Only

### **OCCUPANCY RATE**

The Occupancy rate for the most recently completed fiscal year is 91.8%.

### **AUDITED FINANCIAL STATEMENT**

The fiscal year end of the Provider is December 31. Audited financial statements for the Provider's parent company covering the fiscal year end December 31, 2024 are attached as Exhibit D to this Disclosure Statement.

### **PROJECT FINANCING**

Long term financing for StoneRidge is provided for by a loan with a current balance of \$59,512,500 (as of 12/31/2024), secured by a first mortgage and security agreement on the real and personal property of, and the revenues generated by the Provider. The bank loan has a current maturity of June 15, 2029, with a floating rate utilizing the SOFR index. The loan contains market financial covenants and is amortizing based on a schedule of 25 years.

Ongoing debt service will be paid from operating revenues generated by StoneRidge. Operating revenues consists of net operating income derived from Monthly Fees and Health Center

revenues. From time to time and at the Provider's sole discretion, the Provider and/or its Member may provide financial support to StoneRidge in order to keep the Monthly Fees competitive.

### **PROVIDER'S COMPENSATION**

The Provider's compensation for the risks of ownership of StoneRidge is comprised of the First Person Fees, the Second Person Fees (if there are two (2) Residents), the Loans (subject to the Provider's obligation to repay the Loans under the Return-of-Capital™ Residency Agreement), the potential appreciation of StoneRidge, and the tax benefits generally associated with the ownership of real estate. The Provider may make distributions to its Member that will be loaned or paid as cash to the extent there is excess cash. In order to maximize the appreciation of StoneRidge, there must be substantial future demand for StoneRidge's accommodations and services. This demand will, in part, be dependent upon maintaining viable, competitive Monthly Fees in connection with providing Residents services and amenities at StoneRidge.

# **V. REGULATORY MATTERS**

## **CONTINUING CARE RETIREMENT COMMUNITY REGISTRATION**

The Provider is subject to the provisions of Connecticut law on Management of Continuing Care Facilities, Chapter 319HH, Connecticut General Statutes Annotated. In compliance with the continuing care law, the Provider has filed the following documents with the Connecticut Department of Social Services:

- (1) a current Disclosure Statement;
- (2) Annual Filing Statement; and
- (3) Entrance Fee Escrow Agreement.

All documents filed are a matter of public record and may be reviewed at the Department's office at:

State Department of Social Services  
Office of Certificate of Need and Rate Setting  
25 Sigourney Street  
Hartford, Connecticut 06106-5033

## **ASSISTED LIVING SERVICES AGENCY LICENSE AND MANAGED RESIDENTIAL COMMUNITY REGISTRATION**

6 assisted living apartments were added to Stoneridge in late 2017. 12 memory care suites in the Health Center were added in Phase III to StoneRidge and are licensed by the Connecticut Department of Public Health to provide memory care services in addition to assisted living services. The department monitors compliance with the requirements for licensure and registration. The state will perform periodic surveys to maintain licensure of the memory care suites. The Managed Residential Community is not licensed by the Department of Health Systems Regulation.

## **NURSING HOME LICENSURE**

The Avalon Health Care Center at StoneRidge is licensed by the Connecticut Department of Public Health. The Provider has licensed 40 nursing home beds that provide skilled nursing care. All of the skilled nursing care beds are Medicare certified. The Health Center is required to pass periodic surveys to maintain licensure.

## **ENTRANCE PAYMENT ESCROW**

Under the provisions of the continuing care law, the Provider has established an Entrance Payment escrow account for all Residences (The "Entrance Payment Escrow") for purposes of depositing payments made by Residents prior to their Residences becoming available for occupancy. The Entrance Payment Escrow has been established with:

Truist  
919 E. Main Street  
Richmond, VA 23219  
(252) 246-4974

Monies are released from the Entrance Payment Escrow pursuant to the terms of the escrow agreement and the statutory requirements imposed upon StoneRidge by the Connecticut law on Management of Continuing Care Facilities. The Provider shall retain any interest earned on the monies in the Entrance Payment Escrow.

Residents desiring to rescind or cancel their Residency Agreement should send a written notice of cancellation by registered or certified mail to:

StoneRidge  
186 Jerry Browne Road  
Mystic, Connecticut 06355

Included as Exhibit E to this Disclosure Statement is a signed statement from the escrow agent, Truist, verifying that the required Entrance Payments Escrow has been established and maintained.

### **EXPANSION ENTRANCE PAYMENT ESCROW**

Under the provisions of the continuing care law, the Provider has established an Expansion Entrance Payment escrow account for Residences included in the expansion (The " Expansion Entrance Payment Escrow") for purposes of depositing payments made by Residents prior to their expansion Residences becoming available for occupancy. The Expansion Entrance Payment Escrow has been established with:

Truist  
919 E. Main Street  
Richmond, VA 23219  
(252) 246-4974

Monies are released from the Expansion Entrance Payment Escrow pursuant to the terms of the escrow agreement and the statutory requirements imposed upon StoneRidge by the Connecticut law on Management of Continuing Care Facilities. The Provider shall retain any interest earned on the monies in the Entrance Payment Escrow.

Residents desiring to rescind or cancel their Residency Agreement should send a written notice of cancellation by registered or certified mail to:

StoneRidge  
186 Jerry Browne Road  
Mystic, Connecticut 06355

Included as Exhibit E to this Disclosure Statement is a signed statement from the escrow agent, Truist, verifying that the required Entrance Payments Escrow has been established and maintained.

## **RESERVE FUND ESCROW**

As required by Section 9 of Section 17b-525 of the Connecticut General Statutes, the Provider has established and maintains reserves which shall cover:

- (1) all principal and interest, rental or lease payments, due during the next 6 months on account of any first mortgage loan or other long-term financing; and
- (2) the total cost of operations of StoneRidge for a one-month period, excluding debt service and capital expenditures.

As of the date of this filing, the funds maintained in the Provider's accounts pursuant to the terms of its long-term financing, which require Provider to maintain a certain number of days cash on hand, adequately satisfy the requirements of the statute.

## **INVESTMENT DIRECTION**

Investment direction for the escrow accounts is made in accordance with the terms of the escrow agreements and upon direction of an officer or agent of the Provider. Under the provisions of the continuing care law, funds in the Reserve Fund Escrow may not be invested in any building or health care facility of any kind, or used for capital construction or improvements, or for the purchase of real estate. Investment decisions are made with an expectation of reasonable return while maintaining the security of the funds.

## **MEDICAL EXPENSE DEDUCTIONS**

Execution of the Residency Agreement and payment of the Entrance Payment and Monthly Fee gives rise to certain unique tax considerations. Each Resident is advised to consult with his/her personal tax advisor regarding the tax consideration associated with becoming a Resident of StoneRidge.

A Resident of StoneRidge may be allowed a tax benefit associated with his or her residency. A portion of the initial lump sum Entrance Fee and the ongoing Monthly Fees paid by a Resident may be taken as a medical expense deduction. In February of each year, the Provider will issue a letter to the Residents stating the portion of the prior year's fees paid that has been determined to be attributable to health related expenses at StoneRidge.

All deductions are, of course, subject to limitations imposed by the Internal Revenue Code of 1986, as amended. It is advisable that the Resident seek the advice of tax counsel before taking this deduction. The Provider is not a tax advisor and disclaims any responsibility for any tax advice relating to becoming a Resident of StoneRidge.

## **TAX DISCUSSION**

The executing of the Residency Agreement and payment of the First Person Fee and Monthly Fee may give rise to certain unique tax considerations. Each Resident is advised to consult with his/her personal tax advisor regarding the tax considerations associated with

becoming a Resident of StoneRidge. StoneRidge is not a tax advisor and disclaims any responsibility for any tax advice relating to becoming a Resident of StoneRidge.

### **JUDICIAL PROCEEDINGS**

No judicial proceedings have been initiated against the Provider as defined under Section 17b-522(b)(4) of the Connecticut General Statutes Annotated or pursuant to State Regulation 17b-533-3(c)(3) which govern the management of continuing care facilities.

# **VI. EXHIBITS**

**EXHIBIT A**  
**SENIOR LIVING COMMUNITIES MANAGED**  
**BY LIFE CARE SERVICES**  
**AS OF 4/29/2025**

Alabama, Birmingham – Galleria Woods  
Alabama, Hoover – Danberry at Inverness  
Arizona, Chandler – Clarendale of Chandler  
Arizona, Fountain Hills – Fountain View Village  
Arizona, Phoenix – Clarendale of Arcadia  
Arizona, Phoenix – Sagedwood  
Arizona, Tempe (Phoenix) – Friendship Village of Tempe  
California, Cupertino – Forum at Rancho San Antonio, The  
California, Palo Alto – Moldaw Residences  
California, San Diego – Casa de las Campanas  
California, San Rafael – Aldersly  
California, Santa Rosa – Arbol Residences of Santa Rosa  
California, Santa Rosa – Oakmont Gardens  
Connecticut, Essex – Essex Meadows  
Connecticut, Mystic – StoneRidge  
Connecticut, Southbury – Pomperaug Woods  
Delaware, Newark – Millcroft Living  
Delaware, Wilmington – Foulk Living  
Delaware, Wilmington – Shipley Living  
Florida, Aventura – Sterling Aventura  
Florida, Bradenton – Freedom Village of Bradenton  
Florida, Celebration – Windsor at Celebration  
Florida, Clearwater – Regency Oaks  
Florida, Hollywood – Presidential Place  
Florida, Jacksonville – Cypress Village  
Florida, Leesburg – Lake Port Square  
Florida, Naples – The Glenview at Pelican Bay  
Florida, Naples – The Arlington of Naples  
Florida, Palm City – Sandhill Cove  
Florida, Port Charlotte – South Port Square  
Florida, Seminole – Freedom Square of Seminole  
Florida, Seminole – Lake Seminole Square  
Florida, Sun City Center – Freedom Plaza  
Florida, The Villages – Freedom Point at The Villages  
Georgia, Evans – Brandon Wilde  
Georgia, Savannah – Marshes of Skidaway Island, The  
Illinois, Addison – Clarendale of Addison  
Illinois, Algonquin – Clarendale of Algonquin  
Illinois, Bartlett – The Oaks at Bartlett  
Illinois, Chicago – Clare, The  
Illinois, Chicago – Clarendale Six Corners  
Illinois, Godfrey – Asbury Village  
Illinois, Lincolnshire – Sedgebrook  
Illinois, Mokena – Clarendale of Mokena  
Illinois, Naperville – Monarch Landing  
Illinois, Wheaton – Wyndemere  
Indiana, Carmel – Rose Senior Living – Carmel  
Indiana, Greenwood (Indianapolis) – Greenwood Village South

Indiana, Indianapolis – Marquette  
Indiana, West Lafayette – Westminster Village West Lafayette  
Iowa, Ames – Green Hills Community  
Iowa, Cedar Rapids – Cottage Grove Place  
Kansas, Atchison – Dooley Center  
Kentucky, Lexington – Richmond Place Senior Living  
Maryland, Columbia – Residences at Vantage Point  
Maryland, Timonium – Mercy Ridge  
Maryland, Towson (Baltimore) – Blakehurst  
Massachusetts, Woburn – The Delaney at The Vale  
Michigan, Ann Arbor – Clarendale Ann Arbor  
Michigan, Auburn Hills – The Avalon of Auburn Hills  
Michigan, Battle Creek – NorthPointe Woods  
Michigan, Bloomfield Township – The Avalon of Bloomfield Township  
Michigan, Clinton Township – Rose Senior Living – Clinton Township  
Michigan, East Lansing – Burcham Hills  
Michigan, Holland – Freedom Village  
Michigan, Kalamazoo – Friendship Village  
Michigan, Novi – Rose Senior Living at Providence Park  
Michigan, Commerce Township – The Avalon of Commerce Township  
Minnesota, Buffalo – Havenwood of Buffalo  
Minnesota, Burnsville – Havenwood of Burnsville  
Minnesota, Maple Grove – Havenwood of Maple Grove  
Minnesota, Minnetonka – Havenwood of Minnetonka  
Minnesota, Richfield – Havenwood of Richfield  
Minnesota, Rochester – Charter House  
Minnesota, Plymouth – Trillium Woods  
Minnesota, Vadnais Heights – Gable Pines  
Missouri, St. Peters – Clarendale of St. Peters  
New Jersey, Bridgewater – Delaney of Bridgewater, The  
New Jersey, Bridgewater – Laurel Circle  
New Jersey, Burlington – Masonic Village at Burlington  
New Jersey, Florham Park – The Delaney at The Green  
New York, Rye Brook – Broadview Senior Living at Purchase College  
New York, Staten Island – Brielle at Seaview, The  
North Carolina, Chapel Hill – Cedars of Chapel Hill, The  
North Carolina, Charlotte – Cypress of Charlotte, The  
North Carolina, Durham – Croasdaile Village  
North Carolina, Greensboro – WhiteStone  
North Carolina, Greenville – Cypress Glen  
North Carolina, Lumberton – Wesley Pines  
North Carolina, Raleigh – Cypress of Raleigh, The  
North Carolina, Wilmington – Porters Neck Village  
Ohio, Avon – Rose Senior Living – Avon  
Ohio, Beachwood – Rose Senior Living – Beachwood  
Ohio, Lewis Center – The Avalon of Lewis Center  
Ohio, New Albany – The Avalon of New Albany  
Oklahoma, Bartlesville – Green Country Village  
Oregon, Dallas – Dallas Retirement Village  
Oregon, Salem – Capital Manor  
Pennsylvania, Coatesville – Freedom Village at Brandywine  
Pennsylvania, Warrington – Solana Doylestown, The  
South Carolina, Greenville – Rolling Green Village  
South Carolina, Hilton Head Island – Bayshore on Hilton Head Island

South Carolina, Hilton Head Island – Cypress of Hilton Head, The  
Tennessee, Brentwood – Heritage at Brentwood, The  
Tennessee, Hendersonville – Clarendale at Indian Lake  
Tennessee, Memphis – Heritage at Irene Woods  
Tennessee, Nashville – Clarendale at Bellevue Place  
Texas, Austin – Westminster  
Texas, Bedford – Parkwood Healthcare  
Texas, Bedford – Parkwood Retirement  
Texas, Dallas – Autumn Leaves  
Texas, Dallas – Monticello West  
Texas, Dallas – Signature Pointe  
Texas, Dallas – Walnut Place  
Texas, Georgetown – Delaney at Georgetown Village, The  
Texas, League City – Delaney at South Shore, The  
Texas, Lubbock – Carillon  
Texas, Richmond – Delaney at Parkway Lakes, The  
Texas, Spring – Village at Gleannloch Farms, The  
Texas, The Woodlands – Village at the Woodlands Waterway, The  
Texas, Waco – Delaney at Lake Waco, The  
Vermont, White River – Village at White River Junction, The  
Virginia, Fairfax – Virginian, The  
Virginia, Gainesville – Heritage Village Assisted Living and Memory Care  
Washington, Issaquah – Timber Ridge at Talus  
Wisconsin, Greendale – Harbour Village  
Wisconsin, Milwaukee – Eastcastle Place

## **EXHIBIT B**

### **Description of the Services and Commonly Discussed Topics**

#### **DESCRIPTION OF THE SERVICES**

The services available to Residents are listed in the Residency Agreement which governs all such obligations. To more fully explain the nature of these services, the following detailed description has been prepared. The procedures followed in furnishing these services may be modified by the Provider to allow the Provider to best meet the needs of StoneRidge Residents. Residents are advised of any changes in these services through StoneRidge's Residents Association.

#### **Avalon Health Care Center at StoneRidge**

A physician is retained on a consulting basis by the Provider to serve as the StoneRidge's medical director. StoneRidge's medical director is responsible for medical supervision of Health Center operations, quality of care assurance, and Resident care planning. StoneRidge's medical director may also be called upon by StoneRidge staff to assist in determination of a Resident's health and whether or not the Resident requires additional care in the Health Center. The Resident is responsible for the services of his or her attending physician. In the event the Resident's attending physician or StoneRidge's medical director orders medication, therapy or various supplemental services for the Resident's care, the Resident will be responsible for the Extra Charge for such services and supplies.

Upon initial occupancy, a Resident will occupy a Residence. After occupancy, if a Resident requires Health Center Care Services, the Resident will be transferred to the Health Center. The Resident's attending physician or StoneRidge's medical director (after consultation with the Resident to the extent possible and Resident's responsible party, if any), will determine the appropriate level of Health Center services required by the Resident upon admission to the Health Center. As part of that determination, the Resident's long-term ability to return to his/her Residence will be evaluated. The nursing staff will provide an appropriate plan of care, the ultimate goal of which shall be, if at all possible, to return the Resident to his or her Residence as soon as possible. The Health Center is staffed to provide quality care to Residents of StoneRidge and to non-residents admitted from the surrounding area.

A Resident will receive nursing care services in a private or semiprivate suite in Avalon. If a Resident desires an available private room, the Resident may obtain one upon agreement to pay the additional charge for the private room. Care in Avalon includes basic nursing care services. The Health Center is not licensed to provide emergency medical care. However, if emergency medical care is needed, the Health Center staff will summon 911 services and the Resident's attending physician and the Resident's family or responsible party will be notified. Such emergency medical care will be at the Resident's expense. The Resident will be responsible for the services provided by his or her attending physician. In the event a Resident's attending physician or StoneRidge's medical director orders medication, therapy, or various supplemental services for the Resident's care, the Resident is responsible for the charges for such services and supplies.

Residents who are able to do so are encouraged to return to their Residences as soon as possible and may visit their Residences with the assistance of volunteers or home health aides as part of the rehabilitation process. Family, friends, and volunteers are encouraged to visit Residents in the Health Center. Friends, relatives, or spouses are able to eat meals with Health Center Residents upon advance notice.

### **Enrichment**

The Provider provides a Therapeutic Recreation Director who is responsible for coordinating and directing the social and recreational activities for the Avalon Residents. The focus of these activities is to promote independence.

### **Cable Television**

Each Residence has cable television jacks in various locations throughout the Residence. The Residents are provided with expanded basic cable service as part of the Monthly Fee. premium and digital are available to the Resident for an extra charge.

### **Community Life Services Coordinator**

The Community Life Services Coordinator, with Resident input, is responsible for scheduling group events and transportation, preparing newsletters, conducting Resident orientation, and facilitating the cultural, social, physical, and recreational and education programs and activities of StoneRidge.

### **Dining Services**

The Dining Program is a flexible meal plan where residents receive a number of points each month, which is designed to give them one meal a day equal to the number of days in the month. Residents also have the option to a reduced meal option of fewer points per month for a lower fee. The points provided for in the Monthly Fee may be taken at any scheduled time during the month and may be used for guest meals, to go meals, or dining room meals. The points can be used towards guest meals. Additional Resident and guest meals are to be available to Residents for an extra charge billed monthly. Monthly Service Fees are not reduced for points not used, and unused points do not roll over to the following month. However should the Resident notify StoneRidge that he or she will be absent from StoneRidge for more than 30 days, the Resident will receive a meal credit on his or her monthly billing statement. Meal plans can be changed once a year during enrollment period which usually takes place at the end of November.

Residents may dine in either the Dining Room or the Mariner Grille. The Dining Room and Mariner Grille are open for lunch and dinner Monday through Saturday, and the Dining Room is open for brunch on Sundays. There are service hours for meals offered in the dining venues. The usual form of food service in the Dining Room is waited-table service. The Mariner Grille serves a light lunch fare. A complimentary continental breakfast is served daily in the Jerry Browne Pub.

The Services of a dietician are available to Residents for a limited period of time when ordered by the Resident's attending physician. Upon request, the dietitian will assist the Resident in choosing menu items that will help the Resident meet his or her special diet needs. The services of the dietitian are also available to the Resident for an extra charge when not ordered by the attending physician or when extended dietitian services are necessary. Room service for up to 14 days is available to the Resident when ordered by the director of nursing services or the Health & Wellness Navigator. Room service beyond 14 days will be available for an extra charge.

### **Emergency Call System**

All Residences have an emergency call system in each bedroom and bath. The purpose of the system is to summon help in an emergency. The emergency call system is connected to an indicator panel in the Health Center which identifies the Residence from which the signal initiated.

Community staff with emergency response training will respond to calls from the emergency call system and will summon any other appropriate emergency services that might be required. Personal pendants are available to Residents for no additional cost for coverage in an apartment Residence.

### **Health Center Ancillary Services**

Any Health Center services, whether or not ordered by a physician, which are not explicitly listed in the Residency Agreement as services and amenities provided to all Residents as part of the Monthly Fee, will be regarded as ancillary Health Center services. If ancillary Health Center services will be provided to a Resident, they will be at an extra charge. A schedule of charges for ancillary Health Center services is available upon initial occupancy of the Health Center.

### ***HealthyLife™ Services Program***

The objective of StoneRidge is to offer a lifestyle with services that will foster Residents maintaining and improving their overall health and well-being. To achieve this objective StoneRidge Residents will be offered opportunities to enrich their sense of wellbeing through programs directed by Resident interests.

*HealthyLife Services* is a comprehensive program designed to enhance and enrich Residents' active lifestyle by offering new opportunities in five essential areas of life – fitness, health, nutrition, active life and well-being. Residents may choose from an array of one-on-one or group activities, including classes, workshops, lectures, physical activity and trips to meet their individual preferences. Each Resident has the opportunity to work with StoneRidge staff who are committed to maximizing the Residents' quality of life in eight dimensions of wellness: spiritual, physical, emotional, social, environmental, intellectual, vocational and health services.

The objective is to create opportunities that Residents prefer, facilitate their participation and monitor the satisfaction and success of these programs from an individual Resident perspective and make adjustments in the program to further enhance these opportunities on an ongoing basis. Key Components of the *HealthyLife Services* Program include:

- **Health & Wellness Navigation Program.** The Health & Wellness Director and the Health & Wellness Coordinator are available to StoneRidge Residents. At the Resident's direction, the Health & Wellness Navigation team may guide preventative wellness-oriented services such as wellness screenings such as blood pressure checks, health fairs and life-long learning seminars geared to health and wellness. Should health care needs arise, the Health & Wellness Navigation team may support the Resident with health and medical related services, such as assistance with physician appointments, emergency medical management, physician ordered on-site laboratory screenings, physical and other therapies, as well as private home health services designed to provide care in Resident's Residence during spells of illness or post hospitalization. For additional services provided to the resident, please see Residential Health Services Program in this section. The goal of the Health & Wellness Navigation team to provide as much support

as the Resident desires to promote wellness and avoid admission to a more acute level of health care.

- **StoneRidge Assistance In Living Program.** The StoneRidge Assistance In Living Program, also known as SAIL, provides the following: bathing, dressing, additional housekeeping, taking medication as prescribed, escort and laundry. Limited services are available as part of the Monthly Fee which include the following: internal transportation inside StoneRidge based on availability of staff, blood pressure clinics, and drop-in consultation with the Health & Wellness Navigation Director and the Health & Wellness Navigation Coordinator during office hours. All SAIL services are available for an extra charge. The Provider reserves the right to add, delete, or modify such additional services from time to time. The purpose of the StoneRidge Assistance In Living Program is to offer services that enable Residents to continue living in their Residence for as long as possible or to return to their Residence as soon as possible after a stay in the Health Center and/or an acute care hospital.
- **Administrator of *HealthyLife*<sup>TM</sup> Services.** The Administrator of *HealthyLife Services* is responsible for the overall strategy, operations and performance of the *HealthyLife Services* program functions. *HealthyLife Services* is designed to support the health and well-being of the StoneRidge residents through physical, spiritual, emotional, intellectual, vocational, social, environmental, and health services programming. The Administrator of *HealthyLife Services* is also responsible for the contractual partnerships with other parties serving the StoneRidge residents.

Rounding out the *HealthyLife Services* Program are a variety of dining and beverage services designed to enhance the Resident's meal programming. Examples include: catering services, healthy food options identified on the menu, lite fare options, "to-go" take-out meals, and a variety of dining venues.

### **Housekeeping and Maintenance**

The Provider maintains all common areas and provides weekly housekeeping services for all Residences. Such services are included in the Monthly Fee. Maintenance of the Residences includes: (1) installed appliances; (2) plumbing; (3) heating, ventilation, and air conditioning systems; (4) windows; (5) installed lighting; and (6) cabinetry. Housekeeping services include cleaning, dusting, and vacuuming the interior of the Residence; washing of hard surface floors; and cleaning of ovens and windows (as needed). Carpets are cleaned approximately every 24 months and, at other times, spot cleaning is done. Residences may be painted every six (6) to eight (8) years, and furniture is moved at least once a year for cleaning hard-to-reach areas. Staff will assist Residents in arranging and moving furniture as needed during the first 12 months of occupancy at no extra charge. Rearranging of Residence furniture is possible after that time at the Resident's expense. Extra cleaning services are available at an extra charge. The cleaning schedule will be set in consultation with each Resident.

### **Internet Access**

StoneRidge provides cable TV and telephone jacks using category five cable to each Residence. Through service providers using these installations, Residents may obtain internet access and high-speed internet access at the Residents' expense. Wireless internet access is also available throughout the community.

### **Laundry**

The Provider provides weekly flat laundry service to the Residents. Flat laundry items supplied by the Resident are washed, dried, folded, and returned. Such service includes sheets, pillowcases, towels, facecloths, and dishcloths to be provided by the Resident. Although the use of permanent-press linen is strongly recommended, the staff will launder nonpermanent-press items, but will not iron flat laundry. Personal laundry service is available for an extra charge.

### ***LifeSTYLE Promise™***

*LifeSTYLE Promise* is our all-encompassing ideology that residents deserve choices, control and flexibility when it comes to living their lives. At Life Care Services communities, we focus on delivering an extensive variety of services for a rare level of individualization. When it comes to service, every Resident is given a person, attentive approach to hospitality and customer service, at the highest standard. This is our approach to all areas of living at StoneRidge, including health care. Examples are:

- Our flexible Dining Services program
- Housekeeping services organized and delivered according to Resident's preferences
- Residents Association and Residents Council
- Choices in the Health Center, including when to start each day, which activities to enjoy, and when to enjoy meals

### **Parking**

Up to two surface parking spots are provided for each Residence. Uncovered surface parking is available to guests at no extra charge. In addition, carports are available as an alternative for the one surface parking spot on a first-come, first-served basis for an additional fee. Execution of a Carport Agreement is required to reserve a spot. Details of the terms regarding maintaining a carport spot are located within the agreement.

### **Prescription Service**

Delivery service from a local pharmacy is provided for the Residents' convenience.

### **Private Dining Room**

Private dining rooms are available for use by Residents and their guests. Special meals and catering for private parties, if desired, are available for an extra charge. Advance reservations for use of the private dining room are required.

### **Receptionist**

A receptionist is on duty from approximately 8:00 a.m. to 8:00 p.m., seven days a week. Additional hours may be scheduled depending on the needs of the Residents and staff. All payments of monthly billing statements, as well as maintenance requests and messages, are handled at the reception desk.

### **Residents Association and Residents Council**

The Residents of StoneRidge established a Residents Association. Regularly scheduled Resident meetings are held to enable the Residents to ask questions and to permit the Provider to communicate with the Residents. These Resident meetings are usually held monthly. The Residents Association nominates and elects Residents to become members of the Residents Council. The Residents Council usually meets monthly with administration. The Residents

Association is an advisory sounding board for the Provider. The Provider retains full decision-making authority for the operation of StoneRidge.

### **Salon, Spa, and Barber**

Salon, spa, and barber shop services will be available on-site at an extra charge.

### **Security**

The Provider provides security personnel. For the Residents added safety, all entrance and exit doors (except the main entrance and Avalon entrance during the day) are locked 24 hours a day, requiring the Residents to use a key or other secure means to gain entrance.

### **Services Available for an Extra Charge**

Additional services are provided to Residents for an extra charge, added to the monthly billing statement. Such services include guest accommodations (with a seven-day limit on usage), guest meals, beauty/barber shop services, additional Resident meals, additional housekeeping, Residential Health Services (home health care), ancillary Health Center services, and such other reasonable services as requested.

### **Telephone Service**

Each Residence has live telephone jacks in various locations. Local and long-distance telephone service is the Resident's responsibility and expense.

### **The Cottage at Avalon**

The Cottage at Avalon includes 12 memory care suites licensed as an Assisted Living Services Agency and registered as a Managed Residential Community. The Cottage at Avalon has licensed and registered direct care staff who have had Alzheimer's and dementia-specific training. Residents may be admitted directly to The Cottage at Avalon from their Residences and need not come from a hospital. Resident's attending physician or StoneRidge's medical director will determine the appropriate level of memory care services required by the Resident upon admission to The Cottage at Avalon. The memory care staff will provide an appropriate plan of care, the ultimate goal of which shall be to provide the highest quality of life possible. The Cottage at Avalon is staffed adequately to provide a high-quality level of care, consistent with the approved budget.

While in The Cottage at Avalon, the Residents are provided memory care services in a one-bedroom suite. If emergency medical care is needed, the memory care staff summons the Resident's attending physician and the Resident's family or responsible party is notified. Such emergency medical care is at the Resident's expense.

The Resident is responsible for the charges for all memory care center meals in excess of the flexible meal program. Such extra charges are added to a Resident's monthly billing statement when he or she is admitted to The Cottage at Avalon. In addition, the Resident is responsible for any ancillary memory care services.

Visitors and volunteers are encouraged to visit the Resident. Friends, relatives or spouses may take meals with the memory care cottage Resident(s) with advance notification.

### **Transportation**

Scheduled bus or other transportation services are provided during the week. Areas of regularly scheduled transportation generally include shopping centers and medical and other professional offices. Special transportation may be provided at extra charge to the Resident.

### **COMMONLY DISCUSSED TOPICS**

Below is a brief overview of some commonly discussed topics. Should you have any questions about these or any other topics, you are encouraged to ask the Residency Counselor. At the time of closing on your Residence, you will receive a Resident Handbook that will address additional topics related to your residency at StoneRidge.

### **Financial Data**

StoneRidge follows a disclosure policy and provides information according to this policy. Information regarding personnel salaries and employees' disciplinary decisions will not be made available. Residents' financial information is handled on a confidential basis. This Exhibit B is a part of the current Disclosure Statement for StoneRidge, which is available for inspection by the Residents, as updated, and includes a current audited financial statement. The Provider will also make available for inspection by the Residents, the most current Annual Financial Filing. Residents are informed of the budgeting process annually. Reports and other data required under various statutes are also available for review.

### **Gratuities**

Gratuities are not permitted, and employees who accept them are subject to discharge. Residents may wish to contribute to the employee appreciation fund established for the benefit of employees. Proceeds from the fund will be distributed to employees on a basis determined by the Residents and administration. Additionally, the Resident's Association conducts an annual Scholarship Fund Drive and monies raised are awarded in scholarships to qualified community employees and their dependents each year.

### **Monthly Billing Statement**

A monthly billing statement outlining the Monthly Service Fee and any extra charges is placed in the Resident's mailbox by the fifth working day of the month and is payable upon receipt.

### **Pets**

The Provider permits pets. The current pet policy is available in the Resident Handbook.

### **Smoking**

StoneRidge has developed a Smoke/Tobacco/Vapor Free Environment Policy. As part of the Smoke/Tobacco/Vapor Free Environment Policy, Residents are not allowed to use cigarettes, e-cigarettes, cigars, pipes, vaping devices, chewing tobacco, tobacco products and other devices that produce a vapor or smoke of nicotine or other substances for the purposes of smoking or simulating smoking in their Residences or on the property. Smoking by all residents, employees and visitors is permitted off StoneRidge property. The current Smoke/Tobacco/Vapor Free Environment Policy is available in the Resident Handbook.

**EXHIBIT C**

**Residency Agreements**



186 Jerry Browne Road  
Mystic, CT 06355  
(860) 536-9700

**65% RETURN-OF-CAPITAL™  
RESIDENCY AGREEMENT**

## TABLE OF CONTENTS

<b>GLOSSARY</b> .....	v
1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS .....	1
2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE .....	3
3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE .....	4
4. AVALON HEALTH CENTER AT STONERIDGE.....	4
4.1 Health Center Care Services .....	4
4.2 Payment for Health Center Care Services .....	4
4.3 Health Care Decisions .....	4
5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.....	5
5.1 Entrance Payment .....	5
5.2 First Person Fee and Second Person Fee .....	5
5.3 Loan .....	5
5.4 Working Capital Fee.....	6
6. MONTHLY CHARGES .....	6
6.1 Monthly Fee .....	6
6.2 Monthly Fee Changes .....	6
6.3 Payment.....	6
6.4 Late Payment .....	6
6.5 Cease Payment of Monthly Fee for Residence.....	7
7. REPAYMENT OF FIRST PERSON FEE O LOAN.....	7
7.1 Repayment of First Person Fee Prior to Assuming Occupancy .....	7
7.1.1 Nonacceptance .....	7
7.1.2 Right of Rescission Period .....	7
7.1.3 Change in Condition .....	7
7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, and 7.1.3 .....	8
7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.....	8
7.2.1 Repayment Within First Four Months of Occupancy .....	8
7.2.2 Repayment After Four Months of Occupancy .....	8
7.3 Repayment of Loan.....	8
7.4 Right of Offset .....	8

7.5	Beneficiary Designation .....	9
8.	YOUR CANCELLATION RIGHTS.....	9
8.1	Prior to Occupancy .....	9
8.2	During First Four Months of Occupancy .....	9
8.2.1	Written Notice.....	9
8.2.2	Monthly Fee.....	9
8.2.3	Removal of Property.....	9
8.2.4	Cancellation.....	9
8.2.5	Remarketing of Residence.....	10
8.2.6	Repayment of Entrance Payment .....	10
8.3	After First Four Months of Occupancy .....	10
8.3.1	Written Notice.....	10
8.3.2	Monthly Fee.....	10
8.3.3	Removal of Property.....	10
8.3.4	Cancellation .....	11
8.3.5	Remarketing of Residence.....	11
8.3.6	Repayment of Entrance Payment .....	11
8.4	Death.....	11
8.4.1	Monthly Fee.....	11
8.4.2	Removal of Property.....	11
8.4.3	Cancellation .....	12
8.4.4	Remarketing of Residence.....	12
8.4.5	Repayment of Entrance Payment .....	12
9.	OUR CANCELLATION RIGHTS.....	12
9.1	Just Cause.....	12
9.1.1	Nonpayment.....	12
9.1.2	Failure to Comply .....	12
9.1.3	Threat to Health or Safety.....	12
9.1.4	Change in Condition.....	13
9.2	Financial Difficulty.....	13
9.2.1	Permitted to Stay.....	13
9.2.2	Terms of Stay.....	13
9.2.3	Guarantor .....	13
9.3	Notice of Cancellation .....	13
9.4	Emergency Notice.....	14

10. MISCELLANEOUS PROVISIONS WITH RESPECT TO YOUR RESIDENCE.....	14
10.1 Use of Residence .....	15
10.2 Occupants of Residence.....	15
10.3 Emergency Entry and Relocation .....	15
10.4 Furnishings.....	15
10.5 Alterations by You.....	15
10.6 Refurbishment.....	16
10.7 Non-Smoking Policy.....	16
11. AMENDMENTS.....	16
11.1 This Agreement.....	16
11.2 All Agreements .....	16
11.3 Law Changes.....	17
12. MISCELLANEOUS LEGAL PROVISIONS.....	17
12.1 Residents Association.....	17
12.2 Private Employee of Resident .....	17
12.3 Resident Representations .....	17
12.4 Adjustments for Absences .....	17
12.5 Governing Law .....	17
12.6 Separability .....	18
12.7 Capacity .....	18
12.8 Residents .....	18
12.9 Nature of Rights.....	18
12.10 Release .....	18
12.11 Indemnity .....	18
12.12 Force Majeure .....	19
12.13 Entire Agreement.....	19
12.14 Tax Considerations .....	19
12.15 Security .....	19
12.16 Transfers .....	19
12.17 Responsible Party .....	20
12.18 Funeral and Burial Services.....	20
12.19 Arbitration.....	20
12.20 Acknowledgment of Receipt of Documents.....	22
12.21 Residency Agreement Terms.....	23
12.22 StoneRidge Residency Agreement Fee Summary.....	23

- EXHIBIT A: LOAN AGREEMENT
- EXHIBIT B: PAYMENT FOR HEALTH CENTER CARE SERVICES
- EXHIBIT C: ELECTION FOR FLEXIBLE DINING PROGRAM
- EXHIBIT D: ANCILLARY CHARGE ADJUSTMENTS
- EXHIBIT E: STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS
- EXHIBIT F: STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES
- EXHIBIT G: COMPLAINT RESOLUTION PROCESS
- EXHIBIT H: ACKNOWLEDGMENT OF RECEIPT OF RESIDENT HANDBOOK

## GLOSSARY

The following terms are described as used in the accompanying Agreement. Reference to the Agreement and the context in which the terms are used is recommended to provide a fuller understanding of each of the terms:

**"Aging-in-Community Policy"** refers to that policy issued by Stoneridge Senior Care, LLC ("SRSC," "we," "us," or "our") which outlines the requirements of the Resident to continue to live in a Residence at StoneRidge.

**"Agreement"** refers to this Residency Agreement between the Resident and SRSC which delineates the contractual obligations of SRSC to the Resident for accommodations, services, and amenities provided by SRSC.

**"Assisted Living Residency Agreement"** refers to that Agreement entered into between SRSC and the Resident prior to admission to the specially designated assisted living or memory care areas of the Health Center that outlines the service obligations to be provided in that area.

**"Avalon Health Care Center at StoneRidge"** refers to the specially designated rehabilitative care and nursing care area of the Health Center.

**"Clubhouse"** refers to the common areas housing the administrative office space, dining room(s), activity room(s), lounges, library, etc., located on the StoneRidge campus.

**"Disclosure Statement"** refers to that document that outlines in detail the services and amenities to be provided by SRSC.

**"Entrance Payment"** refers to the sum of the (i) First Person Fee paid to SRSC and (ii) the Loan payment made to SRSC to assure you a residence in StoneRidge pursuant to terms and conditions of this Agreement.

**"Extra Charges"** refers to the charges payable in consideration for the additional services and amenities requested by Resident, as set forth in Section 2 of the Agreement that are in addition to those set forth in the Monthly Fee.

**"Financial Assistance Amendment to Residency Agreement"** refers to that amendment that allows the Resident to remain at StoneRidge in the event of a change in the Resident's financial condition.

**"First Person Fee"** refers to the fee identified in Section 5 of the Agreement and paid to SRSC. The First Person Fee is equal to 35% of the Entrance Payment

**"Health Center"** refers collectively to the areas across StoneRidge's campus where assisted living, memory care, rehabilitative care and nursing care will be provided.

**"Health Center Admission Agreement"** refers to that agreement entered into between SRSC and the Resident prior to admission to the Health Center that outlines the service obligations to be provided in the specially designated rehabilitative care and nursing care area of the Health Center.

**"Health Center Care Services"** refers to the scope of services that may be provided in the Health Center, including assisted living care, memory care, rehabilitative care and nursing care.

**"Loan"** refers to the Loan made to SRSC pursuant to the Agreement. The Loan is equal to 65% of the Entrance Payment

**"Manager"** refers to Life Care Services LLC, d/b/a Life Care Services <sup>TM</sup>, an Iowa limited liability company, who is engaged by SRSC to manage Stoneridge pursuant to the terms of a management agreement between such parties, as the same may be amended from time to time.

**"Medical Director"** refers to the physician identified by SRSC to assist in assuring that quality care is delivered in the Health Center. The Medical Director will also be called upon to assist SRSC, the Resident, and the Resident's family in determining the medical needs of the Resident of StoneRidge.

**"Monthly Charges"** refers to all those Monthly Charges payable by the Resident pursuant to the terms of the Agreement, including the Monthly Fee, the Extra Charges for additional services, the additional Monthly Charges for Health Center services, if any, and all other fees and charges payable monthly pursuant to the terms of the Agreement, as appropriate in the particular instance.

**"Monthly Fee"** refers to that monthly fee payable in consideration for the amenities and services provided to all residents, as set forth in Section 1 of the

Agreement and the financial needs related to StoneRidge, as set forth in Section 6. The Monthly Fee includes a second person Monthly Fee if there are two Residents.

**"Occupancy"** refers to the earlier of the date Resident moves into StoneRidge or the date Resident pays the balance of the Entrance Payment, makes a Loan to SRSC, and pays the Second Person Fee (if applicable) to SRSC pursuant to this Agreement.

**"Personal Service Provider"** refers to a private employee, an independent contractor, or a licensed home health care agency that may be contracted by the Resident to provide personal services requested or required by the Resident that are not covered by the Agreement.

**"Personal Service Provider Policy"** refers to the policy established by SRSC which sets forth the rules of conduct which must be followed by any Personal Service Provider providing services to residents of StoneRidge.

**"Rehabilitative Care"** refers to those short-term or temporary nursing care stays in Avalon Health Care Center at StoneRidge, where it is anticipated that the Resident will return to his/her Residence. A Rehabilitative Care stay may include medicine, drugs, prescribed therapy or other supplies and services charged to the Resident as an Extra Charge.

**"Residence"** refers to a residence at StoneRidge identified in the introductory paragraph of the Agreement in which the Resident is entitled to occupy a Residence pursuant to the Agreement in exchange for paying the First Person Fee, the Second Person Fee (if applicable), the Working Capital Fee, and the Monthly Fee and making the Loan to SRSC.

**"Residence Modification Agreement"** refers to that agreement between SRSC and the Resident which outlines the terms and conditions under which the Resident may make modifications to his/her Residence.

**"Residency Policy"** refers to that policy issued by SRSC which outlines the initial requirements of the Resident to live in a Residence at StoneRidge.

**"Resident"** or **"you"** refers to the Resident or Residents who execute the Agreement. Sometimes a second Resident (if there are two Residents) is referred to

in the Agreement as the "second person." Unless otherwise indicated, "you" refers to both of you if there are two Residents.

**"Second Person Fee"** (if applicable) refers to the additional fee payable if there are two Residents.

**"StoneRidge"** refers to the senior living community including the Residences, the *HealthyLife*<sup>™</sup> Services Center, the Health Center, and all site amenities associated with these areas located in Mystic, Connecticut.

**"Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us")"** refers to Stoneridge Senior Care LLC, the operator of a *ContinuingCare*<sup>™</sup> senior living community which conducts business as StoneRidge, which includes the Residences, Clubhouse, Health Center, common areas, and site amenities associated with these areas. SRSC is a Delaware limited liability company, qualified to do business in the State of Connecticut.

**"Transfer Policy"** refers to that policy issued by SRSC that outlines the process for a Resident to relocate to another Residence in StoneRidge.

**"Working Capital Fee"** refers to the one-time Fee paid by the Resident to SRSC at the time the balance of the Entrance Payment is paid.

**STONERIDGE  
65% RETURN-OF-CAPITAL™ RESIDENCY AGREEMENT**

This 65% Return-of-Capital™ Residency Agreement (“Agreement”) is entered into by StoneRidge Senior Care, LLC, ("SRSC," "we," "us," or "our") and \_\_\_\_\_ (individually or collectively, "you," "your," or "Resident"). StoneRidge is a *ContinuingCare*™ senior living community located in Mystic, Connecticut, whose purpose is to provide individuals of a qualifying age a way of living known as *ContinuingCare*.

StoneRidge provides quality residential housing for seniors along with a wide array of personal services and amenities outlined in this Agreement. Subject to the conditions contained in this Agreement, we agree to make available to you on a personal, non-assignable basis the residence (hereafter "Residence") described as follows:

Residence Number: \_\_\_\_\_  
Residence Style: \_\_\_\_\_

To be accepted for residency, you must meet our residency criteria which includes financial, age and appropriateness guidelines.

The purpose of this Residency Agreement is to set forth your rights and duties as a Resident of StoneRidge and to delineate the services to be provided at StoneRidge.

**1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS.** We will provide at StoneRidge, so long as you reside in the Residence, the following services and amenities, which are included in the Monthly Fee:

**1.1** Weekly housekeeping service;

**1.2** Weekly laundry service for personal flat linens;

**1.3** As part of StoneRidge's *HealthyLife*™ *Services* Program, you may choose to participate in fitness, nutrition, active life, and well-being activities to enhance your lifestyle;

**1.4** A flexible meal program based on your selection of a dining program option on Exhibit C of this Agreement;

- 1.5** Dietitian services are available for a limited period of time when ordered by your attending physician to assist in meeting special diet needs;
- 1.6** Room service for up to 14 consecutive days per occurrence if ordered by the Health Care Navigator director or the director of nursing services;
- 1.7** One (1) outdoor parking space per Residence;
- 1.8** Twenty-four hour emergency call monitoring in your Residence by nursing staff;
- 1.9** Security services;
- 1.10** Priority Admission for assisted living, memory care, rehabilitative care and nursing care services in the Health Center as provided in Section 4;
- 1.11** Water, sewer, utilities, and trash removal;
- 1.12** Janitorial and maintenance services of buildings and Residences, including provided appliances;
- 1.13** Carpeting in bedrooms and luxury vinyl in remaining areas of the Residence;
- 1.14** Complete kitchen, including refrigerator with icemaker, range/oven, garbage disposal, and dishwasher;
- 1.15** Washer/dryer in Residence;
- 1.16** Local transportation scheduled by us;
- 1.17** Use of all common areas in StoneRidge;
- 1.18** Fire detection system;
- 1.19** Storage area; and
- 1.20** Standard cable TV service to the Residence.

**2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.**

We may also make available at StoneRidge, at your request, for as long as you reside in a Residence at StoneRidge, at the then prevailing rates of Extra Charge, a current copy of which are set forth in Exhibit D:

**2.1** Scheduled nursing or personal care services in your Residence. You must be assessed to ensure such services are appropriate and that your condition is chronic and stable.

**2.2** Outpatient clinic services on-site for walk-ins and scheduled appointments during regularly scheduled hours;

**2.3** Care or treatment in the Health Center or Outpatient Treatment Center for physician services, medications, prescribed therapy or other similar services and supplies;

**2.4** Special events and transportation scheduled by you;

**2.5** Meals, food, and beverage services in excess of those provided in consideration for the Monthly Fee;

**2.6** Extended dietitian services;

**2.7** Extended room service beyond 14 days to your Residence when ordered by the director of nursing services or the residential health services director;

**2.8** Additional housekeeping;

**2.9** Personal laundry service in addition to personal flat linen laundry service;

**2.10** Guest rooms;

**2.11** Special activities and programs including services or programs offered under the *HealthyLife*<sup>™</sup> Services Program; and

**2.12** Other services as may be provided from time to time.

**3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE.** You may reside in your Residence for as long as you live unless you are not capable of living in a Residence as set forth in our Aging-in-Community Policy, or this Agreement is canceled by you or by us. If, in the opinion of your attending physician or the Medical Director, your physical or mental health requires that assisted living, memory care, rehabilitative care or nursing care services be provided, you will be offered the opportunity to relocate to the specially designated area of the Health Center where we are licensed to provide such care or to secure the services from a Personal Service Provider. You have the right to participate, as fully and meaningfully as you are able, in making the decision about a permanent move to any area of the Health Center. You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If there are two of you under this Agreement and one of you dies or relocates to the Health Center, or for some other reason is unable to occupy the Residence, the remaining person may continue to occupy the Residence under the terms of this Agreement.

**4. THE HEALTH CENTER.** SRSC will provide assisted living, memory care, rehabilitative care and skilled nursing care services (hereafter also collectively known as "Health Center Care Services") in the specially designated areas of the Community which altogether make up the Health Center (hereafter "Health Center").

**4.1 Health Center Care Services.** If, in the opinion of your attending physician or the Medical Director (after consultation with you to the extent possible and your responsible party, if any), you require Health Center Care Services in the Health Center, we will provide such care in the Health Center, and you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care offered. Such Health Center Care Services will be provided in a semi-private or private suite and this care will be limited to the extent authorized by SRSC's licenses issued from the Department of Public Health.

**4.2 Payment for Health Center Care Services.** Payment for Health Center Care Services provided by us in the Health Center will be in accordance with Exhibit B of this Agreement.

**4.3 Health Care Decisions.** You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe

upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If you choose to relocate to a health center not designated by us, you shall be solely responsible for the fees.

## **5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.**

**5.1 Entrance Payment.** To assure you a Residence in StoneRidge in accordance with all the terms of this Agreement, you will pay to us an Entrance Payment of \$\_\_\_\_\_. Your Entrance Payment is comprised of two parts: (i) the First Person Fee; and (ii) the Loan (which is repayable as outlined in the Loan Agreement). Payment of 10% of your Entrance Payment at the time of executing this Agreement will reserve your Residence referenced on page 1 of this Agreement. This 10% amount will be held in escrow pursuant to Connecticut law. A copy of the Entrance Payment Escrow Agreement will be available for your review upon your request. The balance of the Entrance Payment (an amount equal to 90% of the Entrance Payment), or \$\_\_\_\_\_, will be paid to us on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Payment of your Entrance Payment, Second Person Fee (if applicable), Working Capital Fee, and Monthly Charges (described below), entitles you to live in a Residence at StoneRidge. You may live in a Residence for as long as you are capable of living in a Residence and in the Health Center when you are no longer capable of living in a Residence as defined in our current Aging-in-Community Policy, and you will receive services that we are licensed to provide or we have contracted with another party to provide, all in accordance with the terms of this Agreement.

**5.2 First Person Fee and Second Person Fee.** An amount equal to 35% of your Entrance Payment, or \$\_\_\_\_\_, is the First Person Fee. If there are two of you, a Second Person Fee of \$\_\_\_\_\_ will be paid to SRSC on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Subject to the provisions of the Entrance Payment Escrow Agreement and our repayment obligations under Section 7 below, any non-repayable amounts paid to us as a First Person Fee and Second Person Fee (if applicable) will be the unrestricted property of the SRSC, once it is earned by the SRSC, and may be used by the SRSC for any purpose unrelated to StoneRidge, at SRSC's sole discretion. SRSC may distribute any such funds to its ownership.

**5.3 Loan.** Your Loan of \$\_\_\_\_\_, an amount equal to 65% of the Entrance Payment, will be made to SRSC on the earlier of (i) occupancy or (ii) within 90

days of the date of our approval of this Agreement and will be evidenced by the Loan Agreement attached to Exhibit A.

**5.4 Working Capital Fee.** At the same time you pay the balance of the Entrance Payment, make the Loan to SRSC, and commence paying your Monthly Fee for your Residence, you will pay to us a Working Capital Fee that is an amount equal to two (2) times the then-current Monthly Fee for your Residence (including a second person Monthly Fee if there are two of you). This is a one-time non-repayable charge.

## **6. MONTHLY CHARGES**

**6.1 Monthly Fee.** You will pay a Monthly Fee for accommodations, services and amenities provided under Section 1. The current Monthly Fee is \$\_\_\_\_\_ per month for one person and an additional \$\_\_\_\_\_ per month if there are two of you.

**6.2 Monthly Fee Changes.** Adjustments to the Monthly Fee are intended to cover the current and anticipated changes in the community's costs or as may be required by local, state or federal laws and regulations. We may adjust your Monthly Fee for current and anticipated Community Related Costs upon 30 days' advance written notice.

**6.3 Payment.** You will pay a pro rata portion of the Monthly Fee commencing on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Thereafter, your Monthly Fee will be payable each month in advance, upon receipt of a billing statement, including any Extra Charges for the additional services obtained during the preceding month.

**6.4 Late Payment.** A late payment charge will be assessed 30 days from the date of the billing statement at the rate of 1% per month on the total delinquent amounts due. Late payment charges will not be compounded in the total delinquent amounts computed for determining any late payment charge assessed in any succeeding month. The late payment charge will cease on the date we receive payment of the total delinquent amount. The 1% late payment charge is waived if payment is delayed due to slow processing by your supplemental insurance carrier. However, we do not waive our right to cancel this Agreement for nonpayment of fees subject to Section 9 of this Agreement.

**6.5 Cease Payment of Monthly Fee for Residence.** The Monthly Fee for your Residence will cease in accordance with Section 8 or 9 if you (or both of you if there are two of you) or we cancel this Agreement and in accordance with Section 8.4 if you die (or if there are two of you, the death of the survivor). In the event there are two of you who occupy the Residence and only one of you cancels this Agreement or dies, the second person Monthly Fee will cease and the remaining person will continue to pay the first person Monthly Fee.

## **7. REPAYMENT OF FIRST PERSON FEE OR LOAN.**

### **7.1 Repayment of First Person Fee Prior to Assuming Occupancy.**

**7.1.1 Nonacceptance.** If we do not accept you for residency, we will repay to you the amount of the First Person Fee you have paid, without interest, within 30 days of our notice to you of nonacceptance.

**7.1.2 Right of Rescission Period.** If prior to assuming occupancy you change your mind and you give us written notice of cancellation by registered or certified mail within 30 days following the date this Agreement is executed by you and us, this Agreement will be automatically canceled. In such event, we will repay to you the amount of the First Person Fee you have paid without interest within 30 days of notice, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. You shall not be required to move into StoneRidge before expiration of the 30 day rescission period.

**7.1.3 Change in Condition.** If prior to occupancy (i) you (or either of you if there are two of you) die or become unable to occupy your Residence because of illness, injury, or incapacity or (ii) you elect to cancel this Agreement because of a substantial change in your physical, mental, or financial condition, upon our receipt of your written notice to us by registered or certified mail this Agreement will be automatically canceled. In such event, we will repay to you or your legal representative, without interest, the amount of the First Person Fee you have paid to us within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement.

### **7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1,**

**7.1.2, and 7.1.3.** If prior to assuming occupancy you give us written notice of cancellation by registered or certified mail and neither Sections 7.1.1, 7.1.2, nor 7.1.3 are applicable, this Agreement will be canceled. In such event, we will retain the lesser of 2% of your First Person Fee or \$1,000 from the amount of the Entrance Payment you paid, plus an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in an addendum to this Agreement, and the balance will be repaid to you, without interest, within 60 days of our receipt of your written notice of cancellation.

## **7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.**

**7.2.1 Repayment Within First Four Months of Occupancy.** Within the first four months of your occupancy, except within the rescission period which will be handled according to Section 7.1.2 of this Agreement, should you or we cancel the Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident within the first four months of occupancy, 100% of the Entrance Payment you have paid, and the Second Person Fee if there are two of you, will be repaid to you pursuant to Section 7.3.

**7.2.2 Repayment After Four Months of Occupancy.** After the first four months of your occupancy, should you or we cancel this Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident, we will repay to you (or to your estate) the amount of the First Person Fee paid by you, reduced by 15 percent (15%) of the Entrance Payment earned by us upon the beginning of your fifth month of occupancy and one percent (1%) of the Entrance Payment per full month of your occupancy, until your First Person Fee is fully amortized, leaving a repayment equal to your Loan amount of \$\_\_\_\_\_. For purposes of calculating the repayment, amortization will begin on the fifth full month of occupancy and will end when this Agreement is cancelled pursuant to Section 8 or 9 of this Agreement. Such repayment will be paid without interest at the same time your Loan is repaid. The Second Person Fee (if applicable) is not repayable.

**7.3 Repayment of Loan.** The repayment of your Loan (if applicable) will be made in accordance with the Loan Agreement attached to Exhibit A.

**7.4 Right of Offset.** We have the right to offset against any amount of the First Person Fee and Loan that is repayable, any Second Person Fee (if applicable)

that is repayable, any unpaid Monthly Charges owed by you, any unreimbursed Health Center charges we have advanced on your behalf, any amounts deferred by us under Section 9.2, and any other sums owed by you to us. Any amounts owed by you to us will be payable with interest.

**7.5 Beneficiary Designation.** You may designate a beneficiary for receipt of any repayable portion of the Entrance Payment if the designation is in writing, is witnessed, is noncontingent, is specified in percentages and accounts for 100%, and has received our approval. An Assignment of Rights to Repayment may be obtained from the StoneRidge business office.

## **8. YOUR CANCELLATION RIGHTS.**

**8.1 Prior to Occupancy.** You may cancel this Agreement for any reason by giving us written notice executed by you (both of you, if there are two of you) and sent by registered or certified mail. If you give such notice, prior to your occupancy of StoneRidge, the cancellation will be effective as described in Section 7.

### **8.2 During First Four Months of Occupancy.**

**8.2.1 Written Notice.** During your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.2.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee, or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.2.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following

the date you give us written notice of cancellation or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.2.6 Repayment of Entrance Payment.** If you give us written notice of cancellation during the first four months of your occupancy, your First Person Fee will not amortize, providing you vacate your Residence or the Health Center, and remove all your furniture and other property within 120 days of giving notice; however, if you fail to vacate your Residence or the Health Center within 120 days, your First Person Fee will amortize from the date you gave us written notice of cancellation, until we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment and Loan will be repaid in accordance with Exhibit A.

### **8.3 After First Four Months of Occupancy.**

**8.3.1 Written Notice.** After your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.3.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.3.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.3.6 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property. However, if you fail to vacate your Residence or the Health Center with 120 days, your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing when we remove and store your furniture and other property at the expense and risk of you or your estate. Your Loan will be repaid in accordance with Exhibit A.

## **8.4 Death.**

**8.4.1 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.2 Removal of Property.** If removal of your furniture and other property is not accomplished within 30 days of your death (if there are two of you, the death of the survivor), we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.4.3 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease, upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.4 Remarketing of Residence.** After your death, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give notice to the executor of your estate or your legal representative in advance of any scheduled showing of your Residence. To the extent possible, we will give notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide any advance notice of showing, and your Residence will be considered released to us.

**8.4.5 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2 and will stop amortizing upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence or the Health Center, if applicable, and removal of all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

## **9. OUR CANCELLATION RIGHTS.**

**9.1 Just Cause.** After we have accepted you for residency, we will not cancel this Agreement except for just cause. Just cause is defined as:

**9.1.1 Nonpayment.** Except as set forth below, nonpayment of fees or charges; or

**9.1.2 Failure to Comply.** You do not comply with the terms of this Agreement or the published operating procedures, covenants, rules, regulations, and policies now existing or later amended by us; or

**9.1.3 Threat to Health or Safety.** Health status or behavior which constitutes a substantial threat to the health or safety of yourself or others, including your refusal to consent to relocation which presents a danger of physical damage to the property of others; or

**9.1.4 Change in Condition.** There is a major change in your physical or mental condition that would preclude caring for you in the Health Center within the limits of our licenses.

**9.2 Financial Difficulty.** If, after you have paid the Entrance Payment, you encounter financial difficulties making it impossible for you to pay the full Monthly Charges, then:

**9.2.1 Permitted to Stay.** You shall be permitted to remain at StoneRidge for 120 days after the date of failure to pay, during which time you shall continue to pay reduced Monthly Charges based on your current income. Pursuant to Section 7.4, any amounts owed by you to us will be payable with interest;

**9.2.2 Terms of Stay.** After the 120 days, you shall be permitted to remain at StoneRidge at reduced Monthly Charges based on your ability to pay for so long as you establish facts to justify deferral of such charges, and the deferral of such charges can, in our sole discretion, be granted without impairing our ability to operate on a sound financial basis. This provision shall not apply if you have impaired your ability to meet your financial obligations hereunder, assuming residency, other than to meet ordinary and customary living expenses, or by not maintaining Medicare Part A, Medicare Part B, and/or supplemental insurance coverages. To evidence these agreements based on the circumstances at the time, you agree to enter into a special Financial Assistance Amendment to Residency Agreement with us at the time of any such deferrals to reflect the deferred charges currently payable and the interest rate to be applied to the deferrals and to provide us with a perfected first security interest in your Loan repayment rights (if applicable). Any payments otherwise due to you from us, including the repayment of your Loan (if applicable), will be offset against any such deferred charges; and

**9.2.3 Guarantor.** Sections 9.2.1 and 9.2.2 are not applicable if, to initially qualify for residency at StoneRidge, a third party(ies) with adequate resources agreed in writing, prior to your acceptance for residency, to guarantee payment of your obligations and is fulfilling their obligations pursuant to a Guaranty of Fees and Other Payments under the Residency Agreement.

**9.3 Notice of Cancellation.** Prior to any cancellation of this Agreement by us, we will give you notice in writing of the reasons, and you will have 60 days thereafter to correct the problem. If we determine that the problem is corrected within such time, this Agreement shall remain in effect. If we determine that the

problem is not corrected within such time, you must leave StoneRidge within 30 days after we notify you of our determination. You will continue to pay your Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished, we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

**9.4 Emergency Notice.** Should your continued residency pose an imminent threat of serious harm to you or other residents, and the Medical Director determines that either the giving of notice or the waiting period described above might be detrimental to you or other residents, then such notice and/or waiting period shall not be required before relocation to a hospital or other appropriate facility. If there is one of you under this Agreement, we are expressly authorized to transfer you to such hospital or other facility, and we will promptly notify your responsible party and your attending physician. After transferring you to such hospital or other facility, we will provide you with a notice of cancellation if you will be unable to return to the Health Center or your Residence at StoneRidge. You will continue to pay the Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A. If there are two of you under this Agreement, and one of you is transferred to a hospital or other appropriate facility under the circumstances described in this section, the other person may continue to occupy the Residence or the Health Center under the terms of this Agreement as the first person. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility.

## **10. MISCELLANEOUS PRO-VISIONS WITH RESPECT TO YOUR RESIDENCE.**

**10.1 Use of Residence.** The Residence is for living only and shall not be used for carrying on any business or profession, nor in any manner in violation of zoning restrictions. This Agreement is not a lease, and entitles you only to the lifetime use of the Residence and other amenities of StoneRidge and to available services, subject to the terms and conditions of this Agreement.

**10.2 Occupants of Residence.** Except as hereinafter provided, no person other than you (or both of you if there are two of you) may occupy the Residence except with our express written approval. In the event that a second person who is not a party to this Agreement wishes to be accepted for residency under this Agreement, after the date we execute this Agreement, said second person's acceptance will be based upon our then-current Residency Policy. If accepted, payment of the then-current Second Person Fee (if applicable) as determined by us, and payment of the then-current additional Monthly Charges for second persons shall be due. If such second person does not meet the requirements for residency, such second person will not be permitted to occupy the Residence for more than 30 days (except with our express written approval).

**10.3 Emergency Entry and Relocation.** We may enter your Residence should it be necessary in an emergency to protect your health or safety or the health or safety of other residents. Should it be necessary to modify facilities to meet the requirements of any applicable law or regulation which necessitate temporarily vacating your Residence, we will provide alternate facilities for you without Extra Charge within or outside StoneRidge. Further, if relocation is recommended by the Medical Director or your attending physician, we will request that you relocate to another Residence within StoneRidge or to the Health Center for the protection of your health or safety or for the health or safety of the other residents of StoneRidge. SRSC recognizes your right to participate in making decisions about a permanent move to assisted living or skilled nursing.

**10.4 Furnishings.** Furnishings within the Residence will be provided by you except as listed in Sections 1.13, 1.14, and 1.15. Furnishings provided by you shall not interfere with the health or safety of you or other residents or others.

**10.5 Alterations by You.** You may undertake alterations to your Residence with our prior written approval as set forth in a separate Residence Modification Agreement.

**10.6 Refurbishment.** Customary and normal refurbishment costs of your Residence will be borne by all residents of StoneRidge as part of the Monthly Fee. Any necessary refurbishment costs beyond those which are customary and normal are your responsibility and will be offset against the Loan repayment. Further, should you relocate to another residence in StoneRidge, you may be subject to a transfer fee as set forth in our current Residence Transfer Policy.

**10.7 Non-Smoking Policy.** Smoking is prohibited everywhere on its campus. Smoking is not allowed in your Residence, or anywhere else in the building. Because smoking is not allowed in any interior spaces, including your Residence, damage to the Residence caused by smoking by you or your visitors is not considered normal wear and tear and will be charged for accordingly.

## **11. AMENDMENTS.**

**11.1 This Agreement.** This Agreement may be amended by agreement of the parties to this Agreement (subject to any necessary regulatory approval). No amendment of this Agreement will be valid unless in writing and executed by you and us.

**11.2 All Agreements.** In addition, with the approval of (i) at least 67% of the residences with one vote per residence who have this type of residency agreement in StoneRidge, and (ii) us, all residency agreements of this type, may be amended in any respect; provided, however, that no such amendment shall:

**11.2.1** Reduce the aforesaid percentage of residences which is required to consent to any such amendment; or

**11.2.2** Permit the preference or priority of any residence over any other residence without the consent of each residence.

Upon our approval and upon our receipt of evidence of the approval of at least 67% of the residences with one vote per residence, such amendment shall be effective and any designated residency agreements, which may include this Agreement, shall automatically be amended. Accordingly, any of the terms of this Agreement may be amended, including the scope and type of services provided, upon our approval and approval of at least 67% of the residences with one vote per residence.

**11.3 Law Changes.** This Agreement may be modified by us at any time in order to comply with applicable federal or state laws or regulations.

## **12. MISCELLANEOUS LEGAL PROVISIONS.**

**12.1 Residents Association.** Residents shall have the right to organize and operate a Residents Association at StoneRidge and to meet privately to conduct business of the Residents Association. It is our policy to encourage the organization and operation of a Residents Association.

**12.2 Private Employee of Resident.** If you need additional services, you can obtain these needed services from a private employee, an independent contractor, or through an agency ("Personal Service Provider"). In such instances, we strongly advise you to obtain these needed services from a licensed and/or certified home health agency. In any event, you must comply with our policy regarding Personal Service Providers and ensure that he/she/they complies with our policies and rules of conduct as set forth in our Personal Service Provider Policy. If you fail to follow or enforce the rules set forth in the Personal Service Provider Policy, then we may elect at our sole option to cancel this Agreement.

**12.3 Resident Representations.** By executing this Agreement, you represent and warrant that: (i) you will be least 62 years of age or older at the time of residency or you will share your Residence with another person who will be 62 years of age or older at the time of residency; (ii) you are capable of living in your Residence in accordance with StoneRidge Residency Policy; (iii) you have assets and income which are sufficient under foreseeable circumstances and after provision for payment of your obligations under this Agreement to meet your ordinary and customary living expenses after assuming occupancy; and (iv) all written representations made to us with respect to such matters by you or on your behalf during the residency process are true.

**12.4 Adjustments for Absences.** You will receive a credit toward your Monthly Fee if you are absent from StoneRidge for more than 30 consecutive days. The amount of the credit shall be determined by us in our sole discretion based on our then-current policy regarding absences from StoneRidge.

**12.5 Governing Law.** This Agreement will be interpreted according to the laws of the State of Connecticut and will become effective upon acceptance and execution by us. The Glossary which sets forth the definitions of certain terms used

in this Agreement is by this reference incorporated herein and made a part of this Agreement.

**12.6 Separability.** The invalidity of any restriction, condition, or other provision of this Agreement, or any part of the same, shall not impair or affect in any way the validity or enforceability of the rest of this Agreement.

**12.7 Capacity.** This Agreement has been executed by our duly authorized agent, and no member, officer, director, agent, or employee of ours shall have any personal liability to you hereunder under any circumstances. This Agreement will become effective upon acceptance and execution by us.

**12.8 Residents.** When Resident consists of more than one person, the rights and obligations of each are joint and several, except as the context of this Agreement otherwise requires.

**12.9 Nature of Rights.** You understand and agree that (i) this Agreement or your rights (including the use of the Residence) under it may not be assigned, and no rights or benefits under this Agreement shall inure to the benefit of your heirs, legatees, assignees, or representatives, except as to repayment of the amounts described in Section 7; (ii) this Agreement and your contractual right to occupy StoneRidge will exist and continue to exist during your lifetime unless canceled as provided herein; (iii) this Agreement grants you the right to occupy and use space in StoneRidge but does not give you exclusive possession of the Residence against us; (iv) you will not be entitled to any rights of specific performance but will be limited to such remedies as set forth herein and as provided by continuing care law; (v) this Agreement is not a lease or easement and does not transfer or grant you any interest in real property that comprises StoneRidge; and (vi) this Agreement grants to us complete decision-making authority regarding the management and operation of StoneRidge.

**12.10 Release.** We are not responsible for loss of or damage to your personal property, unless such loss or damage is caused by our negligence or the negligence of our agents or employees, and you hereby release us from any such liability. You may want to obtain, at your own expense, insurance to protect against such losses.

**12.11 Indemnity.** To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless, from claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death

to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional act or omission.

**12.12 Force Majeure.** The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which is not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided (“Force Majeure Event”), including, but not limited to, war, rebellion, natural disasters (including floods, earthquake, fire, hurricanes, windstorms, tornadoes), accident, strike, riot, civil commotion, act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as it is reasonably practicable, in compliance with all applicable law and consistent with reasonably prudent business practice. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section.

**12.13 Entire Agreement.** This Agreement and any addenda or exhibits hereto contain our entire understanding with respect to your residency.

**12.14 Tax Considerations.** Each person considering executing this Agreement should consult with his or her tax advisor regarding the tax considerations associated with this Agreement.

**12.15 Intentionally omitted.**

**12.16 Transfers.** We may from time to time issue additional equity interests or sell or transfer interest in StoneRidge, provided that, in such later event, the buyer will agree to assume this Agreement and all other existing Residency Agreements. In addition, we may sell or otherwise transfer the land or other portions of

StoneRidge. Your signature hereto constitutes your consent and approval to any such future transfer.

**12.17 Responsible Party.** You agree to execute and deliver to us within 60 days after assuming occupancy in your Residence, a Durable Power of Attorney, trust documents, or other documentation naming a responsible party for business and financial decision-making. These documents should be drafted to remain effective notwithstanding your incompetence or disability and will be in a form acceptable to us. You agree to keep such documents in effect as long as this Agreement is in effect. The person(s) named as your responsible party will not be a person(s) employed by us or any other entity engaged in the management of StoneRidge.

**12.18 Funeral and Burial Services.** No funeral or burial services or expenses are provided by us pursuant to this Agreement.

**12.19 Arbitration.** It is understood that any and all disputes between the Resident and StoneRidge its owners, operators, officers, directors, administrators, staff, employees, agents, and any management and administrative services company, and all related entities and individuals, their staff, personnel, employees, owners, officers, directors, members, and agents that provide services to the Community that relates to the provision of care, treatment and services the Community provides to the Resident, including any action for injury or death arising from intentional torts, statutory causes of action, negligence, and medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered shall be determined by submission to binding arbitration and not by lawsuit or resort to court process. This provision shall be binding for any and all disputes arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community, except for disputes pertaining to collections or evictions. This provision is binding on all parties hereto, including the Community, the Resident, the Resident's representatives, agents, responsible party, conservators, executors, family members, successors in interest and heirs, as well as anyone who may have a claim arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community.

If this Agreement is signed by someone other the Resident, including the Resident's representative, agent, responsible party, conservator, executor, family member, successor in interest and heir said person is doing so not only in their representative capacity for the Resident, but also in their individual capacity and thus

agree that any and all claims brought individually by any such person(s) are also subject to binding arbitration.

The parties to this Agreement are giving up their Constitutional right to have any and all disputes decided in a court of law before a jury, and instead are accepting the use of binding arbitration. By signing this Agreement, the parties waive their right to commence and/or be a party to any class or collective action in any court against the other party relating in any manner to the Resident's residency at the Community. Further, the parties waive their right to commence or be a party to any group, class, or collective action claim in arbitration or any other forum.

Submitting to this provision is not a precondition to receiving medical treatment, care, services and/or for admission to the Community and is not a requirement to continue to receive medical treatment, care, and services at the Community. You may rescind your agreement to arbitrate by written notice to the Community within thirty (30) days of signature. This agreement to arbitrate shall not be discharged by the death of any party hereto, nor by the termination of the Residency Agreement, nor by the Resident ceasing to reside at the Community.

This provision shall have retroactive effect. It is agreed by and between the parties hereto that this provision covers services rendered before the date this contract is signed, thus making this provision effective as of the date of the Resident's first admission to the Community.

This Agreement relates to the Resident's admission to the Community and the Community participates in Medicare programs and/or procures supplies from out of state vendors. The parties, therefore, agree that the underlying admission to the Community involves interstate commerce. The parties further agree that this arbitration provision is to be governed by the Federal Arbitration Act and the procedural rules set forth in the Federal Arbitration Act (9 U.S.C. Sections 1-16) shall govern any petition to compel arbitration and shall preempt any inconsistent State law. While the parties agree that this provision shall be governed by the procedural rules set forth in the Federal Arbitration Act, the parties further agree that the substantive law of the State where the Community is located shall apply to any and all claims.

The parties desire to have any and all disputes submitted to binding arbitration and do not want any claims not subject to arbitration to impede any and all other claims from being ordered to binding arbitration.

The parties are to mutually agree on the appointment of a single neutral arbitrator who routinely conducts mediations and/or arbitrations in the State where the Community is located and agree that discovery will be conducted pursuant to the discovery rules set forth by the arbitrator. Should the parties be unable to mutually agree upon the appointment of a single neutral arbitrator the Federal Arbitration Act shall govern the appointment of the arbitrator. The arbitration shall be venued in a location convenient for all parties, normally the county or region where Community is located.

The expenses and fees of the arbitrator shall be apportioned equally among all parties except as otherwise permitted or required by law.

If any portion of this provision is held invalid, such holding shall not impact the validity of the remaining content of this provision. Any such invalid portion shall be severed from this provision.

The Resident and/or the person executing this Agreement certifies that he/she has read this provision, understands this provision, it has been explained to them in a manner he/she understands, has been given a copy of this provision, and affirmatively represents that he/she is duly authorized by virtue of the Resident's consent, instruction and/or durable power of attorney, to execute this Agreement and accept its terms on behalf of the Resident and acknowledges that the Community is relying on the aforementioned certification. Further, if the person executing this Agreement is someone other than the Resident, you knowingly do so not only in your representative capacity for the Resident, but also in your individual capacity and thus agree that any and all claims brought individually by you are also subject to binding arbitration.

**12.20 Acknowledgment of Receipt of Documents.** You hereby certify that you (i) received a copy of this Agreement, (ii) received a copy of our most current Disclosure Statement, and (iii) have been permitted to inspect any additional relevant materials requested to be reviewed by you or your representatives prior to executing this Agreement. Included in this Agreement are the following:

**12.20.1** Schedule of Ancillary Charges attached as Exhibit D;

**12.20.2** Statement of CCRC Resident Health Care Rights and Protections attached as Exhibit E;

**12.20.3** Statement of Rights of Residents Receiving Assistance in Living Services attached as Exhibit F;

**12.20.4** Complaint Resolution Process attached as Exhibit G; and

**12.20.5** Acknowledgement of Receipt of Resident Handbook attached as Exhibit H.

**12.21 Residency Agreement Terms.** You hereby certify that you have executed the following exhibits and that, unless stipulated otherwise, the selections made by you shall govern for the term of this Residency Agreement. By your initials below, you have executed the following exhibits:

**Exhibit B – Payment for Health Center Care Services**

\_\_\_\_\_ *ContinuingCare*<sup>™</sup> Reduced Health Center Fees Plan

**Exhibit C – Election for Flexible Dining Program:**

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

**12.22 StoneRidge Residency Agreement Fee Summary.**

**First Person Fee** (equal to 35% of the Entrance Payment, of which 10% of the Entrance Payment is to be paid upon executing this Agreement and the remaining 25% to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier )

\$ \_\_\_\_\_

**Loan** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to 65% of Entrance Payment)

\$ \_\_\_\_\_

**Total Entrance Payment** (First Person Fee plus Loan)

\$ \_\_\_\_\_

**Second Person Fee** (to be paid within (90) days of the date of our approval of this Agreement or upon occupancy, whichever is earlier)

\$\_\_\_\_\_

**Working Capital Fee** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to two (2) times the Monthly Fee including a second person Monthly Fee, if applicable)

\$\_\_\_\_\_\*

**Monthly Fee** \$\_\_\_\_\_\*

**Second Person Monthly Fee**  
(if applicable) \$\_\_\_\_\_\*

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Residence Type

\_\_\_\_\_

Residence Number

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

06/30/2025



65% Return-of-Capital Residency Agreement (2025-06-30)

**EXHIBIT A**  
**LOAN AGREEMENT**  
**(TO BE EXECUTED AT OCCUPANCY)**

Pursuant to your Return-of-Capital Residency Agreement with Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us"), you agreed to loan \$\_\_\_\_\_ to SRSC, and we hereby promise to repay your Loan upon the terms and conditions hereinafter set forth in this Loan Agreement ("Agreement"). Capitalized terms used herein shall have the same meanings as set forth in the Residency Agreement.

- 1. Making of Loan.** Your Loan shall be made to SRSC on the earlier of (i) occupancy or (ii) within 90 days of our approval of this Agreement.
  
- 2. Repayment.** In the event you or we cancel your Residency Agreement and remove your furniture and other property, your Loan shall become due and payable in accordance with Section 8 of your Residency Agreement and placed in a sequential queue for repayment upon the conclusion of (i) any cancellation notification period; (ii) receipt of your notice of vacancy from the Community; (iii) if any items have been left in the Community, the conclusion of our removal of all remaining items from the Residence.

We repay Loans when new residents move into a previously occupied Residence at the Community and the following criteria have been satisfied: (i) receipt of an Entrance Payment in full from the new resident to StoneRidge; (ii) the rescission period for that sale by the new resident has expired; and (iii) there are no contractual repayment obligations uniquely bound to the resale of the residence being reoccupied.

There may be other Loans ahead of yours when your Loan is placed in the repayment queue. We repay Loans to the first person/estate in the repayment queue. After we have paid the first person/estate's Loan, we keep moving through the repayment queue in sequential order of when they were placed.

In the event your Loan is greater than the incoming eligible Entrance Payment collected, you shall remain at the top of the repayment queue and the balance shall be paid upon collection of the next eligible Entrance Payment received. Should the remaining balance exceed the second collected eligible Entrance Payment, this process shall continue until sufficient funds have been collected from Entrance Payments to fully repay your Loan.

We will make a Loan payment to you/your estate within 14 days of receipt of an eligible Entrance Payment(s) that include funds sufficient to repay your Loan in full as described in this Section. At that time, we shall consider your repayment paid in full.

However, in no event shall such date be more than 36 months from the date of cancellation of your Residency Agreement, at which time your Loan shall become immediately due and payable to you or your estate. If your Residency Agreement is not cancelled within 30 years from the date of this Agreement, your Loan shall become immediately due and payable by us. You agree to look solely to the assets of SRSC for the repayment of your Loan. We may offset against any Loan repayment any amounts then due by you to us pursuant to Section 7.4 of your Residency Agreement.

**3. Right of Offset.** You agree that we have the right to offset against any First Person Fee, Second Person Fee (if applicable) or Loan repayment due you, any unpaid Monthly Charges owed by you, any unreimbursed Health Center expenses we have advanced on your behalf, any amounts deferred by us under Section 7.4 of the Residency Agreement, and any other sums owed by you to us with interest.

**4. No Assignment of Loan; Successors and Assigns.** Your rights under this Agreement may not be sold, assigned or otherwise transferred, except to your estate, another individual(s) or to certain trusts established for your benefit, subject to our prior approval in our sole discretion. All terms and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

06/30/2025

\_\_\_\_\_  
Residence Type

\_\_\_\_\_  
Residence Number



65% Return-of-Capital Residency Agreement  
(2025-06-30)

# **EXHIBIT B**

## **PAYMENT FOR HEALTH CENTER CARE SERVICES**

## EXHIBIT B

### PAYMENT FOR HEALTH CENTER CARE SERVICES REDUCED HEALTH CENTER FEES PLAN

**1. First 90 Days of Health Center Care Services.** Memory care, rehabilitative care, and nursing care services will be provided in a private or semi-private suite in the Health Center at a discounted rate for 90 cumulative days for you (90 days for each of you if there are two of you) but the allowance for one Resident cannot be used by the other. During your first 90 cumulative days of memory care, rehabilitative care, or nursing care services, you shall receive a 50% discount from the per diem charge for care in the Health Center. If your stay in the Health Center is fully covered as a Medicare-qualified stay, the discounted 90 cumulative days offered per Resident in this paragraph will not take effect until the termination of your Medicare-qualified stay. While in the Health Center the Monthly Fee for your Residence will continue as before. Further, whether you release or retain your Residence while you are in the Health Center, you will not be entitled to repayment of your Entrance Payment.

**[NOTE: The (90) cumulative days at 50% is the total number of days allowed per Resident during your lifetime for a combined total for memory care, rehabilitative care and nursing care in the Health Center. After the (90) cumulative days are exhausted, your care will be in accordance with Sections 2 or 3 below, as applicable. Assisted living care in the Health Center is not eligible for (90) cumulative days at 50%. Instead, you will receive a 10% discount on the per diem charge for all assisted living care in the Health Center.]**

**2. More Than 90 Days of Health Center Care Services When There is One of You.** If you require Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether you choose to release or retain your Residence.

**2.1 Release Residence When There is One of You.** If you choose to release your Residence for occupancy by someone else, the Monthly Fee for your Residence will cease upon the date all of your furniture and other property have been removed from your Residence. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charges for your care in the Health Center. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**2.2 Retain Residence When There is One of You.** If you choose to retain your Residence, the Monthly Fee for your Residence will continue. You will receive a meal credit for one meal per day. You will also pay the charges for your Health Center Care Services. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charge for your care in the Health Center.

**3. More than 90 Days of Health Center Care Services When There are Two of You.** If there are two of you and one of you requires Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether one or two of you require Health Center Care Services and whether you choose to release or retain your Residence.

**3.1 Retain Residence When There are Two of You and Only One of You Requires Care.** If there are two of you and one of you requires Health Center Care Service, you shall pay the Monthly Fee for the Residence and the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The second person Monthly Fee for the Residence shall cease.

**3.2 Retain Residence When Two of You Require Health Center Care Services.** If there are two of you who require Health Center Care Services and you choose to retain your Residence, the then-current first person and second person Monthly Fees will continue. You will also pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. In addition, you shall receive a meal credit for your absence in the Residence.

**3.3 Release Residence When Two of You Require Health Center Care Services.** If you choose to release your Residence for occupancy by someone else, you will pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The first and second person Monthly Fees for your Residence will cease upon the date all your furniture and other property have been removed from your Residence. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**4. Alternate Accommodations.** You shall be given priority over non-residents for admission to the Health Center. In the event you need assisted living, memory

care, rehabilitative care, or nursing care and the Health Center is fully occupied, you will be provided care at another comparable health care facility. Upon your relocation, you shall continue to be responsible for the charges set forth in the Residency Agreement and this Exhibit B herein. To the extent we would be liable for your care and accommodations in the Health Center under this Agreement, we will be responsible for the charges associated with alternate Health Center Care Services. Such accommodations will be comparable to that provided at the Health Center. You agree to relocate to the Health Center when a suite becomes available. However, should you need care which SRSC is not licensed to provide or which the Health Center does not have the appropriately trained staff to provide, or does not routinely provide, you agree to relocate to a facility that can provide you with the appropriate level of care. We will not be responsible for the charges for this higher level of care or private duty care.

**5. Return to Residence.** If you release your Residence because you have moved to the Health Center, and if later you are able, in the opinion of the Medical Director or your attending physician with the concurrence of the Medical Director, to return to a Residence, we will provide you a Residence of the same type as your previous Residence as soon as one becomes available. Upon reoccupying a Residence, your Monthly Fee will be based on the then-current Monthly Fee for the Residence.

**6. Medical Director and Ancillary Services.** A member in good standing of the New London County Medical Association will be designated to act as Medical Director for StoneRidge. You will be at liberty to engage the services of the Medical Director or the services of a physician of your choice at your own expense. We will not be responsible for the charges for medical treatment by the Medical Director, or any other physician, nor will we be responsible for the charges for medicine, drugs, prescribed therapy, and other similar services and supplies. In the event we incur or advance charges for your medical treatment or for medicine, drugs, prescribed therapy, pharmaceutical supplies, personal laundry, rental of equipment, and other similar services and supplies, you will reimburse us for such charges.

**7. Non-Resident Use of the Health Center.** SRSC will offer Health Center Care Services in the Health Center to qualified non-residents for a fee, to the extent suites are available and as allowed by Connecticut law. However, Residents of StoneRidge will be given priority access to available suites.

**8. Long-Term Care Insurance.** We will use reasonable efforts to assist you in working with your long-term care insurance provider to obtain the benefits to which you may be entitled.

**9. Health Care Outside StoneRidge.** In the event you receive care, or choose to receive care at another health care facility not designated by us, we will not be responsible for the charges incurred there by you.

**10. Assisted Living Residency Agreement or Health Center Admission Agreement.** If you require Health Center Care Services in the Health Center, you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care needed. The Agreement to be executed by you or your designated party and SRSC will be available for your review prior to move-in.

**11. Under Age 62.** Pursuant to our Residency Policy, if you are under age 62 when you occupy a Residence under this Agreement, you shall be entitled to care in the Health Center. However, you will be charged the then-current per diem rate being charged to non-residents until you attain the age of 62.

**[NOTE: Sections 12 through 13.5 are applicable only to rehabilitative care and nursing care offered in Avalon Health Care Center at StoneRidge.]**

**12. Supplemental Insurance.** You are required to maintain Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to us to assure your ability to fully cover a Medicare-qualified stay in the Health Center. Such supplemental insurance should cover Medicare co-insurance and deductibles. You shall furnish to us such evidence of coverage as we may from time to time request. Should your supplemental health insurance or equivalent coverage not fully cover a Medicare-qualified stay in the Health Center, or should you fail to purchase supplemental health insurance or equivalent coverage to fully cover a Medicare-qualified stay in the Health Center, you shall be financially responsible for paying to SRSC deductibles, co-insurance amounts, and any other charges for each Medicare-qualified stay in the Health Center. If you are eligible to receive the discount provided in Sections 1, 2 or 3 of this Exhibit B, as applicable, and your stay in the Health Center is a Medicare-qualified stay, such discount will be applied after the expiration of your Medicare-qualified stay providing you have Medicare Part A, Medicare Part B, and acceptable supplemental health insurance or equivalent insurance coverage. If failure to maintain Medicare Part A, Medicare Part B, or supplemental health insurance is

causing depletion of your resources and impairs your ability to meet your financial obligations, we need not defer your financial obligations as provided in Section 9.2 of the Agreement, and we retain the right to revoke your entitlement to reside at StoneRidge and we retain the right to cancel this Agreement as provided in Section 9 of the Agreement.

**13. Managed Care.** If you have chosen to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage, the terms governing Health Center care will be as follows:

**13.1 Participating Provider.** If we are a participating provider with your managed care program and your stay is a Medicare-qualified stay, we will agree to accept, as full payment, reimbursement at the rate we negotiate with your managed care program. Such a managed care stay in the Health Center will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.2 Not a Participating Provider.** If we are not a participating provider with your managed care program and you choose to receive health care services at a managed care participating provider during a Medicare-qualified stay, then you understand and agree that you must relocate for as long as necessary for those services, and be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, you understand and agree that unless this Agreement is cancelled, you will continue to pay the Monthly Fee for your Residence. Such a Medicare-qualified stay at a managed care participating provider other than StoneRidge will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If we are unable to negotiate an acceptable rate and you choose to receive Health Center Care Services in the Health Center, you agree to be responsible for all charges for care in the Health Center, as set forth in Section 13.4 of this Exhibit B.

**13.3 Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and you would still like to receive health care services in the Health Center during a Medicare-qualified stay, we will attempt to negotiate an acceptable reimbursement rate with your managed care program. If we are able to negotiate an acceptable rate, we will agree to accept as full payment the rate provided by your managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.4 No Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and a negotiated rate is not agreed upon between us and your managed care program and you would still desire to receive health care services in the Health Center during a Medicare-qualified stay, then each day of your stay in the Health Center will be paid pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If you choose to retain your Residence, the Monthly Fee for your Residence will continue. In addition, you will pay meal charges for meals that are in excess of those provided for by the Monthly Fees at the then-current charges for meals and any additional services as described in Section 6 of this Exhibit B.

**13.5 Post Medicare-Qualified Stay.** At the conclusion of each such Medicare-qualified stay, you will be entitled to health care services in the Health Center in accordance with the terms of this Agreement other than as set forth in this Section 13, as adjusted to reflect any reduction during such stay in the discounts that you are eligible to receive as provided in Sections 1, 2 or 3 of this Exhibit B, as applicable.

**EXHIBIT C**

**DINING PLAN SELECTION FORM**

## EXHIBIT C

### ELECTION FOR FLEXIBLE DINING PROGRAM

As a commitment to promote the flexibility of resident lifestyles at StoneRidge, we are offering two distinct dining allocations under our flexible dining program for residents. For more information on the Dining Program, please refer to the Resident Handbook.

1. **Standard Plan.** Selection of the Standard Plan includes the full meal allocation at the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points

**Published Monthly Fee:** \$ \_\_\_\_\_

2. **Alternative Plan.** Selection of the Alternative Plan includes a lesser meal allocation for a discount off the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points per person

**Total Published Monthly Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**Total Discounted Monthly Fee:** \$ \_\_\_\_\_

3. **Resident's Selection of the Dining Plan.** Upon review of the available dining plan options, you have selected:

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

4. **Term and Renewal of Selection.** The rates described above shall be valid until [Date of Enrollment Term]. Upon occupancy, your selection will be valid through the end of the initial term. Prior to each new annual term, we shall offer you the chance to change your selection or continue with the plan previously chosen. If a Dining Plan Election Form is not delivered to us by the annual renewal date, your previous selection will be renewed.

5. **Changes to Dining Plan Options.** We reserve the right to change the available options and scope of services provided to Residents, upon written notice, in accordance with Residency Agreement. This may include the withdrawal or cancellation of alternative dining plans and discounts.

## EXHIBIT D



### Ancillary Charge Adjustments Effective January 1, 2025

Service	Charge
Additional Meal Points by Resident	\$1.45 per point overage
Guest Meal in Health Center or Cottage - Dinner	\$22.00
Guest Meal in Health Center or cottage– Breakfast or Lunch	\$15.00
Picnic and Holiday Meal Charges for Guests: (New Year’s Day, Easter, Mother’s Day, Thanksgiving, Christmas)	Points determined per event
Meal Credit (per Resident Absence Policy)	\$7.75
Guest Suite Apartment (non-smoking, no pets)	\$190.00 (per night, includes tax)
Guest Room (non-smoking, no pets)	\$150.00 (per night, includes tax)
Cot Rental	\$15.00 (per visit)
Postage Meter	Billed at cost
Fax Machine	\$0.50 cents per page
Copy machine	\$0.25 cents per black and white copy/\$0.50 per color copy
FOB Replacement	\$25.00
Key Replacement	\$30.00
Activities	Billed at cost
Special Housekeeping Services	\$10.00 per 15-minute increments
Special Maintenance Service/IT Services	\$12.50 per 15-minute increments \$12.50 per 15-minute increments
Notary Service	\$7.00 (per document)
Medical and other Transportation outside of standard schedules	\$30.00 (pay per service per hour, plus mileage if applicable)



**Ancillary Charge Adjustments Continued**  
**SAIL Services**

<b>Service</b>	<b>Charge</b>
CNA Services	\$10.50 per quarter hour
Licensed Nurse Services	\$30.00 per quarter hour
Shower	\$35.00 for the first 30 minutes. If shower exceeds 30 minutes, CNA Services charge per quarter hour will apply for each quarter hour after 30 minutes
Medication Reminder Services from CNA (no personal care included)	\$9.50 per reminder
Medication Pour (in a cassette by a nurse)	\$65.00 per pour

## EXHIBIT E

### STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS

1. A provider shall not prevent or otherwise infringe upon a resident's right to obtain treatment, care and services, including, but not limited to, home health and hospice care, from persons providing health care who have not entered into a contract with or are not affiliated with the provider, subject to the provider's policies and procedures for protecting the health and safety of residents.
2. Residents at a continuing-care retirement facility receiving assisted living or skilled nursing services shall be entitled to all rights and protections afforded under the law, including the right to refuse medications and treatments. A provider shall not prevent or otherwise infringe upon a resident's right to participate, as fully and meaningfully as the resident is able, in making the decision about a permanent move to an assisted living facility or skilled nursing care unit. A provider shall inform family members designated by the resident of the resident's medical condition and care plan. A provider shall not prevent or otherwise infringe upon a resident's right to refuse medications and treatments.
3. Each provider operating a facility shall make reasonable accommodations, in accordance with the American with Disabilities Act, *42 UCS 12101*, et seq., the Fair Housing Amendments Act of 1988, *42 USC 3601*, et seq., and *section 46a-64c of the Connecticut general statutes* to ensure that services and notices are accessible and communicated to residents who have hearing loss, low vision or other disabilities.
4. Each resident of a continuing-care retirement facility is entitled to:
  - a. A voice in all decisions affecting the resident's health, welfare and financial security;
  - b. Transparency regarding the financial stability of the provider operating the facility at which the resident resides;
  - c. Timely notification of developments affecting the facility, including, but not limited to: (A) Ownership changes of the provider operating the facility at which the resident resides, (B) a change in the financial condition of the provider operating the facility at which the resident

resides, and (C) construction and renovation at the facility at which the resident resides;

- d. Independence in decisions regarding medical care and assisted living services; and
- e. Reasonable accommodations for persons with disabilities.

## **EXHIBIT F**

### **STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES**

#### **STONERIDGE RESIDENTS' BILL OF RIGHTS**

As a resident of this Community, you have the right to:

- A clean, safe and habitable private residential apartment;
- Be treated with consideration, respect and due recognition of your personal dignity, individuality and the need for privacy;
- Privacy within your apartment, subject to the Community's rules reasonably designed to promote your health, safety and welfare;
- Retain and use your personal property within your apartment so as to maintain your individuality and personal dignity, provided that your use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- Treat your apartment as your home and have no fewer rights than any other resident of the state, including but not limited to 1) associating and communicating privately with persons of your choice, 2) purchasing and using technology of our choice, including but not limited to technology that may facilitate virtual visitation with family and others, provided that the operation and use of the technology must not violate an individual's right to privacy under state or federal law, and 3) engaging in other private communications, including receiving and sending unopened correspondence and telephone access;
- Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the Community;
- Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your

private apartment or such other space in the Community as may be available to residents for such purposes;

- Manage your own financial affairs;
- Exercise civil and religious liberties;
- Present grievances and recommend changes in policies, procedures and services to the Executive Director or staff of the Community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the Community, including access to representatives of the Department of Public Health and the Office of the Long-Term Care Ombudsman;
- Upon request, obtain from the Community the name of the Service Coordinator or any other persons responsible for resident care or the coordination of resident care;
- Confidential treatment of all records and communications to the extent required by state and federal law;
- Have all reasonable requests responded to promptly and adequately within the capacity of the Community and with due consideration given to the rights of other residents;
- Be fully advised of the relationship that the Community has with any Assisted Living Services Agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- Receive a copy of any rules or regulations of the Community;
- Privacy when receiving medical treatment or other services within the capacity of the Community;
- Refuse care and treatment and participate in the planning for the care and services you need or receive, provided, however, that your refusal of care and treatment may preclude you from being able to continue to reside in the Community; and

- If you are a continuing care resident, all rights afforded under Conn Gen. Stat. §17b-520 et seq. and any other applicable laws. If you are not a continuing care resident and rent your apartment, all rights and privileges afforded to tenants under Connecticut General Statutes Title 47a (Connecticut's landlord tenant laws).

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding questions, comments or complaints regarding the Community:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Connecticut Department of Public Health  
Faculty Licensing and Investigations  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS MANAGED RESIDENTIAL COMMUNITY RESIDENTS' BILL OF RIGHTS HAS BEEN GIVEN TO ME AND EXPLAINED TO ME OR THAT I HAVE WAIVED MY RIGHT TO AN EXPLANATION.

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Resident

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Resident

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Responsible Party

---

Responsible Party

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Date

**STONERIDGE  
ASSISTED LIVING SERVICES AGENCY  
CLIENTS' BILL OF RIGHTS**

1. You have the right to a description of available services, charges and billing mechanisms. Any changes will be given to you orally and in writing as soon as possible but no less than 15 working days prior to the date such changes become effective.
2. You have a right to be given the criteria for admission to the Agency.
3. You have the right to participate in the planning of, or any changes in, the care to be furnished to you, the frequency of visits proposed, the nurse supervising your care and the manner in which the nurse may be contacted.
4. You have a responsibility for participation in the development and implementation of client service programs and the right to refuse recommended services.
5. You have a right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
6. You have received an explanation of the confidential treatment of all client information retained by the Agency and the requirements for written consent for the release of information to persons not otherwise authorized under law to receive it.
7. You have the right to access your service records.
8. You have been given an explanation of the complaint procedure and your right to file a complaint without discrimination or reprisal from the Agency regarding provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for property by anyone providing Agency services.
9. The Agency has the responsibility to promptly investigate the complaints made by you or your family regarding the provision of care and services, any allegations of physical, mental abuse or exploitation or lack of respect for your property by anyone providing Agency services.
10. You may file a complaint with the Connecticut Department of Public Health at the following address and telephone number:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Facility Licensing and Investigations

Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

11. You have a right to have services provided by an individual or entity other than via an Assisted Living Services Agency.
12. You have been informed of the circumstances under which you may be discharged from the Agency or may not be permitted to receive services from the Agency.
13. You have been given a description of Medicare-covered services and payment requirements for such services.
14. You have been given information advising you of your right under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.
15. You have a right to make individual arrangements with an Assisted Living Services Agency which does not have a formal contract with this managed residential community.
16. You have a right to terminate or reduce services provided by an Assisted Living Services Agency at any time.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS ASSISTED LIVING SERVICES AGENCY CLIENTS' BILL OF RIGHTS.

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Date

## EXHIBIT G

### COMPLAINT RESOLUTION PROCESS

#### **Policy:**

Residents are free to communicate grievances to the staff of StoneRidge without restraint, interference, coercion, discrimination, or reprisal. All grievances will be properly documented and responded to. In the event a Resident is dissatisfied with treatment or services received at StoneRidge, the Resident has the opportunity to present his/her complaints through our defined grievance procedures.

#### **Procedures:**

Following are the procedures for a Resident or his/her representative to follow in order to file a grievance with StoneRidge. We reserve the right to change these procedures in order to better accommodate our residents:

1. The grievance may be filed in writing with the Department Director of the area where the grievance occurs. Assistance, if necessary, will be available through Resident Services and/or the Administration office.
2. Information contained in the grievance will include the following:
  - Description of the grievance;
  - A list of all parties involved; and
  - Dates of specific incidents related to the grievance.
3. The Department Director will acknowledge in writing receipt of the grievance within five (5) business days and provide the Resident or his/her representative with a time frame for an appropriate response.
4. If the grievance remains unresolved for thirty (30) days after initial submission, the Department Director will address the grievance with the Executive Director.
5. The Executive Director will address, in writing, the grievance within ten (10) business days.

6. If the grievance remains unresolved for sixty (60) days after the initial submission, the Executive Director will address the grievance with the StoneRidge Board of Directors and with the Management Company's Vice President.
7. The Community's Board of Directors and the Management Company's Vice President will address the grievance within ten (10) business days.
8. If the grievance remains unresolved, the Resident will be informed of his/her right to contact appropriate State agencies, the State Long-Term Care Ombudsman or the Regional Long-Term Care Ombudsman.
9. All attempts at resolution will be documented in writing to the Resident with copies on file in the administrative office.

**EXHIBIT H**

**Acknowledgment of Receipt of Resident Handbook**

I, the undersigned, acknowledge receipt of the StoneRidge Resident Handbook dated \_\_\_\_\_, 20\_\_\_\_, which contains certain rules, policies, and guidelines in order to promote the health, safety and welfare of the residents of the Community.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

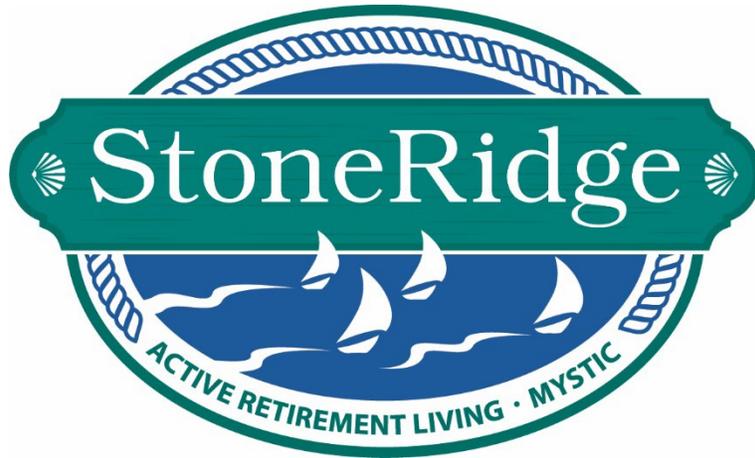
\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident



186 Jerry Browne Road  
Mystic, CT 06355  
(860) 536-9700

**50% RETURN-OF-CAPITAL™  
RESIDENCY AGREEMENT**

06/30/2025

## TABLE OF CONTENTS

<b>GLOSSARY</b> .....	vii
1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS .....	1
2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.....	3
3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE .....	4
4. AVALON HEALTH CENTER AT STONERIDGE.....	4
4.1 Health Center Care Services .....	4
4.2 Payment for Health Center Care Services .....	4
4.3 Health Care Decisions .....	5
5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.....	5
5.1 Entrance Payment .....	5
5.2 First Person Fee and Second Person Fee .....	5
5.3 Loan .....	6
5.4 Working Capital Fee.....	6
6. MONTHLY CHARGES .....	6
6.1 Monthly Fee .....	6
6.2 Monthly Fee Changes .....	6
6.3 Payment.....	6
6.4 Late Payment .....	6
6.5 Cease Payment of Monthly Fee for Residence.....	7
7. REPAYMENT OF FIRST PERSON FEE O LOAN.....	7
7.1 Repayment of First Person Fee Prior to Assuming Occupancy .....	7
7.1.1 Nonacceptance .....	7
7.1.2 Right of Rescission Period .....	7
7.1.3 Change in Condition .....	7
7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, and 7.1.3 .....	8
7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.....	8
7.2.1 Repayment Within First Four Months of Occupancy .....	8
7.2.2 Repayment After Four Months of Occupancy .....	8
7.3 Repayment of Loan.....	8
7.4 Right of Offset .....	9

7.5	Beneficiary Designation .....	9
8.	YOUR CANCELLATION RIGHTS.....	9
8.1	Prior to Occupancy .....	9
8.2	During First Four Months of Occupancy .....	9
8.2.1	Written Notice.....	9
8.2.2	Monthly Fee.....	9
8.2.3	Removal of Property.....	9
8.2.4	Cancellation.....	10
8.2.5	Remarketing of Residence.....	10
8.2.6	Repayment of Entrance Payment .....	10
8.3	After First Four Months of Occupancy .....	10
8.3.1	Written Notice.....	10
8.3.2	Monthly Fee.....	10
8.3.3	Removal of Property.....	10
8.3.4	Cancellation .....	11
8.3.5	Remarketing of Residence.....	11
8.3.6	Repayment of Entrance Payment .....	11
8.4	Death.....	11
8.4.1	Monthly Fee.....	11
8.4.2	Removal of Property.....	11
8.4.3	Cancellation .....	12
8.4.4	Remarketing of Residence.....	12
8.4.5	Repayment of Entrance Payment .....	12
9.	OUR CANCELLATION RIGHTS.....	12
9.1	Just Cause.....	12
9.1.1	Nonpayment.....	12
9.1.2	Failure to Comply .....	12
9.1.3	Threat to Health or Safety.....	12
9.1.4	Change in Condition.....	13
9.2	Financial Difficulty.....	13
9.2.1	Permitted to Stay.....	13
9.2.2	Terms of Stay.....	13
9.2.3	Guarantor .....	13
9.3	Notice of Cancellation .....	14
9.4	Emergency Notice.....	14

10. MISCELLANEOUS PROVISIONS WITH RESPECT TO YOUR RESIDENCE.....	15
10.1 Use of Residence .....	15
10.2 Occupants of Residence.....	15
10.3 Emergency Entry and Relocation .....	15
10.4 Furnishings.....	15
10.5 Alterations by You.....	16
10.6 Refurbishment.....	16
10.7 Non-Smoking Policy.....	16
11. AMENDMENTS.....	16
11.1 This Agreement.....	16
11.2 All Agreements .....	16
11.3 Law Changes.....	17
12. MISCELLANEOUS LEGAL PROVISIONS.....	17
12.1 Residents Association.....	17
12.2 Private Employee of Resident .....	17
12.3 Resident Representations .....	17
12.4 Adjustments for Absences .....	17
12.5 Governing Law .....	18
12.6 Separability .....	18
12.7 Capacity .....	18
12.8 Residents .....	18
12.9 Nature of Rights.....	18
12.10 Release .....	18
12.11 Indemnity .....	19
12.12 Force Majeure .....	19
12.13 Entire Agreement.....	19
12.14 Tax Considerations .....	19
12.15 Security .....	19
12.16 Transfers .....	20
12.17 Responsible Party .....	20
12.18 Funeral and Burial Services.....	20
12.19 Arbitration.....	20
12.20 Acknowledgment of Receipt of Documents.....	22
12.21 Residency Agreement Terms.....	23
12.22 StoneRidge Residency Agreement Fee Summary.....	23

EXHIBIT A: LOAN AGREEMENT

EXHIBIT B: PAYMENT FOR HEALTH CENTER CARE SERVICES

EXHIBIT C: ELECTION FOR FLEXIBLE DINING PROGRAM

EXHIBIT D: ANCILLARY CHARGE ADJUSTMENTS

EXHIBIT E: STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS  
AND PROTECTIONS

EXHIBIT F: STATEMENT OF RIGHTS OF RESIDENTS RECEIVING  
ASSISTANCE IN LIVING SERVICES

EXHIBIT G: COMPLAINT RESOLUTION PROCESS

EXHIBIT H: ACKNOWLEDGMENT OF RECEIPT OF RESIDENT  
HANDBOOK



## GLOSSARY

The following terms are described as used in the accompanying Agreement. Reference to the Agreement and the context in which the terms are used is recommended to provide a fuller understanding of each of the terms:

**"Aging-in-Community Policy"** refers to that policy issued by Stoneridge Senior Care, LLC ("SRSC," "we," "us," or "our") which outlines the requirements of the Resident to continue to live in a Residence at StoneRidge.

**"Agreement"** refers to this Residency Agreement between the Resident and SRSC which delineates the contractual obligations of SRSC to the Resident for accommodations, services, and amenities provided by SRSC.

**"Assisted Living Residency Agreement"** refers to that Agreement entered into between SRSC and the Resident prior to admission to the specially designated assisted living or memory care areas of the Health Center that outlines the service obligations to be provided in that area.

**"Avalon Health Care Center at StoneRidge"** refers to the specially designated rehabilitative care and nursing care area of the Health Center.

**"Clubhouse"** refers to the common areas housing the administrative office space, dining room(s), activity room(s), lounges, library, etc., located on the StoneRidge campus.

**"Disclosure Statement"** refers to that document that outlines in detail the services and amenities to be provided by SRSC.

**"Entrance Payment"** refers to the sum of the (i) First Person Fee paid to SRSC and (ii) the Loan payment made to SRSC to assure you a residence in StoneRidge pursuant to terms and conditions of this Agreement.

**"Extra Charges"** refers to the charges payable in consideration for the additional services and amenities requested by Resident, as set forth in Section 2 of the Agreement that are in addition to those set forth in the Monthly Fee.

**"Financial Assistance Amendment to Residency Agreement"** refers to that amendment that allows the Resident to remain at StoneRidge in the event of a change in the Resident's financial condition.

**"First Person Fee"** refers to the fee identified in Section 5 of the Agreement and paid to SRSC. The First Person Fee is equal to 50% of the Entrance Payment

**"Health Center"** refers collectively to the areas across StoneRidge's campus where assisted living, memory care, rehabilitative care and nursing care will be provided.

**"Health Center Admission Agreement"** refers to that agreement entered into between SRSC and the Resident prior to admission to the Health Center that outlines the service obligations to be provided in the specially designated rehabilitative care and nursing care area of the Health Center.

**"Health Center Care Services"** refers to the scope of services that may be provided in the Health Center, including assisted living care, memory care, rehabilitative care and nursing care.

**"Loan"** refers to the Loan made to SRSC pursuant to the Agreement. The Loan is equal to 50% of the Entrance Payment

**"Manager"** refers to Life Care Services LLC, d/b/a Life Care Services <sup>TM</sup>, an Iowa limited liability company, who is engaged by SRSC to manage Stoneridge pursuant to the terms of a management agreement between such parties, as the same may be amended from time to time.

**"Medical Director"** refers to the physician identified by SRSC to assist in assuring that quality care is delivered in the Health Center. The Medical Director will also be called upon to assist SRSC, the Resident, and the Resident's family in determining the medical needs of the Resident of StoneRidge.

**"Monthly Charges"** refers to all those Monthly Charges payable by the Resident pursuant to the terms of the Agreement, including the Monthly Fee, the Extra Charges for additional services, the additional Monthly Charges for Health Center services, if any, and all other fees and charges payable monthly pursuant to the terms of the Agreement, as appropriate in the particular instance.

**"Monthly Fee"** refers to that monthly fee payable in consideration for the amenities and services provided to all residents, as set forth in Section 1 of the Agreement and the financial needs related to StoneRidge, as set forth in Section 6. The Monthly Fee includes a second person Monthly Fee if there are two Residents.

**"Occupancy"** refers to the earlier of the date Resident moves into StoneRidge or the date Resident pays the balance of the Entrance Payment, makes a Loan to SRSC, and pays the Second Person Fee (if applicable) to SRSC pursuant to this Agreement.

**"Personal Service Provider"** refers to a private employee, an independent contractor, or a licensed home health care agency that may be contracted by the Resident to provide personal services requested or required by the Resident that are not covered by the Agreement.

**"Personal Service Provider Policy"** refers to the policy established by SRSC which sets forth the rules of conduct which must be followed by any Personal Service Provider providing services to residents of StoneRidge.

**"Rehabilitative Care"** refers to those short-term or temporary nursing care stays in Avalon Health Care Center at StoneRidge, where it is anticipated that the Resident will return to his/her Residence. A Rehabilitative Care stay may include medicine, drugs, prescribed therapy or other supplies and services charged to the Resident as an Extra Charge.

**"Residence"** refers to a residence at StoneRidge identified in the introductory paragraph of the Agreement in which the Resident is entitled to occupy a Residence pursuant to the Agreement in exchange for paying the First Person Fee, the Second Person Fee (if applicable), the Working Capital Fee, and the Monthly Fee and making the Loan to SRSC.

**"Residence Modification Agreement"** refers to that agreement between SRSC and the Resident which outlines the terms and conditions under which the Resident may make modifications to his/her Residence.

**"Residency Policy"** refers to that policy issued by SRSC which outlines the initial requirements of the Resident to live in a Residence at StoneRidge.

**"Resident"** or **"you"** refers to the Resident or Residents who execute the Agreement. Sometimes a second Resident (if there are two Residents) is referred to in the Agreement as the "second person." Unless otherwise indicated, "you" refers to both of you if there are two Residents.

**"Second Person Fee"** (if applicable) refers to the additional fee payable if there are two Residents.

**"StoneRidge"** refers to the senior living community including the Residences, the *HealthyLife™ Services Center*, the Health Center, and all site amenities associated with these areas located in Mystic, Connecticut.

**"Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us")"** refers to Stoneridge Senior Care LLC, the operator of a *ContinuingCare™* senior living community which conducts business as StoneRidge, which includes the Residences, Clubhouse, Health Center, common areas, and site amenities associated with these areas. SRSC is a Delaware limited liability company, qualified to do business in the State of Connecticut.

**"Transfer Policy"** refers to that policy issued by SRSC that outlines the process for a Resident to relocate to another Residence in StoneRidge.

**"Working Capital Fee"** refers to the one-time Fee paid by the Resident to SRSC at the time the balance of the Entrance Payment is paid.

**STONERIDGE**  
**50% RETURN-OF-CAPITAL™ RESIDENCY AGREEMENT**

This 50% Return-of-Capital™ Residency Agreement (“Agreement”) is entered into by StoneRidge Senior Care, LLC, ("SRSC," "we," "us," or "our") and (individually or collectively, "you," "your," or "Resident"). StoneRidge is a *ContinuingCare*™ senior living community located in Mystic, Connecticut, whose purpose is to provide individuals of a qualifying age a way of living known as *ContinuingCare*.

StoneRidge provides quality residential housing for seniors along with a wide array of personal services and amenities outlined in this Agreement. Subject to the conditions contained in this Agreement, we agree to make available to you on a personal, non-assignable basis the residence (hereafter "Residence") described as follows:

Residence Number: \_\_\_\_\_  
Residence Style: \_\_\_\_\_

To be accepted for residency, you must meet our residency criteria which includes financial, age and appropriateness guidelines.

The purpose of this Residency Agreement is to set forth your rights and duties as a Resident of StoneRidge and to delineate the services to be provided at StoneRidge.

**1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS.** We will provide at StoneRidge, so long as you reside in the Residence, the following services and amenities, which are included in the Monthly Fee:

**1.1** Weekly housekeeping service;

**1.2** Weekly laundry service for personal flat linens;

**1.3** As part of StoneRidge's *HealthyLife*™ *Services* Program, you may choose to participate in fitness, nutrition, active life, and well-being activities to enhance your lifestyle;

**1.4** A flexible meal program based on your selection of a dining program option on Exhibit C of this Agreement;

**1.5** Dietitian services are available for a limited period of time when ordered by your attending physician to assist in meeting special diet needs;

**1.6** Room service for up to 14 consecutive days per occurrence if ordered by the Health Care Navigator director or the director of nursing services;

**1.7** One (1) outdoor parking space per Residence;

**1.8** Twenty-four hour emergency call monitoring in your Residence by nursing staff;

**1.9** Security services;

**1.10** Priority Admission for assisted living, memory care, rehabilitative care and nursing care services in the Health Center as provided in Section 4;

**1.11** Water, sewer, utilities, and trash removal;

**1.12** Janitorial and maintenance services of buildings and Residences, including provided appliances;

**1.13** Carpeting in bedrooms and luxury vinyl in remaining areas of the Residence;

**1.14** Complete kitchen, including refrigerator with icemaker, range/oven, garbage disposal, and dishwasher;

**1.15** Washer/dryer in Residence;

**1.16** Local transportation scheduled by us;

**1.17** Use of all common areas in StoneRidge;

**1.18** Fire detection system;

**1.19** Storage area; and

**1.20** Standard cable TV service to the Residence.

**2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.**

We may also make available at StoneRidge, at your request, for as long as you reside in a Residence at StoneRidge, at the then prevailing rates of Extra Charge, a current copy of which are set forth in Exhibit D:

**2.1** Scheduled nursing or personal care services in your Residence. You must be assessed to ensure such services are appropriate and that your condition is chronic and stable. ;

**2.2** Outpatient clinic services on-site for walk-ins and scheduled appointments during regularly scheduled hours;

**2.3** Care or treatment in the Health Center or Outpatient Treatment Center for physician services, medications, prescribed therapy or other similar services and supplies;

**2.4** Special events and transportation scheduled by you;

**2.5** Meals, food, and beverage services in excess of those provided in consideration for the Monthly Fee;

**2.6** Extended dietitian services;

**2.7** Extended room service beyond 14 days to your Residence when ordered by the director of nursing services or the residential health services director;

**2.8** Additional housekeeping;

**2.9** Personal laundry service in addition to personal flat linen laundry service;

**2.10** Guest rooms;

**2.11** Special activities and programs including services or programs offered under the *HealthyLife*<sup>TM</sup> Services Program; and

**2.12** Other services as may be provided from time to time.

**3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE.** You may reside in your Residence for as long as you live unless you are not capable of living in a Residence as set forth in our Aging-in-Community Policy, or this Agreement is canceled by you or by us. If, in the opinion of your attending physician or the Medical Director, your physical or mental health requires that assisted living, memory care, rehabilitative care or nursing care services be provided, you will be offered the opportunity to relocate to the specially designated area of the Health Center where we are licensed to provide such care or to secure the services from a Personal Service Provider. You have the right to participate, as fully and meaningfully as you are able, in making the decision about a permanent move to any area of the Health Center. You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If there are two of you under this Agreement and one of you dies or relocates to the Health Center, or for some other reason is unable to occupy the Residence, the remaining person may continue to occupy the Residence under the terms of this Agreement.

**4. THE HEALTH CENTER.** SRSC will provide assisted living, memory care, rehabilitative care and skilled nursing care services (hereafter also collectively known as "Health Center Care Services") in the specially designated areas of the Community which altogether make up the Health Center (hereafter "Health Center").

**4.1 Health Center Care Services.** If, in the opinion of your attending physician or the Medical Director (after consultation with you to the extent possible and your responsible party, if any), you require Health Center Care Services in the Health Center, we will provide such care in the Health Center, and you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care offered. Such Health Center Care Services will be provided in a semi-private or private suite and this care will be limited to the extent authorized by SRSC's licenses issued from the Department of Public Health.

**4.2 Payment for Health Center Care Services.** Payment for Health Center Care Services provided by us in the Health Center will be in accordance with Exhibit B of this Agreement.

**4.3 Health Care Decisions.** You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If you choose to relocate to a health center not designated by us, you shall be solely responsible for the fees.

## **5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.**

**5.1 Entrance Payment.** To assure you a Residence in StoneRidge in accordance with all the terms of this Agreement, you will pay to us an Entrance Payment of \$\_\_\_\_\_. Your Entrance Payment is comprised of two parts: (i) the First Person Fee; and (ii) the Loan (which is repayable as outlined in the Loan Agreement). Payment of 10% of your Entrance Payment at the time of executing this Agreement will reserve your Residence referenced on page 1 of this Agreement. This 10% amount will be held in escrow pursuant to Connecticut law. A copy of the Entrance Payment Escrow Agreement will be available for your review upon your request. The balance of the Entrance Payment (an amount equal to 90% of the Entrance Payment), or \$\_\_\_\_\_, will be paid to us on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Payment of your Entrance Payment, Second Person Fee (if applicable), Working Capital Fee, and Monthly Charges (described below), entitles you to live in a Residence at StoneRidge. You may live in a Residence for as long as you are capable of living in a Residence and in the Health Center when you are no longer capable of living in a Residence as defined in our current Aging-in-Community Policy, and you will receive services that we are licensed to provide or we have contracted with another party to provide, all in accordance with the terms of this Agreement.

**5.2 First Person Fee and Second Person Fee.** An amount equal to 50% of your Entrance Payment, or \$\_\_\_\_\_, is the First Person Fee. If there are two of you, a Second Person Fee of \$\_\_\_\_\_ will be paid to SRSC on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Subject to the provisions of the Entrance Payment Escrow Agreement and our repayment obligations under Section 7 below, any non-repayable amounts paid to us as a First Person Fee and Second Person Fee (if applicable) will be the unrestricted property of the SRSC, once it is earned by the SRSC, and may be used by the SRSC for any purpose unrelated to StoneRidge, at SRSC's sole discretion. SRSC may distribute any such funds to its ownership.

**5.3 Loan.** Your Loan of \$\_\_\_\_\_, an amount equal to 50% of the Entrance Payment, will be made to SRSC on the earlier of (i) occupancy or (ii) within 90 days of the date of our approval of this Agreement and will be evidenced by the Loan Agreement attached to Exhibit A.

**5.4 Working Capital Fee.** At the same time you pay the balance of the Entrance Payment, make the Loan to SRSC, and commence paying your Monthly Fee for your Residence, you will pay to us a Working Capital Fee that is an amount equal to two (2) times the then-current Monthly Fee for your Residence (including a second person Monthly Fee if there are two of you). This is a one-time non-repayable charge.

## **6. MONTHLY CHARGES**

**6.1 Monthly Fee.** You will pay a Monthly Fee for accommodations, services and amenities provided under Section 1. The current Monthly Fee is \$\_\_\_\_\_ per month for one person and an additional \$\_\_\_\_\_ per month if there are two of you.

**6.2 Monthly Fee Changes.** Adjustments to the Monthly Fee are intended to cover the current and anticipated changes in the community's costs or as may be required by local, state or federal laws and regulations. We may adjust your Monthly Fee for current and anticipated Community Related Costs upon 30 days' advance written notice.

**6.3 Payment.** You will pay a pro rata portion of the Monthly Fee commencing on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Thereafter, your Monthly Fee will be payable each month in advance, upon receipt of a billing statement, including any Extra Charges for the additional services obtained during the preceding month.

**6.4 Late Payment.** A late payment charge will be assessed 30 days from the date of the billing statement at the rate of 1% per month on the total delinquent amounts due. Late payment charges will not be compounded in the total delinquent amounts computed for determining any late payment charge assessed in any succeeding month. The late payment charge will cease on the date we receive payment of the total delinquent amount. The 1% late payment charge is waived if payment is delayed due to slow processing by your supplemental insurance carrier.

However, we do not waive our right to cancel this Agreement for nonpayment of fees subject to Section 9 of this Agreement.

**6.5 Cease Payment of Monthly Fee for Residence.** The Monthly Fee for your Residence will cease in accordance with Section 8 or 9 if you (or both of you if there are two of you) or we cancel this Agreement and in accordance with Section 8.4 if you die (or if there are two of you, the death of the survivor). In the event there are two of you who occupy the Residence and only one of you cancels this Agreement or dies, the second person Monthly Fee will cease and the remaining person will continue to pay the first person Monthly Fee.

## **7. REPAYMENT OF FIRST PERSON FEE OR LOAN.**

### **7.1 Repayment of First Person Fee Prior to Assuming Occupancy.**

**7.1.1 Nonacceptance.** If we do not accept you for residency, we will repay to you the amount of the First Person Fee you have paid, without interest, within 30 days of our notice to you of nonacceptance.

**7.1.2 Right of Rescission Period.** If prior to assuming occupancy you change your mind and you give us written notice of cancellation by registered or certified mail within 30 days following the date this Agreement is executed by you and us, this Agreement will be automatically canceled. In such event, we will repay to you the amount of the First Person Fee you have paid without interest within 30 days of notice, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. You shall not be required to move into StoneRidge before expiration of the 30 day rescission period.

**7.1.3 Change in Condition.** If prior to occupancy (i) you (or either of you if there are two of you) die or become unable to occupy your Residence because of illness, injury, or incapacity or (ii) you elect to cancel this Agreement because of a substantial change in your physical, mental, or financial condition, upon our receipt of your written notice to us by registered or certified mail this Agreement will be automatically canceled. In such event, we will repay to you or your legal representative, without interest, the amount of the First Person Fee you have paid to us within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement.

**7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, and 7.1.3.** If prior to assuming occupancy you give us written notice of cancellation by registered or certified mail and neither Sections 7.1.1, 7.1.2, nor 7.1.3 are applicable, this Agreement will be canceled. In such event, we will retain the lesser of 2% of your First Person Fee or \$1,000 from the amount of the Entrance Payment you paid, plus an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in an addendum to this Agreement, and the balance will be repaid to you, without interest, within 60 days of our receipt of your written notice of cancellation.

**7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.**

**7.2.1 Repayment Within First Four Months of Occupancy.** Within the first four months of your occupancy, except within the rescission period which will be handled according to Section 7.1.2 of this Agreement, should you or we cancel the Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident within the first four months of occupancy, 100% of the Entrance Payment you have paid, and the Second Person Fee if there are two of you, will be repaid to you pursuant to Section 7.3.

**7.2.2 Repayment After Four Months of Occupancy.** After the first four months of your occupancy, should you or we cancel this Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident, we will repay to you (or to your estate) the amount of the First Person Fee paid by you, reduced by 10 percent (10%) of the Entrance Payment earned by us upon the beginning of your fifth month of occupancy and two percent 2% of the Entrance Payment per full month of your occupancy, until your First Person Fee is fully amortized, leaving a repayment equal to your Loan amount of \$\_\_\_\_. For purposes of calculating the repayment, amortization will begin on the fifth full month of occupancy and will end when this Agreement is cancelled pursuant to Section 8 or 9 of this Agreement. Such repayment will be paid without interest at the same time your Loan is repaid. The Second Person Fee (if applicable) is not repayable.

**7.3 Repayment of Loan.** The repayment of your Loan (if applicable) will be made in accordance with the Loan Agreement attached to Exhibit A.

**7.4 Right of Offset.** We have the right to offset against any amount of the First Person Fee and Loan that is repayable, any Second Person Fee (if applicable) that is repayable, any unpaid Monthly Charges owed by you, any unreimbursed Health Center charges we have advanced on your behalf, any amounts deferred by us under Section 9.2, and any other sums owed by you to us. Any amounts owed by you to us will be payable with interest.

**7.5 Beneficiary Designation.** You may designate a beneficiary for receipt of any repayable portion of the Entrance Payment if the designation is in writing, is witnessed, is noncontingent, is specified in percentages and accounts for 100%, and has received our approval. An Assignment of Rights to Repayment may be obtained from the StoneRidge business office.

## **8. YOUR CANCELLATION RIGHTS.**

**8.1 Prior to Occupancy.** You may cancel this Agreement for any reason by giving us written notice executed by you (both of you, if there are two of you) and sent by registered or certified mail. If you give such notice, prior to your occupancy of StoneRidge, the cancellation will be effective as described in Section 7.

### **8.2 During First Four Months of Occupancy.**

**8.2.1 Written Notice.** During your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.2.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee, or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.2.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.2.6 Repayment of Entrance Payment.** If you give us written notice of cancellation during the first four months of your occupancy, your First Person Fee will not amortize, providing you vacate your Residence or the Health Center, and remove all your furniture and other property within 120 days of giving notice; however, if you fail to vacate your Residence or the Health Center within 120 days, your First Person Fee will amortize from the date you gave us written notice of cancellation, until we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment and Loan will be repaid in accordance with Exhibit A.

### **8.3 After First Four Months of Occupancy.**

**8.3.1 Written Notice.** After your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.3.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation,

we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.3.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.3.6 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property. However, if you fail to vacate your Residence or the Health Center within 120 days, your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing when we remove and store your furniture and other property at the expense and risk of you or your estate. Your Loan will be repaid in accordance with Exhibit A.

## **8.4 Death.**

**8.4.1 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.2 Removal of Property.** If removal of your furniture and other property is not accomplished within 30 days of your death (if there are two of you, the death of the survivor), we may continue to charge the Monthly Fee or we may

remove and store your furniture and other property at the expense and risk of you or your estate.

**8.4.3 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease, upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.4 Remarketing of Residence.** After your death, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give notice to the executor of your estate or your legal representative in advance of any scheduled showing of your Residence. To the extent possible, we will give notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide any advance notice of showing, and your Residence will be considered released to us.

**8.4.5 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2 and will stop amortizing upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence or the Health Center, if applicable, and removal of all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

## **9. OUR CANCELLATION RIGHTS.**

**9.1 Just Cause.** After we have accepted you for residency, we will not cancel this Agreement except for just cause. Just cause is defined as:

**9.1.1 Nonpayment.** Except as set forth below, nonpayment of fees or charges; or

**9.1.2 Failure to Comply.** You do not comply with the terms of this Agreement or the published operating procedures, covenants, rules, regulations, and policies now existing or later amended by us; or

**9.1.3 Threat to Health or Safety.** Health status or behavior which constitutes a substantial threat to the health or safety of yourself or others, your

refusal to consent to relocation which presents a danger of physical damage to the property of others; or

**9.1.4 Change in Condition.** There is a major change in your physical or mental condition that would preclude caring for you in the Health Center within the limits of our license.

**9.2 Financial Difficulty.** If, after you have paid the Entrance Payment, you encounter financial difficulties making it impossible for you to pay the full Monthly Charges, then:

**9.2.1 Permitted to Stay.** You shall be permitted to remain at StoneRidge for 120 days after the date of failure to pay, during which time you shall continue to pay reduced Monthly Charges based on your current income. Pursuant to Section 7.4, any amounts owed by you to us will be payable with interest;

**9.2.2 Terms of Stay.** After the 120 days, you shall be permitted to remain at StoneRidge at reduced Monthly Charges based on your ability to pay for so long as you establish facts to justify deferral of such charges, and the deferral of such charges can, in our sole discretion, be granted without impairing our ability to operate on a sound financial basis. This provision shall not apply if you have impaired your ability to meet your financial obligations hereunder, assuming residency, other than to meet ordinary and customary living expenses, or by not maintaining Medicare Part A, Medicare Part B, and/or supplemental insurance coverages. To evidence these agreements based on the circumstances at the time, you agree to enter into a special Financial Assistance Amendment to Residency Agreement with us at the time of any such deferrals to reflect the deferred charges currently payable and the interest rate to be applied to the deferrals and to provide us with a perfected first security interest in your Loan repayment rights (if applicable). Any payments otherwise due to you from us, including the repayment of your Loan (if applicable), will be offset against any such deferred charges; and

**9.2.3 Guarantor.** Sections 9.2.1 and 9.2.2 are not applicable if, to initially qualify for residency at StoneRidge, a third party(ies) with adequate resources agreed in writing, prior to your acceptance for residency, to guarantee payment of your obligations and is fulfilling their obligations pursuant to a Guaranty of Fees and Other Payments under the Residency Agreement.

**9.3 Notice of Cancellation.** Prior to any cancellation of this Agreement by us, we will give you notice in writing of the reasons, and you will have 60 days thereafter to correct the problem. If we determine that the problem is corrected within such time, this Agreement shall remain in effect. If we determine that the problem is not corrected within such time, you must leave StoneRidge within 30 days after we notify you of our determination. You will continue to pay your Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished, we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

**9.4 Emergency Notice.** Should your continued residency pose an imminent threat of serious harm to you or other residents, and the Medical Director determines that either the giving of notice or the waiting period described above might be detrimental to you or other residents, then such notice and/or waiting period shall not be required before relocation to a hospital or other appropriate facility. If there is one of you under this Agreement, we are expressly authorized to transfer you to such hospital or other facility, and we will promptly notify your responsible party and your attending physician. After transferring you to such hospital or other facility, we will provide you with a notice of cancellation if you will be unable to return to the Health Center or your Residence at StoneRidge. You will continue to pay the Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A. If there are two of you under this Agreement, and one of you is transferred to a hospital or other appropriate facility under the circumstances described in this section, the other person may continue to occupy the Residence or the Health Center under the terms of this Agreement as the first person. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility.

## **10. MISCELLANEOUS PRO-VISIONS WITH RESPECT TO YOUR RESIDENCE.**

**10.1 Use of Residence.** The Residence is for living only and shall not be used for carrying on any business or profession, nor in any manner in violation of zoning restrictions. This Agreement is not a lease, and entitles you only to the lifetime use of the Residence and other amenities of StoneRidge and to available services, subject to the terms and conditions of this Agreement.

**10.2 Occupants of Residence.** Except as hereinafter provided, no person other than you (or both of you if there are two of you) may occupy the Residence except with our express written approval. In the event that a second person who is not a party to this Agreement wishes to be accepted for residency under this Agreement, after the date we execute this Agreement, said second person's acceptance will be based upon our then-current Residency Policy. If accepted, payment of the then-current Second Person Fee (if applicable) as determined by us, and payment of the then-current additional Monthly Charges for second persons shall be due. If such second person does not meet the requirements for residency, such second person will not be permitted to occupy the Residence for more than 30 days (except with our express written approval).

**10.3 Emergency Entry and Relocation.** We may enter your Residence should it be necessary in an emergency to protect your health or safety or the health or safety of other residents. Should it be necessary to modify facilities to meet the requirements of any applicable law or regulation which necessitate temporarily vacating your Residence, we will provide alternate facilities for you without Extra Charge within or outside StoneRidge. Further, if relocation is recommended by the Medical Director or your attending physician, we will request that you relocate to another Residence within StoneRidge or to the Health Center for the protection of your health or safety or for the health or safety of the other residents of StoneRidge. SRSC recognizes your right to participate in making decisions about a permanent move to assisted living or skilled nursing.

**10.4 Furnishings.** Furnishings within the Residence will be provided by you except as listed in Sections 1.13, 1.14, and 1.15. Furnishings provided by you shall not interfere with the health or safety of you or other residents or others.

**10.5 Alterations by You.** You may undertake alterations to your Residence with our prior written approval as set forth in a separate Residence Modification Agreement.

**10.6 Refurbishment.** Customary and normal refurbishment costs of your Residence will be borne by all residents of StoneRidge as part of the Monthly Fee. Any necessary refurbishment costs beyond those which are customary and normal are your responsibility and will be offset against the Loan repayment. Further, should you relocate to another residence in StoneRidge, you may be subject to a transfer fee as set forth in our current Residence Transfer Policy.

**10.7 Non-Smoking Policy.** Smoking is prohibited everywhere on its campus. Smoking is not allowed in your Residence, or anywhere else in the building. Because smoking is not allowed in any interior spaces, including your Residence, damage to the Residence caused by smoking by you or your visitors is not considered normal wear and tear and will be charged for accordingly.

## **11. AMENDMENTS.**

**11.1 This Agreement.** This Agreement may be amended by agreement of the parties to this Agreement (subject to any necessary regulatory approval). No amendment of this Agreement will be valid unless in writing and executed by you and us.

**11.2 All Agreements.** In addition, with the approval of (i) at least 67% of the residences with one vote per residence who have this type of residency agreement in StoneRidge, and (ii) us, all residency agreements of this type, may be amended in any respect; provided, however, that no such amendment shall:

**11.2.1** Reduce the aforesaid percentage of residences which is required to consent to any such amendment; or

**11.2.2** Permit the preference or priority of any residence over any other residence without the consent of each residence.

Upon our approval and upon our receipt of evidence of the approval of at least 67% of the residences with one vote per residence, such amendment shall be effective and any designated residency agreements, which may include this Agree-

ment, shall automatically be amended. Accordingly, any of the terms of this Agreement may be amended, including the scope and type of services provided, upon our approval and approval of at least 67% of the residences with one vote per residence.

**11.3 Law Changes.** This Agreement may be modified by us at any time in order to comply with applicable federal or state laws or regulations.

## **12. MISCELLANEOUS LEGAL PROVISIONS.**

**12.1 Residents Association.** Residents shall have the right to organize and operate a Residents Association at StoneRidge and to meet privately to conduct business of the Residents Association. It is our policy to encourage the organization and operation of a Residents Association.

**12.2 Private Employee of Resident.** If you need additional services, you can obtain these needed services from a private employee, an independent contractor, or through an agency ("Personal Service Provider"). In such instances, we strongly advise you to obtain these needed services from a licensed and/or certified home health agency. In any event, you must comply with our policy regarding Personal Service Providers and ensure that he/she/they complies with our policies and rules of conduct as set forth in our Personal Service Provider Policy. If you fail to follow or enforce the rules set forth in the Personal Service Provider Policy, then we may elect at our sole option to cancel this Agreement.

**12.3 Resident Representations.** By executing this Agreement, you represent and warrant that: (i) you will be least 62 years of age or older at the time of residency or you will share your Residence with another person who will be 62 years of age or older at the time of residency; (ii) you are capable of living in your Residence in accordance with StoneRidge Residency Policy; (iii) you have assets and income which are sufficient under foreseeable circumstances and after provision for payment of your obligations under this Agreement to meet your ordinary and customary living expenses after assuming occupancy; and (iv) all written representations made to us with respect to such matters by you or on your behalf during the residency process are true.

**12.4 Adjustments for Absences.** You will receive a credit toward your Monthly Fee if you are absent from StoneRidge for more than 30 consecutive days. The amount of the credit shall be determined by us in our sole discretion based on our then-current policy regarding absences from StoneRidge.

**12.5 Governing Law.** This Agreement will be interpreted according to the laws of the State of Connecticut and will become effective upon acceptance and execution by us. The Glossary which sets forth the definitions of certain terms used in this Agreement is by this reference incorporated herein and made a part of this Agreement.

**12.6 Separability.** The invalidity of any restriction, condition, or other provision of this Agreement, or any part of the same, shall not impair or affect in any way the validity or enforceability of the rest of this Agreement.

**12.7 Capacity.** This Agreement has been executed by our duly authorized agent, and no member, officer, director, agent, or employee of ours shall have any personal liability to you hereunder under any circumstances. This Agreement will become effective upon acceptance and execution by us.

**12.8 Residents.** When Resident consists of more than one person, the rights and obligations of each are joint and several, except as the context of this Agreement otherwise requires.

**12.9 Nature of Rights.** You understand and agree that (i) this Agreement or your rights (including the use of the Residence) under it may not be assigned, and no rights or benefits under this Agreement shall inure to the benefit of your heirs, legatees, assignees, or representatives, except as to repayment of the amounts described in Section 7; (ii) this Agreement and your contractual right to occupy StoneRidge will exist and continue to exist during your lifetime unless canceled as provided herein; (iii) this Agreement grants you the right to occupy and use space in StoneRidge but does not give you exclusive possession of the Residence against us; (iv) you will not be entitled to any rights of specific performance but will be limited to such remedies as set forth herein and as provided by continuing care law; (v) this Agreement is not a lease or easement and does not transfer or grant you any interest in real property that comprises StoneRidge; and (vi) this Agreement grants to us complete decision-making authority regarding the management and operation of StoneRidge.

**12.10 Release.** We are not responsible for loss of or damage to your personal property, unless such loss or damage is caused by our negligence or the negligence of our agents or employees, and you hereby release us from any such liability. You may want to obtain, at your own expense, insurance to protect against such losses.

**12.11 Indemnity.** To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless, from claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional act or omission.

**12.12 Force Majeure.** The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which is not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided (“Force Majeure Event”), including, but not limited to, war, rebellion, natural disasters (including floods, earthquake, fire, hurricanes, windstorms, tornadoes), accident, strike, riot, civil commotion, act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as it is reasonably practicable, in compliance with all applicable law and consistent with reasonably prudent business practice. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section.

**12.13 Entire Agreement.** This Agreement and any addenda or exhibits hereto contain our entire understanding with respect to your residency.

**12.14 Tax Considerations.** Each person considering executing this Agreement should consult with his or her tax advisor regarding the tax considerations associated with this Agreement.

**12.15 Intentionally omitted.**

**12.16 Transfers.** We may from time to time issue additional equity interests or sell or transfer interest in StoneRidge, provided that, in such later event, the buyer will agree to assume this Agreement and all other existing Residency Agreements. In addition, we may sell or otherwise transfer the land or other portions of StoneRidge. Your signature hereto constitutes your consent and approval to any such future transfer.

**12.17 Responsible Party.** You agree to execute and deliver to us within 60 days after assuming occupancy in your Residence, a Durable Power of Attorney, trust documents, or other documentation naming a responsible party for business and financial decision-making. These documents should be drafted to remain effective notwithstanding your incompetence or disability and will be in a form acceptable to us. You agree to keep such documents in effect as long as this Agreement is in effect. The person(s) named as your responsible party will not be a person(s) employed by us or any other entity engaged in the management of StoneRidge.

**12.18 Funeral and Burial Services.** No funeral or burial services or expenses are provided by us pursuant to this Agreement.

**12.19 Arbitration.** It is understood that any and all disputes between the Resident and StoneRidge its owners, operators, officers, directors, administrators, staff, employees, agents, and any management and administrative services company, and all related entities and individuals, their staff, personnel, employees, owners, officers, directors, members, and agents that provide services to the Community that relates to the provision of care, treatment and services the Community provides to the Resident, including any action for injury or death arising from intentional torts, statutory causes of action, negligence, and medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered shall be determined by submission to binding arbitration and not by lawsuit or resort to court process. This provision shall be binding for any and all disputes arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community, except for disputes pertaining to collections or evictions. This provision is binding on all parties hereto, including the Community, the Resident, the Resident's representatives, agents, responsible party, conservators, executors, family members, successors in interest and heirs, as well as anyone who may have a claim arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community.

If this Agreement is signed by someone other than the Resident, including the Resident's representative, agent, responsible party, conservator, executor, family member, successor in interest and heir said person is doing so not only in their representative capacity for the Resident, but also in their individual capacity and thus agree that any and all claims brought individually by any such person(s) are also subject to binding arbitration.

The parties to this Agreement are giving up their Constitutional right to have any and all disputes decided in a court of law before a jury, and instead are accepting the use of binding arbitration. By signing this Agreement, the parties waive their right to commence and/or be a party to any class or collective action in any court against the other party relating in any manner to the Resident's residency at the Community. Further, the parties waive their right to commence or be a party to any group, class, or collective action claim in arbitration or any other forum.

Submitting to this provision is not a precondition to receiving medical treatment, care, services and/or for admission to the Community and is not a requirement to continue to receive medical treatment, care, and services at the Community. You may rescind your agreement to arbitrate by written notice to the Community within thirty (30) days of signature. This agreement to arbitrate shall not be discharged by the death of any party hereto, nor by the termination of the Residency Agreement, nor by the Resident ceasing to reside at the Community.

This provision shall have retroactive effect. It is agreed by and between the parties hereto that this provision covers services rendered before the date this contract is signed, thus making this provision effective as of the date of the Resident's first admission to the Community.

This Agreement relates to the Resident's admission to the Community and the Community participates in Medicare programs and/or procures supplies from out of state vendors. The parties, therefore, agree that the underlying admission to the Community involves interstate commerce. The parties further agree that this arbitration provision is to be governed by the Federal Arbitration Act and the procedural rules set forth in the Federal Arbitration Act (9 U.S.C. Sections 1-16) shall govern any petition to compel arbitration and shall preempt any inconsistent State law. While the parties agree that this provision shall be governed by the procedural rules set forth in the Federal Arbitration Act, the parties further agree that the substantive law of the State where the Community is located shall apply to any and all claims.

The parties desire to have any and all disputes submitted to binding arbitration and do not want any claims not subject to arbitration to impede any and all other claims from being ordered to binding arbitration.

The parties are to mutually agree on the appointment of a single neutral arbitrator who routinely conducts mediations and/or arbitrations in the State where the Community is located and agree that discovery will be conducted pursuant to the discovery rules set forth by the arbitrator. Should the parties be unable to mutually agree upon the appointment of a single neutral arbitrator the Federal Arbitration Act shall govern the appointment of the arbitrator. The arbitration shall be venued in a location convenient for all parties, normally the county or region where Community is located.

The expenses and fees of the arbitrator shall be apportioned equally among all parties except as otherwise permitted or required by law.

If any portion of this provision is held invalid, such holding shall not impact the validity of the remaining content of this provision. Any such invalid portion shall be severed from this provision.

The Resident and/or the person executing this Agreement certifies that he/she has read this provision, understands this provision, it has been explained to them in a manner he/she understands, has been given a copy of this provision, and affirmatively represents that he/she is duly authorized by virtue of the Resident's consent, instruction and/or durable power of attorney, to execute this Agreement and accept its terms on behalf of the Resident and acknowledges that the Community is relying on the aforementioned certification. Further, if the person executing this Agreement is someone other than the Resident, you knowingly do so not only in your representative capacity for the Resident, but also in your individual capacity and thus agree that any and all claims brought individually by you are also subject to binding arbitration.

**12.20 Acknowledgment of Receipt of Documents.** You hereby certify that you (i) received a copy of this Agreement, (ii) received a copy of our most current Disclosure Statement, and (iii) have been permitted to inspect any additional relevant materials requested to be reviewed by you or your representatives prior to executing this Agreement. Included in this Agreement are the following:

**12.20.1** Schedule of Ancillary Charges attached as Exhibit D;

**12.20.2** Statement of CCRC Resident Health Care Rights and Protections attached as Exhibit E;

**12.20.3** Statement of Rights of Residents Receiving Assistance in Living Services attached as Exhibit F;

**12.20.4** Complaint Resolution Process attached as Exhibit G; and

**12.20.5** Acknowledgement of Receipt of Resident Handbook attached as Exhibit H.

**12.21 Residency Agreement Terms.** You hereby certify that you have executed the following exhibits and that, unless stipulated otherwise, the selections made by you shall govern for the term of this Residency Agreement. By your initials below, you have executed the following exhibits:

**Exhibit B – Payment for Health Center Care Services**

\_\_\_\_\_ *ContinuingCare*<sup>TM</sup> Reduced Health Center Fees Plan

**Exhibit C – Election for Flexible Dining Program:**

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

**12.22 StoneRidge Residency Agreement Fee Summary.**

**First Person Fee** (equal to 50% of the Entrance Payment, of which 10% of the Entrance Payment is to be paid upon executing this Agreement and the remaining 40% to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier)

\$ \_\_\_\_\_

**Loan** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to 50% of Entrance Payment)

\$\_\_\_\_\_

**Total Entrance Payment (First Person Fee plus Loan)**

\$\_\_\_\_\_

**Second Person Fee** (to be paid within (90) days of the date of our approval of this Agreement or upon occupancy, whichever is earlier)

\$\_\_\_\_\_

**Working Capital Fee** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to two (2) times the Monthly Fee including a second person Monthly Fee, if applicable)

\$\_\_\_\_\_\*

**Monthly Fee** \$\_\_\_\_\_\*

**Second Person Monthly Fee**  
(if applicable) \$\_\_\_\_\_\*

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Residence Type



\_\_\_\_\_  
Residence Number

50% Return-of-Capital Residency  
Agreement (2025-06-30)

**EXHIBIT A**

**LOAN AGREEMENT**

**(TO BE EXECUTED AT OCCUPANCY)**

Pursuant to your Return-of-Capital Residency Agreement with Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us"), you agreed to loan \$\_\_\_\_\_ to SRSC, and we hereby promise to repay your Loan upon the terms and conditions hereinafter set forth in this Loan Agreement ("Agreement"). Capitalized terms used herein shall have the same meanings as set forth in the Residency Agreement.

- 1. Making of Loan.** Your Loan shall be made to SRSC on the earlier of (i) occupancy or (ii) within 90 days of our approval of this Agreement.
  
- 2. Repayment.** In the event you or we cancel your Residency Agreement and remove your furniture and other property, your Loan shall become due and payable in accordance with Section 8 of your Residency Agreement and placed in a sequential queue for repayment upon the conclusion of (i) any cancellation notification period; (ii) receipt of your notice of vacancy from the Community; (iii) if any items have been left in the Community, the conclusion of our removal of all remaining items from the Residence.

We repay Loans when new residents move into a previously occupied Residence at the Community and the following criteria have been satisfied: (i) receipt of an Entrance Payment in full from the new resident to StoneRidge; (ii) the rescission period for that sale by the new resident has expired; and (iii) there are no contractual repayment obligations uniquely bound to the resale of the residence being reoccupied.

There may be other Loans ahead of yours when your Loan is placed in the repayment queue. We repay Loans to the first person/estate in the repayment queue. After we have paid the first person/estate's Loan, we keep moving through the repayment queue in sequential order of when they were placed.

In the event your Loan is greater than the incoming eligible Entrance Payment collected, you shall remain at the top of the repayment queue and the balance shall be paid upon collection of the next eligible Entrance Payment received. Should the remaining balance exceed the second collected eligible Entrance Payment, this process

shall continue until sufficient funds have been collected from Entrance Payments to fully repay your Loan.

We will make a Loan payment to you/your estate within 14 days of receipt of an eligible Entrance Payment(s) that include funds sufficient to repay your Loan in full as described in this Section. At that time, we shall consider your repayment paid in full.

However, in no event shall such date be more than 36 months from the date of cancellation of your Residency Agreement, at which time your Loan shall become immediately due and payable to you or your estate. If your Residency Agreement is not cancelled within 30 years from the date of this Agreement, your Loan shall become immediately due and payable by us. You agree to look solely to the assets of SRSC for the repayment of your Loan. We may offset against any Loan repayment any amounts then due by you to us pursuant to Section 7.4 of your Residency Agreement.

**3. Right of Offset.** You agree that we have the right to offset against any First Person Fee, Second Person Fee (if applicable) or Loan repayment due you, any unpaid Monthly Charges owed by you, any unreimbursed Health Center expenses we have advanced on your behalf, any amounts deferred by us under Section 7.4 of the Residency Agreement, and any other sums owed by you to us with interest.

**4. No Assignment of Loan; Successors and Assigns.** Your rights under this Agreement may not be sold, assigned or otherwise transferred, except to your estate, another individual(s) or to certain trusts established for your benefit, subject to our prior approval in our sole discretion. All terms and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge Senior  
Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Residence Type

\_\_\_\_\_  
Residence Number

06/30/2025



50% Return-of-Capital Residency Agreement  
(2025-06-30)

# **EXHIBIT B**

## **PAYMENT FOR HEALTH CENTER CARE SERVICES**

## EXHIBIT B

### PAYMENT FOR HEALTH CENTER CARE SERVICES REDUCED HEALTH CENTER FEES PLAN

**1. First 90 Days of Health Center Care Services.** Memory care, rehabilitative care, and nursing care services will be provided in a private or semi-private suite in the Health Center at a discounted rate for 90 cumulative days for you (90 days for each of you if there are two of you) but the allowance for one Resident cannot be used by the other. During your first 90 cumulative days of memory care, rehabilitative care, or nursing care services, you shall receive a 50% discount from the per diem charge for care in the Health Center. If your stay in the Health Center is fully covered as a Medicare-qualified stay, the discounted 90 cumulative days offered per Resident in this paragraph will not take effect until the termination of your Medicare-qualified stay. While in the Health Center the Monthly Fee for your Residence will continue as before. Further, whether you release or retain your Residence while you are in the Health Center, you will not be entitled to repayment of your Entrance Payment.

**[NOTE: The (90) cumulative days at 50% is the total number of days allowed per Resident during your lifetime for a combined total for memory care, rehabilitative care and nursing care in the Health Center. After the (90) cumulative days are exhausted, your care will be in accordance with Sections 2 or 3 below, as applicable. Assisted living care in the Health Center is not eligible for (90) cumulative days at 50%. Instead, you will receive a 10% discount on the per diem charge for all assisted living care in the Health Center.]**

**2. More Than 90 Days of Health Center Care Services When There is One of You.** If you require Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether you choose to release or retain your Residence.

**2.1 Release Residence When There is One of You.** If you choose to release your Residence for occupancy by someone else, the Monthly Fee for your Residence will cease upon the date all of your furniture and other property have been removed from your Residence. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charges for your care in the Health Center. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**2.2 Retain Residence When There is One of You.** If you choose to retain your Residence, the Monthly Fee for your Residence will continue. You will receive a meal credit for one meal per day. You will also pay the charges for your Health Center Care Services. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charge for your care in the Health Center.

**3. More than 90 Days of Health Center Care Services When There are Two of You.** If there are two of you and one of you requires Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether one or two of you require Health Center Care Services and whether you choose to release or retain your Residence.

**3.1 Retain Residence When There are Two of You and Only One of You Requires Care.** If there are two of you and one of you requires Health Center Care Service, you shall pay the Monthly Fee for the Residence and the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The second person Monthly Fee for the Residence shall cease.

**3.2 Retain Residence When Two of You Require Health Center Care Services.** If there are two of you who require Health Center Care Services and you choose to retain your Residence, the then-current first person and second person Monthly Fees will continue. You will also pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. In addition, you shall receive a meal credit for your absence in the Residence.

**3.3 Release Residence When Two of You Require Health Center Care Services.** If you choose to release your Residence for occupancy by someone else, you will pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The first and second person Monthly Fees for your Residence will cease upon the date all your furniture and other property have been removed from your Residence. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**4. Alternate Accommodations.** You shall be given priority over non-residents for admission to the Health Center. In the event you need assisted living, memory

care, rehabilitative care, or nursing care and the Health Center is fully occupied, you will be provided care at another comparable health care facility. Upon your relocation, you shall continue to be responsible for the charges set forth in the Residency Agreement and this Exhibit B herein. To the extent we would be liable for your care and accommodations in the Health Center under this Agreement, we will be responsible for the charges associated with alternate Health Center Care Services. Such accommodations will be comparable to that provided at the Health Center. You agree to relocate to the Health Center when a suite becomes available. However, should you need care which SRSC is not licensed to provide or which the Health Center does not have the appropriately trained staff to provide, or does not routinely provide, you agree to relocate to a facility that can provide you with the appropriate level of care. We will not be responsible for the charges for this higher level of care or private duty care.

**5. Return to Residence.** If you release your Residence because you have moved to the Health Center, and if later you are able, in the opinion of the Medical Director or your attending physician with the concurrence of the Medical Director, to return to a Residence, we will provide you a Residence of the same type as your previous Residence as soon as one becomes available. Upon reoccupying a Residence, your Monthly Fee will be based on the then-current Monthly Fee for the Residence.

**6. Medical Director and Ancillary Services.** A member in good standing of the New London County Medical Association will be designated to act as Medical Director for StoneRidge. You will be at liberty to engage the services of the Medical Director or the services of a physician of your choice at your own expense. We will not be responsible for the charges for medical treatment by the Medical Director, or any other physician, nor will we be responsible for the charges for medicine, drugs, prescribed therapy, and other similar services and supplies. In the event we incur or advance charges for your medical treatment or for medicine, drugs, prescribed therapy, pharmaceutical supplies, personal laundry, rental of equipment, and other similar services and supplies, you will reimburse us for such charges.

**7. Non-Resident Use of the Health Center** SRSC will offer Health Center Care Services in the Health Center to qualified non-residents for a fee, to the extent suites are available and as allowed by Connecticut law. However, Residents of StoneRidge will be given priority access to available suites.

**8. Long-Term Care Insurance.** We will use reasonable efforts to assist you in working with your long-term care insurance provider to obtain the benefits to which you may be entitled.

**9. Health Care Outside StoneRidge.** In the event you receive care, or choose to receive care at another health care facility not designated by us, we will not be responsible for the charges incurred there by you.

**10. Assisted Living Residency Agreement or Health Center Admission Agreement.** If you require Health Center Care Services in the Health Center, you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care needed. The Agreement to be executed by you or your designated party and SRSC will be available for your review prior to move-in.

**11. Under Age 62.** Pursuant to our Residency Policy, if you are under age 62 when you occupy a Residence under this Agreement, you shall be entitled to care in the Health Center. However, you will be charged the then-current per diem rate being charged to non-residents until you attain the age of 62.

**[NOTE: Sections 12 through 13.5 are applicable only to rehabilitative care and nursing care offered in the Avalon Health Care Center at StoneRidge.]**

**12. Supplemental Insurance.** You are required to maintain Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to us to assure your ability to fully cover a Medicare-qualified stay in the Health Center. Such supplemental insurance should cover Medicare co-insurance and deductibles. You shall furnish to us such evidence of coverage as we may from time to time request. Should your supplemental health insurance or equivalent coverage not fully cover a Medicare-qualified stay in the Health Center, or should you fail to purchase supplemental health insurance or equivalent coverage to fully cover a Medicare-qualified stay in the Health Center, you shall be financially responsible for paying to SRSC deductibles, co-insurance amounts, and any other charges for each Medicare-qualified stay in the Health Center. If you are eligible to receive the discount provided in Sections 1, 2 or 3 of this Exhibit B, as applicable, and your stay in the Health Center is a Medicare-qualified stay, such discount will be applied after the expiration of your Medicare-qualified stay providing you have Medicare Part A, Medicare Part B, and acceptable supplemental health insurance or equivalent insurance coverage. If failure to maintain Medicare Part A, Medicare Part B, or supplemental health insurance is

causing depletion of your resources and impairs your ability to meet your financial obligations, we need not defer your financial obligations as provided in Section 9.2 of the Agreement, and we retain the right to revoke your entitlement to reside at StoneRidge and we retain the right to cancel this Agreement as provided in Section 9 of the Agreement.

**13. Managed Care.** If you have chosen to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage, the terms governing Health Center care will be as follows:

**13.1 Participating Provider.** If we are a participating provider with your managed care program and your stay is a Medicare-qualified stay, we will agree to accept, as full payment, reimbursement at the rate we negotiate with your managed care program. Such a managed care stay in the Health Center will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.2 Not a Participating Provider.** If we are not a participating provider with your managed care program and you choose to receive health care services at a managed care participating provider during a Medicare-qualified stay, then you understand and agree that you must relocate for as long as necessary for those services, and be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, you understand and agree that unless this Agreement is cancelled, you will continue to pay the Monthly Fee for your Residence. Such a Medicare-qualified stay at a managed care participating provider other than StoneRidge will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If we are unable to negotiate an acceptable rate and you choose to receive Health Center Care Services in the Health Center, you agree to be responsible for all charges for care in the Health Center, as set forth in Section 13.4 of this Exhibit B.

**13.3 Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and you would still like to receive health care services in the Health Center during a Medicare-qualified stay, we will attempt to negotiate an acceptable reimbursement rate with your managed care program. If we are able to negotiate an acceptable rate, we will agree to accept as full payment the rate provided by your managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.4 No Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and a negotiated rate is not agreed upon between us and your managed care program and you would still desire to receive health care services in the Health Center during a Medicare-qualified stay, then each day of your stay in the Health Center will be paid pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If you choose to retain your Residence, the Monthly Fee for your Residence will continue. In addition, you will pay meal charges for meals that are in excess of those provided for by the Monthly Fees at the then-current charges for meals and any additional services as described in Section 6 of this Exhibit B.

**13.5 Post Medicare-Qualified Stay.** At the conclusion of each such Medicare-qualified stay, you will be entitled to health care services in the Health Center in accordance with the terms of this Agreement other than as set forth in this Section 13, as adjusted to reflect any reduction during such stay in the discounts that you are eligible to receive as provided in Sections 1, 2 or 3 of this Exhibit B, as applicable.

# **EXHIBIT C**

## **DINING PLAN SELECTION FORM**

**EXHIBIT C**  
**ELECTION FOR FLEXIBLE DINING PROGRAM**

As a commitment to promote the flexibility of resident lifestyles at StoneRidge, we are offering two distinct dining allocations under our flexible dining program for residents. For more information on the Dining Program, please refer to the Resident Handbook.

1. **Standard Plan.** Selection of the Standard Plan includes the full meal allocation at the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points

**Published Monthly Fee:** \$ \_\_\_\_\_

2. **Alternative Plan.** Selection of the Alternative Plan includes a lesser meal allocation for a discount off the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points per person

**Total Published Monthly Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**Total Discounted Monthly Fee:** \$ \_\_\_\_\_

3. **Resident's Selection of the Dining Plan.** Upon review of the available dining plan options, you have selected:

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

4. **Term and Renewal of Selection.** The rates described above shall be valid until [Date of Enrollment Term]. Upon occupancy, your selection will be valid through the end of the initial term. Prior to each new annual term, we shall offer you the chance to change your selection or continue with the plan previously chosen. If a Dining Plan Election Form is not delivered to us by the annual renewal date, your previous selection will be renewed.

5. **Changes to Dining Plan Options.** We reserve the right to change the available options and scope of services provided to Residents, upon written notice, in accordance with Residency Agreement. This may include the withdrawal or cancellation of alternative dining plans and discounts.

## EXHIBIT D



### Ancillary Charge Adjustments Effective January 1, 2025

Service	Charge
Additional Meal Points by Resident	\$1.45 per point overage
Guest Meal in Health Center or Cottage - Dinner	\$22.00
Guest Meal in Health Center or cottage– Breakfast or Lunch	\$15.00
Picnic and Holiday Meal Charges for Guests: (New Year’s Day, Easter, Mother’s Day, Thanksgiving, Christmas)	Points determined per event
Meal Credit (per Resident Absence Policy)	\$7.75
Guest Suite Apartment (non-smoking, no pets)	\$190.00 (per night, includes tax)
Guest Room (non-smoking, no pets)	\$150.00 (per night, includes tax)
Cot Rental	\$15.00 (per visit)
Postage Meter	Billed at cost
Fax Machine	\$0.50 cents per page
Copy machine	\$0.25 cents per black and white copy/\$0.50 per color copy
FOB Replacement	\$25.00
Key Replacement	\$30.00
Activities	Billed at cost
Special Housekeeping Services	\$10.00 per 15-minute increments
Special Maintenance Service/IT Services	\$12.50 per 15-minute increments \$12.50 per 15-minute increments
Notary Service	\$7.00 (per document)
Medical and other Transportation outside of standard schedules	\$30.00 (pay per service per hour, plus mileage if applicable)
SAIL (StoneRidge Assistance in Living Services)	Please call SAIL at 860.572.5693



**Ancillary Charge Adjustments Continued**  
**SAIL Services**

<b>Service</b>	<b>Charge</b>
CNA Services	\$10.50 per quarter hour
Licensed Nurse Services	\$30.00 per quarter hour
Shower	\$35.00 for the first 30 minutes. If shower exceeds 30 minutes, CNA Services charge per quarter hour will apply for each quarter hour after 30 minutes
Medication Reminder Services from CNA (no personal care included)	\$9.50 per reminder
Medication Pour (in a cassette by a nurse)	\$65.00 per pour

## EXHIBIT E

### STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS

1. A provider shall not prevent or otherwise infringe upon a resident's right to obtain treatment, care and services, including, but not limited to, home health and hospice care, from persons providing health care who have not entered into a contract with or are not affiliated with the provider, subject to the provider's policies and procedures for protecting the health and safety of residents.
2. Residents at a continuing-care retirement facility receiving assisted living or skilled nursing services shall be entitled to all rights and protections afforded under the law, including the right to refuse medications and treatments. A provider shall not prevent or otherwise infringe upon a resident's right to participate, as fully and meaningfully as the resident is able, in making the decision about a permanent move to an assisted living facility or skilled nursing care unit. A provider shall inform family members designated by the resident of the resident's medical condition and care plan. A provider shall not prevent or otherwise infringe upon a resident's right to refuse medications and treatments.
3. Each provider operating a facility shall make reasonable accommodations, in accordance with the American with Disabilities Act, *42 UCS 12101*, et seq., the Fair Housing Amendments Act of 1988, *42 USC 3601*, et seq., and *section 46a-64c of the Connecticut general statutes* to ensure that services and notices are accessible and communicated to residents who have hearing loss, low vision or other disabilities.
4. Each resident of a continuing-care retirement facility is entitled to:
  - a. A voice in all decisions affecting the resident's health, welfare and financial security;
  - b. Transparency regarding the financial stability of the provider operating the facility at which the resident resides;
  - c. Timely notification of developments affecting the facility, including, but not limited to: (A) Ownership changes of the provider operating the facility at which the resident resides, (B) a change in the financial condition of the provider operating the facility at which the resident

resides, and (C) construction and renovation at the facility at which the resident resides;

- d. Independence in decisions regarding medical care and assisted living services; and
- e. Reasonable accommodations for persons with disabilities.

## **EXHIBIT F**

### **STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES**

#### **STONERIDGE RESIDENTS' BILL OF RIGHTS**

As a resident of this Community, you have the right to:

- A clean, safe and habitable private residential apartment;
- Be treated with consideration, respect and due recognition of your personal dignity, individuality and the need for privacy;
- Privacy within your apartment, subject to the Community's rules reasonably designed to promote your health, safety and welfare;
- Retain and use your personal property within your apartment so as to maintain your individuality and personal dignity, provided that your use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- Treat your apartment as your home and have no fewer rights than any other resident of the state, including but not limited to 1) associating and communicating privately with persons of your choice, 2) purchasing and using technology of our choice, including but not limited to technology that may facilitate virtual visitation with family and others, provided that the operation and use of the technology must not violate an individual's right to privacy under state or federal law, and 3) engaging in other private communications, including receiving and sending unopened correspondence and telephone access;
- Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the Community;
- Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your

private apartment or such other space in the Community as may be available to residents for such purposes;

- Manage your own financial affairs;
- Exercise civil and religious liberties;
- Present grievances and recommend changes in policies, procedures and services to the Executive Director or staff of the Community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the Community, including access to representatives of the Department of Public Health and the Office of the Long-Term Care Ombudsman;
- Upon request, obtain from the Community the name of the Service Coordinator or any other persons responsible for resident care or the coordination of resident care;
- Confidential treatment of all records and communications to the extent required by state and federal law;
- Have all reasonable requests responded to promptly and adequately within the capacity of the Community and with due consideration given to the rights of other residents;
- Be fully advised of the relationship that the Community has with any Assisted Living Services Agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- Receive a copy of any rules or regulations of the Community;
- Privacy when receiving medical treatment or other services within the capacity of the Community;
- Refuse care and treatment and participate in the planning for the care and services you need or receive, provided, however, that your refusal of care and treatment may preclude you from being able to continue to reside in the Community; and

- If you are a continuing care resident, all rights afforded under Conn Gen. Stat. §17b-520 et seq. and any other applicable laws. If you are not a continuing care resident and rent your apartment, all rights and privileges afforded to tenants under Connecticut General Statutes Title 47a (Connecticut's landlord tenant laws).

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding questions, comments or complaints regarding the Community:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Connecticut Department of Public Health  
Faculty Licensing and Investigations  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS MANAGED RESIDENTIAL  
COMMUNITY RESIDENTS' BILL OF RIGHTS HAS BEEN GIVEN TO ME  
AND EXPLAINED TO ME OR THAT I HAVE WAIVED MY RIGHT TO AN  
EXPLANATION.

---

Resident

---

Resident

---

Responsible Party

---

Responsible Party

---

Date

**STONERIDGE  
ASSISTED LIVING SERVICES AGENCY  
CLIENTS' BILL OF RIGHTS**

1. You have the right to a description of available services, charges and billing mechanisms. Any changes will be given to you orally and in writing as soon as possible but no less than 15 working days prior to the date such changes become effective.
2. You have a right to be given the criteria for admission to the Agency.
3. You have the right to participate in the planning of, or any changes in, the care to be furnished to you, the frequency of visits proposed, the nurse supervising your care and the manner in which the nurse may be contacted.
4. You have a responsibility for participation in the development and implementation of client service programs and the right to refuse recommended services.
5. You have a right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
6. You have received an explanation of the confidential treatment of all client information retained by the Agency and the requirements for written consent for the release of information to persons not otherwise authorized under law to receive it.
7. You have the right to access your service records.
8. You have been given an explanation of the complaint procedure and your right to file a complaint without discrimination or reprisal from the Agency regarding provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for property by anyone providing Agency services.
9. The Agency has the responsibility to promptly investigate the complaints made by you or your family regarding the provision of care and services, any allegations of physical, mental abuse or exploitation or lack of respect for your property by anyone providing Agency services.
10. You may file a complaint with the Connecticut Department of Public Health at the following address and telephone number:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Facility Licensing and Investigations

Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

11. You have a right to have services provided by an individual or entity other than via an Assisted Living Services Agency.
12. You have been informed of the circumstances under which you may be discharged from the Agency or may not be permitted to receive services from the Agency.
13. You have been given a description of Medicare-covered services and payment requirements for such services.
14. You have been given information advising you of your right under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.
15. You have a right to make individual arrangements with an Assisted Living Services Agency which does not have a formal contract with this managed residential community.
16. You have a right to terminate or reduce services provided by an Assisted Living Services Agency at any time.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS ASSISTED LIVING SERVICES AGENCY CLIENTS' BILL OF RIGHTS.

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Date

## **EXHIBIT G**

### **COMPLAINT RESOLUTION PROCESS**

#### **Policy:**

Residents are free to communicate grievances to the staff of StoneRidge without restraint, interference, coercion, discrimination, or reprisal. All grievances will be properly documented and responded to. In the event a Resident is dissatisfied with treatment or services received at StoneRidge, the Resident has the opportunity to present his/her complaints through our defined grievance procedures.

#### **Procedures:**

Following are the procedures for a Resident or his/her representative to follow in order to file a grievance with StoneRidge. We reserve the right to change these procedures in order to better accommodate our residents:

1. The grievance may be filed in writing with the Department Director of the area where the grievance occurs. Assistance, if necessary, will be available through Resident Services and/or the Administration office.
2. Information contained in the grievance will include the following:
  - Description of the grievance;
  - A list of all parties involved; and
  - Dates of specific incidents related to the grievance.
3. The Department Director will acknowledge in writing receipt of the grievance within five (5) business days and provide the Resident or his/her representative with a time frame for an appropriate response.
4. If the grievance remains unresolved for thirty (30) days after initial submission, the Department Director will address the grievance with the Executive Director.
5. The Executive Director will address, in writing, the grievance within ten (10) business days.

6. If the grievance remains unresolved for sixty (60) days after the initial submission, the Executive Director will address the grievance with the StoneRidge Board of Directors and with the Management Company's Vice President.
7. The Community's Board of Directors and the Management Company's Vice President will address the grievance within ten (10) business days.
8. If the grievance remains unresolved, the Resident will be informed of his/her right to contact appropriate State agencies, the State Long-Term Care Ombudsman or the Regional Long-Term Care Ombudsman.
9. All attempts at resolution will be documented in writing to the Resident with copies on file in the administrative office.

## EXHIBIT H

### Acknowledgment of Receipt of Resident Handbook

I, the undersigned, acknowledge receipt of the StoneRidge Resident Handbook dated \_\_\_\_\_, 20\_\_\_\_, which contains certain rules, policies, and guidelines in order to promote the health, safety and welfare of the residents of the Community.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

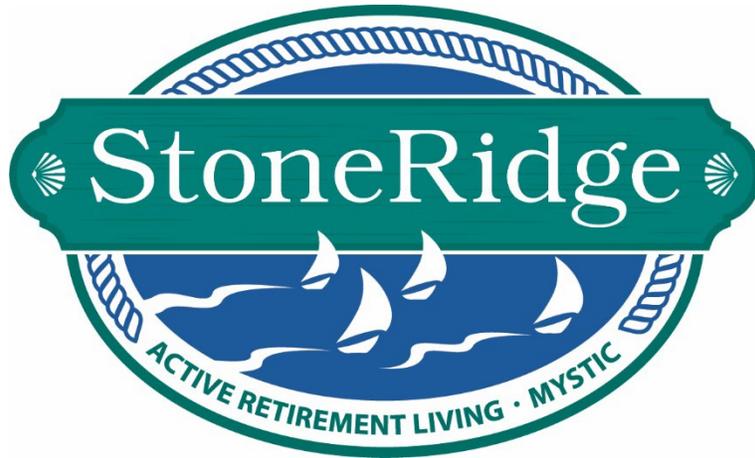
\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident



186 Jerry Browne Road  
Mystic, CT 06355  
(860) 536-9700

# **TRADITIONAL RESIDENCY AGREEMENT**

## TABLE OF CONTENTS

<b>GLOSSARY</b> .....	v
1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS .....	1
2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE .....	3
3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE .....	4
4. AVALON HEALTH CENTER AT STONERIDGE.....	4
4.1 Health Center Care Services .....	4
4.2 Payment for Health Center Care Services .....	4
4.3 Health Care Decisions .....	5
5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.....	5
5.1 Entrance Payment .....	5
5.2 Second Person Fee .....	5
5.3 Working Capital Fee .....	5
6. MONTHLY CHARGES .....	6
6.1 Monthly Fee .....	6
6.2 Monthly Fee Changes .....	6
6.3 Payment.....	6
6.4 Late Payment .....	6
6.5 Cease Payment of Monthly Fee for Residence.....	6
7. REPAYMENT OF ENTRANCE PAYMENT .....	7
7.1 Repayment of Entrance Payment Prior to Assuming Occupancy .....	7
7.1.1 Nonacceptance .....	7
7.1.2 Right of Rescission Period .....	7
7.1.3 Change in Condition .....	7
7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, and 7.1.3 .....	7
7.2 Repayment of Entrance Payment and Second Person Fee Following Occupancy .....	8
7.2.1 Repayment Within First Four Months of Occupancy .....	8
7.2.2 Repayment After Four Months of Occupancy .....	8
7.3 Repayment of Loan.....	8
7.4 Right of Offset .....	9
7.5 Beneficiary Designation .....	9

8.	YOUR CANCELLATION RIGHTS.....	9
8.1	Prior to Occupancy .....	9
8.2	During First Four Months of Occupancy .....	10
8.2.1	Written Notice.....	10
8.2.2	Monthly Fee.....	10
8.2.3	Removal of Property.....	10
8.2.4	Cancellation.....	10
8.2.5	Remarketing of Residence.....	10
8.2.6	Repayment of Entrance Payment .....	10
8.3	After First Four Months of Occupancy .....	11
8.3.1	Written Notice.....	11
8.3.2	Monthly Fee.....	11
8.3.3	Removal of Property.....	11
8.3.4	Cancellation .....	11
8.3.5	Remarketing of Residence.....	11
8.3.6	Repayment of Entrance Payment .....	11
8.4	Death.....	12
8.4.1	Monthly Fee.....	12
8.4.2	Removal of Property.....	12
8.4.3	Cancellation .....	12
8.4.4	Remarketing of Residence.....	12
8.4.5	Repayment of Entrance Payment .....	12
9.	OUR CANCELLATION RIGHTS.....	13
9.1	Just Cause.....	13
9.1.1	Nonpayment.....	13
9.1.2	Failure to Comply .....	13
9.1.3	Threat to Health or Safety.....	13
9.1.4	Change in Condition .....	13
9.2	Financial Difficulty.....	13
9.2.1	Permitted to Stay.....	13
9.2.2	Terms of Stay.....	13
9.2.3	Guarantor .....	14
9.3	Notice of Cancellation .....	14
9.4	Emergency Notice.....	14

10. MISCELLANEOUS PROVISIONS WITH RESPECT TO YOUR RESIDENCE.....	15
10.1 Use of Residence .....	15
10.2 Occupants of Residence.....	15
10.3 Emergency Entry and Relocation .....	16
10.4 Furnishings.....	16
10.5 Alterations by You.....	16
10.6 Refurbishment.....	16
10.7 Non-Smoking Policy.....	16
11. AMENDMENTS.....	16
11.1 This Agreement.....	16
11.2 All Agreements .....	17
11.3 Law Changes.....	17
12. MISCELLANEOUS LEGAL PROVISIONS.....	17
12.1 Residents Association.....	17
12.2 Private Employee of Resident .....	17
12.3 Resident Representations .....	18
12.4 Adjustments for Absences .....	18
12.5 Governing Law .....	18
12.6 Separability .....	18
12.7 Capacity .....	18
12.8 Residents .....	18
12.9 Nature of Rights.....	19
12.10 Release .....	19
12.11 Indemnity .....	19
12.12 Force Majeure .....	19
12.13 Entire Agreement.....	20
12.14 Tax Considerations .....	20
12.15 Security .....	20
12.16 Transfers .....	20
12.17 Responsible Party .....	20
12.18 Funeral and Burial Services.....	20
12.19 Arbitration.....	20
12.20 Acknowledgment of Receipt of Documents.....	23
12.21 Residency Agreement Terms.....	23
12.22 StoneRidge Residency Agreement Fee Summary.....	24

- EXHIBIT A: RESERVED
- EXHIBIT B: PAYMENT FOR HEALTH CENTER CARE SERVICES
- EXHIBIT C: ELECTION FOR FLEXIBLE DINING PROGRAM
- EXHIBIT D: ANCILLARY CHARGE ADJUSTMENTS
- EXHIBIT E: STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS
- EXHIBIT F: STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES
- EXHIBIT G: COMPLAINT RESOLUTION PROCESS
- EXHIBIT H: ACKNOWLEDGMENT OF RECEIPT OF RESIDENT HANDBOOK

## GLOSSARY

The following terms are described as used in the accompanying Agreement. Reference to the Agreement and the context in which the terms are used is recommended to provide a fuller understanding of each of the terms:

**"Aging-in-Community Policy"** refers to that policy issued by Stoneridge Senior Care, LLC ("SRSC," "we," "us," or "our") which outlines the requirements of the Resident to continue to live in a Residence at StoneRidge.

**"Agreement"** refers to this Residency Agreement between the Resident and SRSC which delineates the contractual obligations of SRSC to the Resident for accommodations, services, and amenities provided by SRSC.

**"Assisted Living Residency Agreement"** refers to that Agreement entered into between SRSC and the Resident prior to admission to the specially designated assisted living or memory care areas of the Health Center that outlines the service obligations to be provided in that area.

**"Avalon Health Care Center at StoneRidge"** refers to the specially designated rehabilitative care and nursing care area of the Health Center.

**"Clubhouse"** refers to the common areas housing the administrative office space, dining room(s), activity room(s), lounges, library, etc., located on the StoneRidge campus.

**"Disclosure Statement"** refers to that document that outlines in detail the services and amenities to be provided by SRSC.

**"Entrance Payment"** refers to the payment made to SRSC to assure you a residence in StoneRidge pursuant to terms and conditions of this Agreement.

**"Extra Charges"** refers to the charges payable in consideration for the additional services and amenities requested by Resident, as set forth in Section 2 of the Agreement that are in addition to those set forth in the Monthly Fee.

**"Financial Assistance Amendment to Residency Agreement"** refers to that amendment that allows the Resident to remain at StoneRidge in the event of a change in the Resident's financial condition.

**"Health Center"** refers collectively to the areas across StoneRidge's campus where assisted living, memory care, rehabilitative care and nursing care will be provided.

**"Health Center Admission Agreement"** refers to that agreement entered into between SRSC and the Resident prior to admission to the Health Center that outlines the service obligations to be provided in the specially designated rehabilitative care and nursing care area of the Health Center.

**"Health Center Care Services"** refers to the scope of services that may be provided in the Health Center, including assisted living care, memory care, rehabilitative care and nursing care.

**"Manager"** refers to Life Care Services LLC, d/b/a Life Care Services™, an Iowa limited liability company, who is engaged by SRSC to manage Stoneridge pursuant to the terms of a management agreement between such parties, as the same may be amended from time to time.

**"Medical Director"** refers to the physician identified by SRSC to assist in assuring that quality care is delivered in the Health Center. The Medical Director will also be called upon to assist SRSC, the Resident, and the Resident's family in determining the medical needs of the Resident of StoneRidge.

**"Monthly Charges"** refers to all those Monthly Charges payable by the Resident pursuant to the terms of the Agreement, including the Monthly Fee, the Extra Charges for additional services, the additional Monthly Charges for Health Center services, if any, and all other fees and charges payable monthly pursuant to the terms of the Agreement, as appropriate in the particular instance.

**"Monthly Fee"** refers to that monthly fee payable in consideration for the amenities and services provided to all residents, as set forth in Section 1 of the Agreement and the financial needs related to StoneRidge, as set forth in Section 6. The Monthly Fee includes a second person Monthly Fee if there are two Residents.

**"Occupancy"** refers to the earlier of the date Resident moves into StoneRidge or the date Resident pays the balance of the Entrance Payment, and pays the Second Person Fee (if applicable) to SRSC pursuant to this Agreement.

**"Personal Service Provider"** refers to a private employee, an independent contractor, or a licensed home health care agency that may be contracted by the

Resident to provide personal services requested or required by the Resident that are not covered by the Agreement.

**"Personal Service Provider Policy"** refers to the policy established by SRSC which sets forth the rules of conduct which must be followed by any Personal Service Provider providing services to residents of StoneRidge.

**"Rehabilitative Care"** refers to those short-term or temporary nursing care stays in Avalon Health Care Center at StoneRidge, where it is anticipated that the Resident will return to his/her Residence. A Rehabilitative Care stay may include medicine, drugs, prescribed therapy or other supplies and services charged to the Resident as an Extra Charge.

**"Residence"** refers to a residence at StoneRidge identified in the introductory paragraph of the Agreement in which the Resident is entitled to occupy a Residence pursuant to the Agreement in exchange for paying the Entrance Payment, the Second Person Fee (if applicable), the Working Capital Fee, and the Monthly Fee.

**"Residence Modification Agreement"** refers to that agreement between SRSC and the Resident which outlines the terms and conditions under which the Resident may make modifications to his/her Residence.

**"Residency Policy"** refers to that policy issued by SRSC which outlines the initial requirements of the Resident to live in a Residence at StoneRidge.

**"Resident"** or **"you"** refers to the Resident or Residents who execute the Agreement. Sometimes a second Resident (if there are two Residents) is referred to in the Agreement as the "second person." Unless otherwise indicated, "you" refers to both of you if there are two Residents.

**"Second Person Fee"** (if applicable) refers to the additional fee payable if there are two Residents.

**"StoneRidge"** refers to the senior living community including the Residences, the *HealthyLife*<sup>™</sup> Services Center, the Health Center, and all site amenities associated with these areas located in Mystic, Connecticut.

**"Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us")"** refers to Stoneridge Senior Care LLC, the operator of a *ContinuingCare*<sup>™</sup> senior living community which conducts business as StoneRidge, which includes the Residences,

Clubhouse, Health Center, common areas, and site amenities associated with these areas. SRSC is a Delaware limited liability company, qualified to do business in the State of Connecticut.

**"Transfer Policy"** refers to that policy issued by SRSC that outlines the process for a Resident to relocate to another Residence in StoneRidge.

**"Working Capital Fee"** refers to the one-time Fee paid by the Resident to SRSC at the time the balance of the Entrance Payment is paid.

**STONERIDGE  
TRADITIONAL RESIDENCY AGREEMENT**

This Traditional Residency Agreement (“Agreement”) is entered into by StoneRidge Senior Care, LLC, ("SRSC," "we," "us," or "our") and \_\_\_\_\_ (individually or collectively, "you," "your," or "Resident"). StoneRidge is a *ContinuingCare*<sup>™</sup> senior living community located in Mystic, Connecticut, whose purpose is to provide individuals of a qualifying age a way of living known as *ContinuingCare*.

StoneRidge provides quality residential housing for seniors along with a wide array of personal services and amenities outlined in this Agreement. Subject to the conditions contained in this Agreement, we agree to make available to you on a personal, non-assignable basis the residence (hereafter "Residence") described as follows:

Residence Number: \_\_\_\_\_  
Residence Style: \_\_\_\_\_

To be accepted for residency, you must meet our residency criteria which includes financial, age and appropriateness guidelines.

The purpose of this Residency Agreement is to set forth your rights and duties as a Resident of StoneRidge and to delineate the services to be provided at StoneRidge. Nothing herein is designed or intended to create a leasehold interest.

**1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS.** We will provide at StoneRidge, so long as you reside in the Residence, the following services and amenities, which are included in the Monthly Fee:

**1.1** Weekly housekeeping service;

**1.2** Weekly laundry service for personal flat linens;

**1.3** As part of StoneRidge's *HealthyLife*<sup>™</sup> *Services* Program, you may choose to participate in fitness, nutrition, active life, and well-being activities to enhance your lifestyle;

**1.4** A flexible meal program based on your selection of a dining program option on Exhibit C of this Agreement;

**1.5** Dietitian services are available for a limited period of time when ordered by your attending physician to assist in meeting special diet needs;

**1.6** Room service for up to 14 consecutive days per occurrence if ordered by the Health Care Navigator director or the director of nursing services;

**1.7** One (1) outdoor parking space per Residence;

**1.8** Twenty-four hour emergency call monitoring in your Residence;

**1.9** Security services;

**1.10** Priority Admission for assisted living, memory care, rehabilitative care and nursing care services in the Health Center as provided in Section 4;

**1.11** Water, sewer, utilities, and trash removal;

**1.12** Janitorial and maintenance services of buildings and Residences, including provided appliances;

**1.13** Carpeting in bedrooms and luxury vinyl in remaining areas of the Residence

**1.14** Complete kitchen, including refrigerator with icemaker, range/oven, garbage disposal, and dishwasher;

**1.15** Washer/dryer in Residence;

**1.16** Local transportation scheduled by us;

**1.17** Use of all common areas in StoneRidge;

**1.18** Fire detection system;

**1.19** Storage area; and

**1.20** Standard cable TV service to the Residence.

**2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.**

We may also make available at StoneRidge, at your request, for as long as you reside in a Residence at StoneRidge, at the then prevailing rates of Extra Charge, a current copy of which are set forth in Exhibit D:

**2.1** Scheduled nursing or personal care services in your Residence. You must be assessed to ensure such services are appropriate and that your condition is chronic and stable.

**2.2** Outpatient clinic services on-site for walk-ins and scheduled appointments during regularly scheduled hours;

**2.3** Care or treatment in the Health Center or Outpatient Treatment Center for physician services, medications, prescribed therapy or other similar services and supplies;

**2.4** Special events and transportation scheduled by you;

**2.5** Meals, food, and beverage services in excess of those provided in consideration for the Monthly Fee;

**2.6** Extended dietitian services;

**2.7** Extended room service beyond 14 days to your Residence when ordered by the director of nursing services or the residential health services director;

**2.8** Additional housekeeping;

**2.9** Personal laundry service in addition to personal flat linen laundry service;

**2.10** Guest rooms;

**2.11** Special activities and programs including services or programs offered under the *HealthyLife*<sup>TM</sup> Services Program; and

**2.12** Other services as may be provided from time to time.

**3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE.** You may reside in your Residence for as long as you live unless you are not capable of living in a Residence as set forth in our Aging-in-Community Policy, or this Agreement is canceled by you or by us. If, in the opinion of your attending physician or the Medical Director, your physical or mental health requires that assisted living memory care, rehabilitative care or nursing care services be provided, you will be offered the opportunity to relocate to the specially designated area of the Health Center where we are licensed to provide such care or to secure the services from a Personal Service Provider. You have the right to participate, as fully and meaningfully as you are able, in making the decision about a permanent move to any area of the Health Center. You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If there are two of you under this Agreement and one of you dies or relocates to the Health Center, or for some other reason is unable to occupy the Residence, the remaining person may continue to occupy the Residence under the terms of this Agreement.

**4. THE HEALTH CENTER.** SRSC will provide memory care services, assisted living, rehabilitative care and skilled nursing care services (hereafter also collectively known as "Health Center Care Services") in specially designated areas of the Community which altogether make up the Health Center (hereafter "Health Center").

**4.1 Health Center Care Services.** If, in the opinion of your attending physician or the Medical Director (after consultation with you to the extent possible and your responsible party, if any), you require Health Center Care Services in the Health Center, we will provide such care in the Health Center, and you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care offered. Such Health Center Care Services will be provided in a semi-private or private suite and this care will be limited to the extent authorized by SRSC's licenses issued from the Department of Public Health.

**4.2 Payment for Health Center Care Services.** Payment for Health Center Care Services provided by us in the Health Center will be in accordance with Exhibit B of this Agreement.

**4.3 Health Care Decisions.** You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If you choose to relocate to a health center not designated by us, you shall be solely responsible for the fees.

## **5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.**

**5.1 Entrance Payment.** To assure you a Residence in StoneRidge in accordance with all the terms of this Agreement, you will pay to us an Entrance Payment of \$\_\_\_\_\_. Payment of 10% of your Entrance Payment at the time of executing this Agreement will reserve your Residence referenced on page 1 of this Agreement. This 10% amount will be held in escrow pursuant to Connecticut law. A copy of the Entrance Payment Escrow Agreement will be available for your review upon your request. The balance of the Entrance Payment (an amount equal to 90% of the Entrance Payment), or \$\_\_\_\_\_, will be paid to us on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Payment of your Entrance Payment, Second Person Fee (if applicable), Working Capital Fee, and Monthly Charges (described below), entitles you to live in a Residence at StoneRidge. You may live in a Residence for as long as you are capable of living in a Residence and in the Health Center when you are no longer capable of living in a Residence as defined in our current Aging-in-Community Policy, and you will receive services that we are licensed to provide or we have contracted with another party to provide, all in accordance with the terms of this Agreement. Subject to the provisions of the Entrance Payment Escrow Agreement and our repayment obligations under Section 7 below, any non-repayable amounts paid to us as an Entrance Payment and Second Person Fee (if applicable) will be the unrestricted property of the SRSC, once it is earned by the SRSC, and may be used by the SRSC for any purpose unrelated to StoneRidge, at SRSC's sole discretion. SRSC may distribute any such funds to its ownership.

**5.2 Second Person Fee.** If there are two of you, a Second Person Fee of \$\_\_\_\_\_ will be paid to SRSC on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement.

**5.3 Working Capital Fee.** At the same time you pay the balance of the Entrance Payment and commence paying your Monthly Fee for your Residence, you will pay to us a Working Capital Fee that is an amount equal to two (2) times the

then-current Monthly Fee for your Residence (including a second person Monthly Fee if there are two of you). This is a one-time non-repayable charge.

## **6. MONTHLY CHARGES**

**6.1 Monthly Fee.** You will pay a Monthly Fee for accommodations, services and amenities provided under Section 1. The current Monthly Fee is \$\_\_\_\_\_ per month for one person and an additional \$\_\_\_\_\_ per month if there are two of you.

**6.2 Monthly Fee Changes.** Adjustments to the Monthly Fee are intended to cover the current and anticipated changes in the community's costs or as may be required by local, state or federal laws and regulations. We may adjust your Monthly Fee for current and anticipated Community Related Costs upon 30 days' advance written notice.

**6.3 Payment.** You will pay a pro rata portion of the Monthly Fee commencing on the earlier of (i) date of Occupancy or (ii) within 90 days of the date of our approval of this Agreement. Thereafter, your Monthly Fee will be payable each month in advance, upon receipt of a billing statement, including any Extra Charges for the additional services obtained during the preceding month.

**6.4 Late Payment.** A late payment charge will be assessed 30 days from the date of the billing statement at the rate of 1% per month on the total delinquent amounts due. Late payment charges will not be compounded in the total delinquent amounts computed for determining any late payment charge assessed in any succeeding month. The late payment charge will cease on the date we receive payment of the total delinquent amount. The 1% late payment charge is waived if payment is delayed due to slow processing by your supplemental insurance carrier. However, we do not waive our right to cancel this Agreement for nonpayment of fees subject to Section 9 of this Agreement.

**6.5 Cease Payment of Monthly Fee for Residence.** The Monthly Fee for your Residence will cease in accordance with Section 8 or 9 if you (or both of you if there are two of you) or we cancel this Agreement and in accordance with Section 8.4 if you die (or if there are two of you, the death of the survivor). In the event there are two of you who occupy the Residence and only one of you cancels this Agreement or dies, the second person Monthly Fee will cease and the remaining person will continue to pay the first person Monthly Fee.

## **7. REPAYMENT OF ENTRANCE PAYMENT.**

### **7.1 Repayment of Entrance Payment Prior to Assuming Occupancy.**

**7.1.1 Nonacceptance.** If we do not accept you for residency, we will repay to you the amount of the Entrance Payment you have paid, without interest, within 30 days of our notice to you of nonacceptance.

**7.1.2 Right of Rescission Period.** If prior to assuming occupancy you change your mind and you give us written notice of cancellation by registered or certified mail within 30 days following the date this Agreement is executed by you and us, this Agreement will be automatically canceled. In such event, we will repay to you the amount of the Entrance Payment you have paid without interest within 30 days of notice, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. You shall not be required to move into StoneRidge before expiration of the 30 day rescission period.

**7.1.3 Change in Condition.** If prior to occupancy (i) you (or either of you if there are two of you) die or become unable to occupy your Residence because of illness, injury, or incapacity or (ii) you elect to cancel this Agreement because of a substantial change in your physical, mental, or financial condition, upon our receipt of your written notice to us by registered or certified mail this Agreement will be automatically canceled. In such event, we will repay to you or your legal representative, without interest, the amount of the Entrance Payment you have paid to us within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement.

**7.1.4 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, and 7.1.3.** If prior to assuming occupancy you give us written notice of cancellation by registered or certified mail and neither Sections 7.1.1, 7.1.2, nor 7.1.3 are applicable, this Agreement will be canceled. In such event, we will retain the lesser of 2% of your Entrance Payment or \$1,000 from the amount of the Entrance Payment you paid, plus an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in an addendum to this Agreement, and the balance will be repaid to you, without interest, within 60 days of our receipt of your written notice of cancellation.

## **7.2 Repayment of Entrance Payment and Second Person Fee Following Occupancy.**

**7.2.1 Repayment Within First Four Months of Occupancy.** Within the first four months of your occupancy, except within the rescission period which will be handled according to Section 7.1.2 of this Agreement, should you or we cancel the Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident within the first four months of occupancy, 100% of the Entrance Payment you have paid, and the Second Person Fee if there are two of you, will be repaid to you pursuant to Section 7.3.

**7.2.2 Repayment After Four Months of Occupancy.** After the first four months of your occupancy, should you or we cancel this Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident, we will repay to you (or to your estate) the amount of the Entrance Payment paid by you, reduced by 20 percent (20%) earned by us upon the beginning of your fifth month of occupancy and two percent (2%) per full month of occupancy until the Entrance Payment is fully amortized. For purposes of calculating the repayment, amortization will begin on the fifth month of occupancy and will end when this Agreement is cancelled pursuant to Section 8 or 9 of this Agreement. The Second Person Fee (if applicable) is not repayable.

**7.3 Timing of Repayment.** Your repayment obligation shall be placed in a sequential queue for repayment upon the conclusion of (i) any cancellation notification period; (ii) receipt of your notice of vacancy from the Community; (iii) if any items have been left in the Community, the conclusion of our removal of all remaining items from the Residence.

We repay repayment obligations when new residents move into a previously occupied Residence at StoneRidge and the following criteria have been satisfied: (i) receipt of an Entrance Payment in full from the new resident; (ii) the 30-day rescission period for that sale by the new resident has expired; and (iii) there are no contractual repayment obligations uniquely bound to the resale of the residence being reoccupied.

There may be other repayment obligations ahead of you when your repayment obligation is placed in the repayment queue. We repay repayment obligations to the first person/estate in the repayment queue. After we have paid the first

person/estate's repayment obligation, we keep moving through the repayment queue in sequential order of when they were placed.

We will make a repayment to you/your estate, if applicable, within 14 days of receipt of an Entrance Payment(s) that include funds sufficient to repay your repayment obligation in full from the new residents as described above. At that time, we shall consider your repayment paid in full.

In the event your repayment obligation is greater than the incoming Entrance Payment collected, you shall remain at the top of the repayment queue and the balance shall be paid upon collection of the next eligible Entrance Payment received. Should the remaining balance exceed the second collected eligible Entrance Payment, this process shall continue until sufficient funds have been collected from Entrance Payments to fully repay your repayment obligation except that in no case shall the repayment be delivered later than 36 months from the date this Agreement is terminated or the conditions set forth herein for releasing the repayment have been met, whichever occurs first. We may offset against any repayment any amounts then due by you to us pursuant to Section 7.4.

**7.4 Right of Offset.** We have the right to offset against any amount of the Entrance Payment that is repayable, any Second Person Fee (if applicable) that is repayable, any unpaid Monthly Charges owed by you, any unreimbursed Health Center charges we have advanced on your behalf, any amounts deferred by us under Section 9.2, and any other sums owed by you to us. Any amounts owed by you to us will be payable with interest.

**7.5 Beneficiary Designation.** You may designate a beneficiary for receipt of any repayable portion of the Entrance Payment if the designation is in writing, is witnessed, is noncontingent, is specified in percentages and accounts for 100%, and has received our approval. An Assignment of Rights to Repayment may be obtained from the StoneRidge business office.

## **8. YOUR CANCELLATION RIGHTS.**

**8.1 Prior to Occupancy.** You may cancel this Agreement for any reason by giving us written notice executed by you (both of you, if there are two of you) and sent by registered or certified mail. If you give such notice, prior to your occupancy of StoneRidge, the cancellation will be effective as described in Section 7.

## **8.2 During First Four Months of Occupancy.**

**8.2.1 Written Notice.** During your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.2.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee, or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.2.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.2.6 Repayment of Entrance Payment.** If you give us written notice of cancellation during the first four months of your occupancy, your Entrance Payment will not amortize, providing you vacate your Residence or the Health Center, and remove all your furniture and other property within 120 days of giving notice; however, if you fail to vacate your Residence or the Health Center within 120 days, your Entrance Payment will amortize from the date you gave us written

notice of cancellation, until we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment will be repaid in accordance with paragraph 7.3.

### **8.3 After First Four Months of Occupancy.**

**8.3.1 Written Notice.** After your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.3.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.3.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.3.6 Repayment of Entrance Payment.** Your Entrance Payment will amortize as set forth in paragraph 7.2.2, and will stop amortizing upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii)

the date you vacate your Residence or the Health Center and remove all your furniture and other property. However, if you fail to vacate your Residence or the Health Center with 120 days, your Entrance Payment will amortize as set forth in paragraph 7.2.2, and will stop amortizing when we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment will be repaid in accordance with paragraph 7.3.

## **8.4 Death.**

**8.4.1 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.2 Removal of Property.** If removal of your furniture and other property is not accomplished within 30 days of your death (if there are two of you, the death of the survivor), we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.4.3 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease, upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.4 Remarketing of Residence.** After your death, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give notice to the executor of your estate or your legal representative in advance of any scheduled showing of your Residence. To the extent possible, we will give notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide any advance notice of showing, and your Residence will be considered released to us.

**8.4.5 Repayment of Entrance Payment.** Your Entrance Payment will amortize as set forth in paragraph 7.2.2 and will stop amortizing upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence or the Health Center, if applicable, and removal of all your

furniture and other property. Your Entrance Payment will be repaid in accordance with paragraph 7.3.

## **9. OUR CANCELLATION RIGHTS.**

**9.1 Just Cause.** After we have accepted you for residency, we will not cancel this Agreement except for just cause. Just cause is defined as:

**9.1.1 Nonpayment.** Except as set forth below, nonpayment of fees or charges; or

**9.1.2 Failure to Comply.** You do not comply with the terms of this Agreement or the published operating procedures, covenants, rules, regulations, and policies now existing or later amended by us; or

**9.1.3 Threat to Health or Safety.** Health status or behavior which constitutes a substantial threat to the health or safety of yourself or others, including your refusal to consent to relocation which presents a danger of physical damage to the property of others; or

**9.1.4 Change in Condition.** There is a major change in your physical or mental condition that would preclude caring for you in the Health Center within the limits of our license.

**9.2 Financial Difficulty.** If, after you have paid the Entrance Payment, you encounter financial difficulties making it impossible for you to pay the full Monthly Charges, then:

**9.2.1 Permitted to Stay.** You shall be permitted to remain at StoneRidge for 120 days after the date of failure to pay, during which time you shall continue to pay reduced Monthly Charges based on your current income. Pursuant to Section 7.4, any amounts owed by you to us will be payable with interest;

**9.2.2 Terms of Stay.** After the 120 days, you shall be permitted to remain at StoneRidge at reduced Monthly Charges based on your ability to pay for so long as you establish facts to justify deferral of such charges, and the deferral of such charges can, in our sole discretion, be granted without impairing our ability to operate on a sound financial basis. This provision shall not apply if you have impaired your ability to meet your financial obligations hereunder, after assuming

residency, other than to meet ordinary and customary living expenses, or by not maintaining Medicare Part A, Medicare Part B, and/or supplemental insurance coverages. To evidence these agreements based on the circumstances at the time, you agree to enter into a special Financial Assistance Amendment to Residency Agreement with us at the time of any such deferrals to reflect the deferred charges currently payable and the interest rate to be applied to the deferrals and to provide us with a perfected first security interest in your Entrance Payment repayment rights (if applicable). Any payments otherwise due to you from us, including the repayment of your Entrance Payment (if applicable), will be offset against any such deferred charges; and

**9.2.3 Guarantor.** Sections 9.2.1 and 9.2.2 are not applicable if, to initially qualify for residency at StoneRidge, a third party(ies) with adequate resources agreed in writing, prior to your acceptance for residency, to guarantee payment of your obligations and is fulfilling their obligations pursuant to a Guaranty of Fees and Other Payments under the Residency Agreement.

**9.3 Notice of Cancellation.** Prior to any cancellation of this Agreement by us, we will give you notice in writing of the reasons, and you will have 60 days thereafter to correct the problem. If we determine that the problem is corrected within such time, this Agreement shall remain in effect. If we determine that the problem is not corrected within such time, you must leave StoneRidge within 30 days after we notify you of our determination. You will continue to pay your Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished, we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your Entrance Payment will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Entrance Payment will be repaid in accordance with paragraph 7.3.

**9.4 Emergency Notice.** Should your continued residency pose an imminent threat of serious harm to you or other residents, and the Medical Director determines that either the giving of notice or the waiting period described above might be detrimental to you or other residents, then such notice and/or waiting period shall not be required before relocation to a hospital or other appropriate facility. If there is one of you under this Agreement, we are expressly authorized to transfer you to such hospital or other facility, and we will promptly notify your responsible

party and your attending physician. After transferring you to such hospital or other facility, we will provide you with a notice of cancellation if you will be unable to return to the Health Center or your Residence at StoneRidge. You will continue to pay the Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your Entrance Payment will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Entrance Payment will be repaid in accordance with paragraph 7.3. If there are two of you under this Agreement, and one of you is transferred to a hospital or other appropriate facility under the circumstances described in this section, the other person may continue to occupy the Residence or the Health Center under the terms of this Agreement as the first person. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility.

## **10. MISCELLANEOUS PRO-VISIONS WITH RESPECT TO YOUR RESIDENCE.**

**10.1 Use of Residence.** The Residence is for living only and shall not be used for carrying on any business or profession, nor in any manner in violation of zoning restrictions. This Agreement is not a lease, and entitles you only to the lifetime use of the Residence and other amenities of StoneRidge and to available services, subject to the terms and conditions of this Agreement.

**10.2 Occupants of Residence.** Except as hereinafter provided, no person other than you (or both of you if there are two of you) may occupy the Residence except with our express written approval. In the event that a second person who is not a party to this Agreement wishes to be accepted for residency under this Agreement, after the date we execute this Agreement, said second person's acceptance will be based upon our then-current Residency Policy. If accepted, payment of the then-current Second Person Fee (if applicable) as determined by us, and payment of the then-current additional Monthly Charges for second persons shall be due. If such second person does not meet the requirements for residency, such second person will not be permitted to occupy the Residence for more than 30 days (except with our express written approval).

**10.3 Emergency Entry and Relocation.** We may enter your Residence should it be necessary in an emergency to protect your health or safety or the health or safety of other residents. Should it be necessary to modify facilities to meet the requirements of any applicable law or regulation which necessitate temporarily vacating your Residence, we will provide alternate facilities for you without Extra Charge within or outside StoneRidge. Further, if relocation is recommended by the Medical Director or your attending physician, we will request that you relocate to another Residence within StoneRidge or to the Health Center for the protection of your health or safety or for the health or safety of the other residents of StoneRidge. SRSC recognizes your right to participate in making decisions about a permanent move to assisted living or skilled nursing.

**10.4 Furnishings.** Furnishings within the Residence will be provided by you except as listed in Sections 1.13, 1.14, and 1.15. Furnishings provided by you shall not interfere with the health or safety of you or other residents or others.

**10.5 Alterations by You.** You may undertake alterations to your Residence with our prior written approval as set forth in a separate Residence Modification Agreement.

**10.6 Refurbishment.** Customary and normal refurbishment costs of your Residence will be borne by all residents of StoneRidge as part of the Monthly Fee. Any necessary refurbishment costs beyond those which are customary and normal are your responsibility and will be offset against any amount of the Entrance Payment that is repayable. Further, should you relocate to another residence in StoneRidge, you may be subject to a transfer fee as set forth in our current Residence Transfer Policy.

**10.7 Non-Smoking Policy.** Smoking is prohibited everywhere on its campus. Smoking is not allowed in your Residence, or anywhere else in the building. Because smoking is not allowed in any interior spaces, including your Residence, damage to the Residence caused by smoking by you or your visitors is not considered normal wear and tear and will be charged for accordingly.

## **11. AMENDMENTS.**

**11.1 This Agreement.** This Agreement may be amended by agreement of the parties to this Agreement (subject to any necessary regulatory approval). No

amendment of this Agreement will be valid unless in writing and executed by you and us.

**11.2 All Agreements.** In addition, with the approval of (i) at least 67% of the residences with one vote per residence who have this type of residency agreement in StoneRidge, and (ii) us, all residency agreements of this type, may be amended in any respect; provided, however, that no such amendment shall:

**11.2.1** Reduce the aforesaid percentage of residences which is required to consent to any such amendment; or

**11.2.2** Permit the preference or priority of any residence over any other residence without the consent of each residence.

Upon our approval and upon our receipt of evidence of the approval of at least 67% of the residences with one vote per residence, such amendment shall be effective and any designated residency agreements, which may include this Agreement, shall automatically be amended. Accordingly, any of the terms of this Agreement may be amended, including the scope and type of services provided, upon our approval and approval of at least 67% of the residences with one vote per residence.

**11.3 Law Changes.** This Agreement may be modified by us at any time in order to comply with applicable federal or state laws or regulations.

## **12. MISCELLANEOUS LEGAL PROVISIONS.**

**12.1 Residents Association.** Residents shall have the right to organize and operate a Residents Association at StoneRidge and to meet privately to conduct business of the Residents Association. It is our policy to encourage the organization and operation of a Residents Association.

**12.2 Private Employee of Resident.** If you need additional services, you can obtain these needed services from a private employee, an independent contractor, or through an agency ("Personal Service Provider"). In such instances, we strongly advise you to obtain these needed services from a licensed and/or certified home health agency. In any event, you must comply with our policy regarding Personal Service Providers and ensure that he/she/they complies with our policies and rules of conduct as set forth in our Personal Service Provider Policy. If you fail

to follow or enforce the rules set forth in the Personal Service Provider Policy, then we may elect at our sole option to cancel this Agreement.

**12.3 Resident Representations.** By executing this Agreement, you represent and warrant that: (i) you will be least 62 years of age or older at the time of residency or you will share your Residence with another person who will be 62 years of age or older at the time of residency; (ii) you are capable of living in your Residence in accordance with StoneRidge Residency Policy; (iii) you have assets and income which are sufficient under foreseeable circumstances and after provision for payment of your obligations under this Agreement to meet your ordinary and customary living expenses after assuming occupancy; and (iv) all written representations made to us with respect to such matters by you or on your behalf during the residency process are true.

**12.4 Adjustments for Absences.** You will receive a credit toward your Monthly Fee if you are absent from StoneRidge for more than 30 consecutive days. The amount of the credit shall be determined by us in our sole discretion based on our then-current policy regarding absences from StoneRidge.

**12.5 Governing Law.** This Agreement will be interpreted according to the laws of the State of Connecticut and will become effective upon acceptance and execution by us. The Glossary which sets forth the definitions of certain terms used in this Agreement is by this reference incorporated herein and made a part of this Agreement.

**12.6 Separability.** The invalidity of any restriction, condition, or other provision of this Agreement, or any part of the same, shall not impair or affect in any way the validity or enforceability of the rest of this Agreement.

**12.7 Capacity.** This Agreement has been executed by our duly authorized agent, and no member, officer, director, agent, or employee of ours shall have any personal liability to you hereunder under any circumstances. This Agreement will become effective upon acceptance and execution by us.

**12.8 Residents.** When Resident consists of more than one person, the rights and obligations of each are joint and several, except as the context of this Agreement otherwise requires.

**12.9 Nature of Rights.** You understand and agree that (i) this Agreement or your rights (including the use of the Residence) under it may not be assigned, and no rights or benefits under this Agreement shall inure to the benefit of your heirs, legatees, assignees, or representatives, except as to repayment of the amounts described in Section 7; (ii) this Agreement and your contractual right to occupy StoneRidge will exist and continue to exist during your lifetime unless canceled as provided herein; (iii) this Agreement grants you the right to occupy and use space in StoneRidge but does not give you exclusive possession of the Residence against us; (iv) you will not be entitled to any rights of specific performance but will be limited to such remedies as set forth herein and as provided by continuing care law; (v) this Agreement is not a lease or easement and does not transfer or grant you any interest in real property that comprises StoneRidge; and (vi) this Agreement grants to us complete decision-making authority regarding the management and operation of StoneRidge.

**12.10 Release.** We are not responsible for loss of or damage to your personal property, unless such loss or damage is caused by our negligence or the negligence of our agents or employees, and you hereby release us from any such liability. You may want to obtain, at your own expense, insurance to protect against such losses.

**12.11 Indemnity.** To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless, from claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional act or omission.

**12.12 Force Majeure.** The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which is not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided ("Force Majeure Event"), including, but not limited to, war, rebellion, natural disasters (including floods, earthquake, fire, hurricanes, windstorms, tornadoes), accident, strike, riot, civil commotion, act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with

notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as it is reasonably practicable, in compliance with all applicable law and consistent with reasonably prudent business practice. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section.

**12.13 Entire Agreement.** This Agreement and any addenda or exhibits hereto contain our entire understanding with respect to your residency.

**12.14 Tax Considerations.** Each person considering executing this Agreement should consult with his or her tax advisor regarding the tax considerations associated with this Agreement.

**12.15 Intentionally omitted.**

**12.16 Transfers.** We may from time to time issue additional equity interests or sell or transfer interest in StoneRidge, provided that, in such later event, the buyer will agree to assume this Agreement and all other existing Residency Agreements. In addition, we may sell or otherwise transfer the land or other portions of StoneRidge. Your signature hereto constitutes your consent and approval to any such future transfer.

**12.17 Responsible Party.** You agree to execute and deliver to us within 60 days after assuming occupancy in your Residence, a Durable Power of Attorney, trust documents, or other documentation naming a responsible party for business and financial decision-making. These documents should be drafted to remain effective notwithstanding your incompetence or disability and will be in a form acceptable to us. You agree to keep such documents in effect as long as this Agreement is in effect. The person(s) named as your responsible party will not be a person(s) employed by us or any other entity engaged in the management of StoneRidge.

**12.18 Funeral and Burial Services.** No funeral or burial services or expenses are provided by us pursuant to this Agreement.

**12.19 Arbitration.** It is understood that any and all disputes between the Resident and StoneRidge, its owners, operators, officers, directors, administrators,

staff, employees, agents, and any management and administrative services company, and all related entities and individuals, their staff, personnel, employees, owners, officers, directors, members, and agents that provide services to the Community that relates to the provision of care, treatment and services the Community provides to the Resident, including any action for injury or death arising from intentional torts, statutory causes of action, negligence, and medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered shall be determined by submission to binding arbitration and not by lawsuit or resort to court process. This provision shall be binding for any and all disputes arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community, except for disputes pertaining to collections or evictions. This provision is binding on all parties hereto, including the Community, the Resident, the Resident's representatives, agents, responsible party, conservators, executors, family members, successors in interest and heirs, as well as anyone who may have a claim arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community.

If this Agreement is signed by someone other the Resident, including the Resident's representative, agent, responsible party, conservator, executor, family member, successor in interest and heir said person is doing so not only in their representative capacity for the Resident, but also in their individual capacity and thus agree that any and all claims brought individually by any such person(s) are also subject to binding arbitration.

The parties to this Agreement are giving up their Constitutional right to have any and all disputes decided in a court of law before a jury, and instead are accepting the use of binding arbitration. By signing this Agreement, the parties waive their right to commence and/or be a party to any class or collective action in any court against the other party relating in any manner to the Resident's residency at the Community. Further, the parties waive their right to commence or be a party to any group, class, or collective action claim in arbitration or any other forum.

Submitting to this provision is not a precondition to receiving medical treatment, care, services and/or for admission to the Community and is not a requirement to continue to receive medical treatment, care, and services at the Community. You may rescind your agreement to arbitrate by written notice to the Community within thirty (30) days of signature. This agreement to arbitrate shall not

be discharged by the death of any party hereto, nor by the termination of the Residency Agreement, nor by the Resident ceasing to reside at the Community.

This provision shall have retroactive effect. It is agreed by and between the parties hereto that this provision covers services rendered before the date this contract is signed, thus making this provision effective as of the date of the Resident's first admission to the Community.

This Agreement relates to the Resident's admission to the Community and the Community participates in Medicare programs and/or procures supplies from out of state vendors. The parties, therefore, agree that the underlying admission to the Community involves interstate commerce. The parties further agree that this arbitration provision is to be governed by the Federal Arbitration Act and the procedural rules set forth in the Federal Arbitration Act (9 U.S.C. Sections 1-16) shall govern any petition to compel arbitration and shall preempt any inconsistent State law. While the parties agree that this provision shall be governed by the procedural rules set forth in the Federal Arbitration Act, the parties further agree that the substantive law of the State where the Community is located shall apply to any and all claims.

The parties desire to have any and all disputes submitted to binding arbitration and do not want any claims not subject to arbitration to impede any and all other claims from being ordered to binding arbitration.

The parties are to mutually agree on the appointment of a single neutral arbitrator who routinely conducts mediations and/or arbitrations in the State where the Community is located and agree that discovery will be conducted pursuant to the discovery rules set forth by the arbitrator. Should the parties be unable to mutually agree upon the appointment of a single neutral arbitrator the Federal Arbitration Act shall govern the appointment of the arbitrator. The arbitration shall be venued in a location convenient for all parties, normally the county or region where Community is located.

The expenses and fees of the arbitrator shall be apportioned equally among all parties except as otherwise permitted or required by law.

If any portion of this provision is held invalid, such holding shall not impact the validity of the remaining content of this provision. Any such invalid portion shall be severed from this provision.

The Resident and/or the person executing this Agreement certifies that he/she has read this provision, understands this provision, it has been explained to them in a manner he/she understands, has been given a copy of this provision, and affirmatively represents that he/she is duly authorized by virtue of the Resident's consent, instruction and/or durable power of attorney, to execute this Agreement and accept its terms on behalf of the Resident and acknowledges that the Community is relying on the aforementioned certification. Further, if the person executing this Agreement is someone other than the Resident, you knowingly do so not only in your representative capacity for the Resident, but also in your individual capacity and thus agree that any and all claims brought individually by you are also subject to binding arbitration.

**12.20 Acknowledgment of Receipt of Documents.** You hereby certify that you (i) received a copy of this Agreement, (ii) received a copy of our most current Disclosure Statement, and (iii) have been permitted to inspect any additional relevant materials requested to be reviewed by you or your representatives prior to executing this Agreement. Included in this Agreement are the following:

**12.20.1** Schedule of Ancillary Charges attached as Exhibit D;

**12.20.2** Statement of CCRC Resident Health Care Rights and Protections attached as Exhibit E;

**12.20.3** Statement of Rights of Residents Receiving Assistance in Living Services attached as Exhibit F;

**12.20.4** Complaint Resolution Process attached as Exhibit G; and

**12.20.5** Acknowledgement of Receipt of Resident Handbook attached as Exhibit H.

**12.21 Residency Agreement Terms.** You hereby certify that you have executed the following exhibits and that, unless stipulated otherwise, the selections made by you shall govern for the term of this Residency Agreement. By your initials below, you have executed the following exhibits:

**Exhibit B – Payment for Health Center Care Services**

\_\_\_\_\_ ContinuingCare™ Reduced Health Center Fees Plan

**Exhibit C – Election for Flexible Dining Program:**

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

**12.22 StoneRidge Residency Agreement Fee Summary.**

**Initial Payment of the Entrance Payment** (equal to 10% of the Entrance Payment, which is to be paid upon executing this Agreement )

\$\_\_\_\_\_

**Balance of the Entrance Payment** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to 90% of Entrance Payment)

\$\_\_\_\_\_

**Total Entrance Payment**

\$\_\_\_\_\_

**Second Person Fee** (to be paid within (90) days of the date of our approval of this Agreement or upon occupancy, whichever is earlier)

\$\_\_\_\_\_

**Working Capital Fee** (to be paid within 90 days of the date of our approval of this Agreement or upon occupancy, whichever is earlier, equal to two (2) times the Monthly Fee including a second person Monthly Fee, if applicable)

\$\_\_\_\_\_\*

**Monthly Fee** \$\_\_\_\_\_\*

**Second Person Monthly Fee**  
(if applicable) \$\_\_\_\_\_\*

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

06/30/2025



Traditional Residency Agreement (2025-06-30)

\_\_\_\_\_  
Residence Type

\_\_\_\_\_  
Residence Number

**EXHIBIT A**

**RESERVED**

# **EXHIBIT B**

## **PAYMENT FOR HEALTH CENTER CARE SERVICES**

## EXHIBIT B

### PAYMENT FOR HEALTH CENTER CARE SERVICES REDUCED HEALTH CENTER FEES PLAN

**1. First 90 Days of Health Center Care Services.** Memory care, rehabilitative care, and nursing care services will be provided in a private or semi-private suite in the Health Center at a discounted rate for 90 cumulative days for you (90 days for each of you if there are two of you) but the allowance for one Resident cannot be used by the other. During your first 90 cumulative days of memory care, rehabilitative care, or nursing care services, you shall receive a 50% discount from the per diem charge for care in the Health Center. If your stay in the Health Center is fully covered as a Medicare-qualified stay, the discounted 90 cumulative days offered per Resident in this paragraph will not take effect until the termination of your Medicare-qualified stay. While in the Health Center the Monthly Fee for your Residence will continue as before. Further, whether you release or retain your Residence while you are in the Health Center, you will not be entitled to repayment of your Entrance Payment.

**[NOTE: The (90) cumulative days at 50% is the total number of days allowed per Resident during your lifetime for a combined total for assisted living memory care, rehabilitative care and nursing care in the Health Center. After the (90) cumulative days are exhausted, your care will be in accordance with Sections 2 or 3 below, as applicable. Assisted living care in the Health Center is not eligible for (90) cumulative days at 50%. Instead, you will receive a 10% discount on the per diem charge for all assisted living care in the Health Center.]**

**2. More Than 90 Days of Health Center Care Services When There is One of You.** If you require Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether you choose to release or retain your Residence.

**2.1 Release Residence When There is One of You.** If you choose to release your Residence for occupancy by someone else, the Monthly Fee for your Residence will cease upon the date all of your furniture and other property have been removed from your Residence. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charges for your care in the Health Center. If removal of your furniture and other property is not accomplished within 30 days of your

determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**2.2 Retain Residence When There is One of You.** If you choose to retain your Residence, the Monthly Fee for your Residence will continue. You will receive a meal credit for one meal per day. You will also pay the charges for your Health Center Care Services. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charge for your care in the Health Center.

**3. More than 90 Days of Health Center Care Services When There are Two of You.** If there are two of you and one of you requires Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether one or two of you require Health Center Care Services and whether you choose to release or retain your Residence.

**3.1 Retain Residence When There are Two of You and Only One of You Requires Care.** If there are two of you and one of you requires Health Center Care Service, you shall pay the Monthly Fee for the Residence and the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The second person Monthly Fee for the Residence shall cease.

**3.2 Retain Residence When Two of You Require Health Center Care Services.** If there are two of you who require Health Center Care Services and you choose to retain your Residence, the then-current first person and second person Monthly Fees will continue. You will also pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. In addition, you shall receive a meal credit for your absence in the Residence.

**3.3 Release Residence When Two of You Require Health Center Care Services.** If you choose to release your Residence for occupancy by someone else, you will pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The first and second person Monthly Fees for your Residence will cease upon the date all your furniture and other property have been removed from your Residence. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**4. Alternate Accommodations.** You shall be given priority over non-residents for admission to the Health Center. In the event you need assisted living, memory care, rehabilitative care, or nursing care and the Health Center is fully occupied, you will be provided care at another comparable health care facility. Upon your relocation, you shall continue to be responsible for the charges set forth in the Residency Agreement and this Exhibit B herein. To the extent we would be liable for your care and accommodations in the Health Center under this Agreement, we will be responsible for the charges associated with alternate Health Center Care Services. Such accommodations will be comparable to that provided at the Health Center. You agree to relocate to the Health Center when a suite becomes available. However, should you need care which SRSC is not licensed to provide or which the Health Center does not have the appropriately trained staff to provide, or does not routinely provide, you agree to relocate to a facility that can provide you with the appropriate level of care. We will not be responsible for the charges for this higher level of care or private duty care.

**5. Return to Residence.** If you release your Residence because you have moved to the Health Center, and if later you are able, in the opinion of the Medical Director or your attending physician with the concurrence of the Medical Director, to return to a Residence, we will provide you a Residence of the same type as your previous Residence as soon as one becomes available. Upon reoccupying a Residence, your Monthly Fee will be based on the then-current Monthly Fee for the Residence.

**6. Medical Director and Ancillary Services.** A member in good standing of the New London County Medical Association will be designated to act as Medical Director for StoneRidge. You will be at liberty to engage the services of the Medical Director or the services of a physician of your choice at your own expense. We will not be responsible for the charges for medical treatment by the Medical Director, or any other physician, nor will we be responsible for the charges for medicine, drugs, prescribed therapy, and other similar services and supplies. In the event we incur or advance charges for your medical treatment or for medicine, drugs, prescribed therapy, pharmaceutical supplies, personal laundry, rental of equipment, and other similar services and supplies, you will reimburse us for such charges.

**7. Non-Resident Use of the Health Center** SRSC will offer Health Center Care Services in the Health Center to qualified non-residents for a fee, to the extent suites are available and as allowed by Connecticut law. However, Residents of StoneRidge will be given priority access to available suites.

**8. Long-Term Care Insurance.** We will use reasonable efforts to assist you in working with your long-term care insurance provider to obtain the benefits to which you may be entitled.

**9. Health Care Outside StoneRidge.** In the event you receive care, or choose to receive care at another health care facility not designated by us, we will not be responsible for the charges incurred there by you.

**10. Assisted Living Residency Agreement or Health Center Admission Agreement.** If you require Health Center Care Services in the Health Center, you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care needed. The Agreement to be executed by you or your designated party and SRSC will be available for your review prior to move-in.

**11. Under Age 62.** Pursuant to our Residency Policy, if you are under age 62 when you occupy a Residence under this Agreement, you shall be entitled to care in the Health Center. However, you will be charged the then-current per diem rate being charged to non-residents until you attain the age of 62.

**[NOTE: Sections 12 through 13.5 are applicable only to rehabilitative care and nursing care offered in the Avalon Health Care Center at StoneRidge.]**

**12. Supplemental Insurance.** You are required to maintain Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to us to assure your ability to fully cover a Medicare-qualified stay in the Health Center. Such supplemental insurance should cover Medicare co-insurance and deductibles. You shall furnish to us such evidence of coverage as we may from time to time request. Should your supplemental health insurance or equivalent coverage not fully cover a Medicare-qualified stay in the Health Center, or should you fail to purchase supplemental health insurance or equivalent coverage to fully cover a Medicare-qualified stay in the Health Center, you shall be financially responsible for paying to SRSC deductibles, co-insurance amounts, and any other charges for each Medicare-qualified stay in the Health Center. If you are eligible to receive the discount provided in Sections 1, 2 or 3 of this Exhibit B, as applicable, and your stay in the Health Center is a Medicare-qualified stay, such discount will be applied after the expiration of your Medicare-qualified stay providing you have Medicare Part A, Medicare Part B, and acceptable supplemental health insurance or equivalent insurance coverage. If failure to

maintain Medicare Part A, Medicare Part B, or supplemental health insurance is causing depletion of your resources and impairs your ability to meet your financial obligations, we need not defer your financial obligations as provided in Section 9.2 of the Agreement, and we retain the right to revoke your entitlement to reside at StoneRidge and we retain the right to cancel this Agreement as provided in Section 9 of the Agreement.

**13. Managed Care.** If you have chosen to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage, the terms governing Health Center care will be as follows:

**13.1 Participating Provider.** If we are a participating provider with your managed care program and your stay is a Medicare-qualified stay, we will agree to accept, as full payment, reimbursement at the rate we negotiate with your managed care program. Such a managed care stay in the Health Center will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.2 Not a Participating Provider.** If we are not a participating provider with your managed care program and you choose to receive health care services at a managed care participating provider during a Medicare-qualified stay, then you understand and agree that you must relocate for as long as necessary for those services, and be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, you understand and agree that unless this Agreement is cancelled, you will continue to pay the Monthly Fee for your Residence. Such a Medicare-qualified stay at a managed care participating provider other than StoneRidge will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If we are unable to negotiate an acceptable rate and you choose to receive Health Center Care Services in the Health Center, you agree to be responsible for all charges for care in the Health Center, as set forth in Section 13.4 of this Exhibit B.

**13.3 Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and you would still like to receive health care services in the Health Center during a Medicare-qualified stay, we will attempt to negotiate an acceptable reimbursement rate with your managed care program. If we are able to negotiate an acceptable rate, we will agree to accept as full payment the rate provided by your managed care program. Such a managed care stay in the

Health Center will not reduce the discount towards the per diem charge that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.4 No Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and a negotiated rate is not agreed upon between us and your managed care program and you would still desire to receive health care services in the Health Center during a Medicare-qualified stay, then each day of your stay in the Health Center will be paid pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If you choose to retain your Residence, the Monthly Fee for your Residence will continue. In addition, you will pay meal charges for meals that are in excess of those provided for by the Monthly Fees at the then-current charges for meals and any additional services as described in Section 6 of this Exhibit B.

**13.5 Post Medicare-Qualified Stay.** At the conclusion of each such Medicare-qualified stay, you will be entitled to health care services in the Health Center in accordance with the terms of this Agreement other than as set forth in this Section 13, as adjusted to reflect any reduction during such stay in the discounts that you are eligible to receive as provided in Sections 1, 2 or 3 of this Exhibit B, as applicable.

**EXHIBIT C**

**DINING PLAN SELECTION FORM**

## EXHIBIT C

### ELECTION FOR FLEXIBLE DINING PROGRAM

As a commitment to promote the flexibility of resident lifestyles at StoneRidge, we are offering two distinct dining allocations under our flexible dining program for residents. For more information on the Dining Program, please refer to the Resident Handbook.

1. **Standard Plan.** Selection of the Standard Plan includes the full meal allocation at the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points

**Published Monthly Fee:** \$ \_\_\_\_\_

2. **Alternative Plan.** Selection of the Alternative Plan includes a lesser meal allocation for a discount off the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points per person

**Total Published Monthly Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**Total Discounted Monthly Fee:** \$ \_\_\_\_\_

3. **Resident's Selection of the Dining Plan.** Upon review of the available dining plan options, you have selected:

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

4. **Term and Renewal of Selection.** The rates described above shall be valid until [Date of Enrollment Term]. Upon occupancy, your selection will be valid through the end of the initial term. Prior to each new annual term, we shall offer you the chance to change your selection or continue with the plan previously chosen. If a Dining Plan Election Form is not delivered to us by the annual renewal date, your previous selection will be renewed.

5. **Changes to Dining Plan Options.** We reserve the right to change the available options and scope of services provided to Residents, upon written notice, in accordance with Residency Agreement. This may include the withdrawal or cancellation of alternative dining plans and discounts.

## EXHIBIT D



### Ancillary Charge Adjustments Effective January 1, 2025

Service	Charge
Additional Meal Points by Resident	\$1.45 per point overage
Guest Meal in Health Center or Cottage - Dinner	\$22.00
Guest Meal in Health Center or cottage– Breakfast or Lunch	\$15.00
Picnic and Holiday Meal Charges for Guests: (New Year’s Day, Easter, Mother’s Day, Thanksgiving, Christmas)	Points determined per event
Meal Credit (per Resident Absence Policy)	\$7.75
Guest Suite Apartment (as available) (non-smoking, no pets)	\$190.00 (per night, includes tax)
Guest Room (non-smoking, no pets)	\$150.00 (per night, includes tax)
Cot Rental	\$15.00 (per visit)
Postage Meter	Billed at cost
Fax Machine	\$0.50 cents per page
Copy machine	\$0.25 cents per black and white copy/\$0.50 per color copy
FOB Replacement	\$25.00
Key Replacement	\$30.00
Activities	Billed at cost
Special Housekeeping Services	\$10.00 per 15-minute increments
Special Maintenance Service/IT Services	\$12.50 per 15-minute increments \$12.50 per 15-minute increments
Notary Service	\$7.00 (per document)
Medical and other Transportation outside of standard schedules	\$30.00 (pay per service per hour, plus mileage if applicable)



**Ancillary Charge Adjustments Continued**  
**SAIL Services**

<b>Service</b>	<b>Charge</b>
CNA Services	\$10.50 per quarter hour
Licensed Nurse Services	\$30.00 per quarter hour
Shower	\$35.00 for the first 30 minutes. If shower exceeds 30 minutes, CNA Services charge per quarter hour will apply for each quarter hour after 30 minutes
Medication Reminder Services from CNA (no personal care included)	\$9.50 per reminder
Medication Pour (in a cassette by a nurse)	\$65.00 per pour

## EXHIBIT E

### STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS

1. A provider shall not prevent or otherwise infringe upon a resident's right to obtain treatment, care and services, including, but not limited to, home health and hospice care, from persons providing health care who have not entered into a contract with or are not affiliated with the provider, subject to the provider's policies and procedures for protecting the health and safety of residents.
2. Residents at a continuing-care retirement facility receiving assisted living or skilled nursing services shall be entitled to all rights and protections afforded under the law, including the right to refuse medications and treatments. A provider shall not prevent or otherwise infringe upon a resident's right to participate, as fully and meaningfully as the resident is able, in making the decision about a permanent move to an assisted living facility or skilled nursing care unit. A provider shall inform family members designated by the resident of the resident's medical condition and care plan. A provider shall not prevent or otherwise infringe upon a resident's right to refuse medications and treatments.
3. Each provider operating a facility shall make reasonable accommodations, in accordance with the American with Disabilities Act, *42 UCS 12101*, et seq., the Fair Housing Amendments Act of 1988, *42 USC 3601*, et seq., and *section 46a-64c of the Connecticut general statutes* to ensure that services and notices are accessible and communicated to residents who have hearing loss, low vision or other disabilities.
4. Each resident of a continuing care retirement facility is entitled to:
  - a. A voice in all decisions affecting the resident's health, welfare and financial security;
  - b. Transparency regarding the financial stability of the provider operating the facility at which the resident resides;
  - c. Timely notification of developments affecting the facility, including but not limited to (i) ownership changes of the provider operating the facility (ii) a change in the financial condition of the provider

operating the facility, and (iii) construction and renovation at the facility.

- d. Independence in decisions regarding medical care and assisted living services; and
- e. Reasonable accommodations for persons with disabilities.

## **EXHIBIT F**

### **STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES**

#### **STONERIDGE RESIDENTS' BILL OF RIGHTS**

As a resident of this Community, you have the right to:

- A clean, safe and habitable private residential apartment;
- Be treated with consideration, respect and due recognition of your personal dignity, individuality and the need for privacy;
- Privacy within your apartment, subject to the Community's rules reasonably designed to promote your health, safety and welfare;
- Retain and use your personal property within your apartment so as to maintain your individuality and personal dignity, provided that your use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- Treat your apartment as your home and have no fewer rights than any other resident of the state, including but not limited to 1) associating and communicating privately with persons of your choice, 2) purchasing and using technology of our choice, including but not limited to technology that may facilitate virtual visitation with family and others, provided that the operation and use of the technology must not violate an individual's right to privacy under state or federal law, and 3) engaging in other private communications, including receiving and sending unopened correspondence and telephone access;
- Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the Community;
- Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your

private apartment or such other space in the Community as may be available to residents for such purposes;

- Manage your own financial affairs;
- Exercise civil and religious liberties;
- Present grievances and recommend changes in policies, procedures and services to the Executive Director or staff of the Community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the Community, including access to representatives of the Department of Public Health and the Office of the Long-Term Care Ombudsman;
- Upon request, obtain from the Community the name of the Service Coordinator or any other persons responsible for resident care or the coordination of resident care;
- Confidential treatment of all records and communications to the extent required by state and federal law;
- Have all reasonable requests responded to promptly and adequately within the capacity of the Community and with due consideration given to the rights of other residents;
- Be fully advised of the relationship that the Community has with any Assisted Living Services Agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- Receive a copy of any rules or regulations of the Community;
- Privacy when receiving medical treatment or other services within the capacity of the Community;
- Refuse care and treatment and participate in the planning for the care and services you need or receive, provided, however, that your refusal of care and treatment may preclude you from being able to continue to reside in the Community; and

- If you are a continuing care resident, all rights afforded under Conn Gen. Stat. §17b-520 et seq. and any other applicable laws. If you are not a continuing care resident and rent your apartment, all rights and privileges afforded to tenants under Connecticut General Statutes Title 47a (Connecticut's landlord tenant laws).

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding questions, comments or complaints regarding the Community:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Connecticut Department of Public Health  
Faculty Licensing and Investigations  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS MANAGED RESIDENTIAL COMMUNITY RESIDENTS' BILL OF RIGHTS HAS BEEN GIVEN TO ME AND EXPLAINED TO ME OR THAT I HAVE WAIVED MY RIGHT TO AN EXPLANATION.

---

Resident

---

Resident

---

Responsible Party

---

Responsible Party

---

Date

**STONERIDGE  
ASSISTED LIVING SERVICES AGENCY  
CLIENTS' BILL OF RIGHTS**

1. You have the right to a description of available services, charges and billing mechanisms. Any changes will be given to you orally and in writing as soon as possible but no less than 15 working days prior to the date such changes become effective.
2. You have a right to be given the criteria for admission to the Agency.
3. You have the right to participate in the planning of, or any changes in, the care to be furnished to you, the frequency of visits proposed, the nurse supervising your care and the manner in which the nurse may be contacted.
4. You have a responsibility for participation in the development and implementation of client service programs and the right to refuse recommended services.
5. You have a right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
6. You have received an explanation of the confidential treatment of all client information retained by the Agency and the requirements for written consent for the release of information to persons not otherwise authorized under law to receive it.
7. You have the right to access your service records.
8. You have been given an explanation of the complaint procedure and your right to file a complaint without discrimination or reprisal from the Agency regarding provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for property by anyone providing Agency services.
9. The Agency has the responsibility to promptly investigate the complaints made by you or your family regarding the provision of care and services, any allegations of physical, mental abuse or exploitation or lack of respect for your property by anyone providing Agency services.
10. You may file a complaint with the Connecticut Department of Public Health at the following address and telephone number:

Jennifer Olsen Armstrong, MS, RD

Section Chief  
Facility Licensing and Investigations  
Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

11. You have a right to have services provided by an individual or entity other than via an Assisted Living Services Agency.
12. You have been informed of the circumstances under which you may be discharged from the Agency or may not be permitted to receive services from the Agency.
13. You have been given a description of Medicare-covered services and payment requirements for such services.
14. You have been given information advising you of your right under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.
15. You have a right to make individual arrangements with an Assisted Living Services Agency which does not have a formal contract with this managed residential community.
16. You have a right to terminate or reduce services provided by an Assisted Living Services Agency at any time.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS ASSISTED LIVING SERVICES AGENCY CLIENTS' BILL OF RIGHTS.

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Date

## **EXHIBIT G**

### **COMPLAINT RESOLUTION PROCESS**

#### **Policy:**

Residents are free to communicate grievances to the staff of StoneRidge without restraint, interference, coercion, discrimination, or reprisal. All grievances will be properly documented and responded to. In the event a Resident is dissatisfied with treatment or services received at StoneRidge, the Resident has the opportunity to present his/her complaints through our defined grievance procedures.

#### **Procedures:**

Following are the procedures for a Resident or his/her representative to follow in order to file a grievance with StoneRidge. We reserve the right to change these procedures in order to better accommodate our residents:

1. The grievance may be filed in writing with the Department Director of the area where the grievance occurs. Assistance, if necessary, will be available through Resident Services and/or the Administration office.
2. Information contained in the grievance will include the following:
  - Description of the grievance;
  - A list of all parties involved; and
  - Dates of specific incidents related to the grievance.
3. The Department Director will acknowledge in writing receipt of the grievance within five (5) business days and provide the Resident or his/her representative with a time frame for an appropriate response.
4. If the grievance remains unresolved for thirty (30) days after initial submission, the Department Director will address the grievance with the Executive Director.
5. The Executive Director will address, in writing, the grievance within ten (10) business days.

6. If the grievance remains unresolved for sixty (60) days after the initial submission, the Executive Director will address the grievance with the StoneRidge Board of Directors and with the Management Company's Vice President.
7. The Community's Board of Directors and the Management Company's Vice President will address the grievance within ten (10) business days.
8. If the grievance remains unresolved, the Resident will be informed of his/her right to contact appropriate State agencies, the State Long-Term Care Ombudsman or the Regional Long-Term Care Ombudsman.
9. All attempts at resolution will be documented in writing to the Resident with copies on file in the administrative office.

**EXHIBIT H**

**Acknowledgment of Receipt of Resident Handbook**

I, the undersigned, acknowledge receipt of the StoneRidge Resident Handbook dated \_\_\_\_\_, 20\_\_\_\_, which contains certain rules, policies, and guidelines in order to promote the health, safety and welfare of the residents of the Community.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

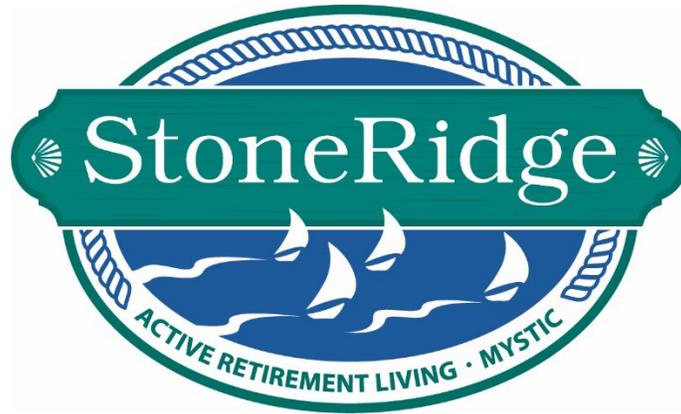
\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident



186 Jerry Browne Road  
Mystic, CT 06355  
(860) 536-9700

**80% RETURN-OF-CAPITAL™  
RESIDENCY AGREEMENT  
(Expansion)**

## TABLE OF CONTENTS

<b>GLOSSARY</b> .....	v
1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS .....	1
2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE .....	3
3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE .....	4
4. THE HEALTH CENTER .....	4
4.1 Health Center Care Services .....	4
4.2 Payment for Health Center Care Services .....	4
4.3 Health Care Decisions .....	4
5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.....	5
5.1 Entrance Payment .....	5
5.2 First Person Fee and Second Person Fee .....	5
5.3 Loan .....	6
5.4 Working Capital Fee.....	6
6. MONTHLY CHARGES .....	6
6.1 Monthly Fee .....	6
6.2 Monthly Fee Changes .....	6
6.3 Payment.....	6
6.4 Late Payment .....	6
6.5 Cease Payment of Monthly Fee for Residence.....	7
7. REPAYMENT OF FIRST PERSON FEE O LOAN.....	7
7.1 Refund of First Person Fee Prior to Assuming Occupancy.....	7
7.1.1 Nonacceptance .....	7
7.1.2 Right of Rescission Period .....	7
7.1.3 Change in Condition .....	7
7.1.4 Commencement of Construction .....	8
7.1.5 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, 7.1.3, and 7.1.4 .....	8
7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.....	8
7.2.1 Repayment Within First Four Months of Occupancy .....	8
7.2.2 Repayment After Four Months of Occupancy .....	8
7.3 Repayment of Loan.....	9

7.4	Right of Offset .....	9
7.5	Beneficiary Designation .....	9
8.	YOUR CANCELLATION RIGHTS.....	9
8.1	Prior to Occupancy .....	9
8.2	During First Four Months of Occupancy .....	9
8.2.1	Written Notice.....	9
8.2.2	Monthly Fee.....	9
8.2.3	Removal of Property.....	10
8.2.4	Cancellation.....	10
8.2.5	Remarketing of Residence.....	10
8.2.6	Repayment of Entrance Payment .....	10
8.3	After First Four Months of Occupancy .....	10
8.3.1	Written Notice.....	10
8.3.2	Monthly Fee.....	11
8.3.3	Removal of Property.....	11
8.3.4	Cancellation .....	11
8.3.5	Remarketing of Residence.....	11
8.3.6	Repayment of Entrance Payment .....	11
8.4	Death.....	11
8.4.1	Monthly Fee.....	12
8.4.2	Removal of Property.....	12
8.4.3	Cancellation .....	12
8.4.4	Remarketing of Residence.....	12
8.4.5	Repayment of Entrance Payment .....	12
9.	OUR CANCELLATION RIGHTS.....	12
9.1	Just Cause.....	12
9.1.1	Nonpayment.....	12
9.1.2	Failure to Comply .....	13
9.1.3	Threat to Health or Safety.....	13
9.1.4	Change in Condition .....	13
9.2	Financial Difficulty.....	13
9.2.1	Permitted to Stay.....	13
9.2.2	Terms of Stay.....	13
9.2.3	Guarantor .....	14
9.3	Notice of Cancellation .....	14

9.4	Emergency Notice.....	14
10.	MISCELLANEOUS PROVISIONS WITH RESPECT TO YOUR RESIDENCE.....	15
10.1	Use of Residence .....	15
10.2	Occupants of Residence.....	15
10.3	Emergency Entry and Relocation .....	15
10.4	Furnishings.....	16
10.5	Alterations by You.....	16
10.6	Refurbishment.....	16
10.7	Non-Smoking Policy.....	16
11.	AMENDMENTS.....	16
11.1	This Agreement.....	16
11.2	All Agreements .....	16
11.3	Law Changes.....	17
12.	MISCELLANEOUS LEGAL PROVISIONS.....	17
12.1	Residents Association.....	17
12.2	Private Employee of Resident .....	17
12.3	Resident Representations .....	17
12.4	Adjustments for Absences .....	18
12.5	Governing Law .....	18
12.6	Separability .....	18
12.7	Capacity .....	18
12.8	Residents .....	18
12.9	Nature of Rights.....	18
12.10	Release .....	19
12.11	Indemnity .....	19
12.12	Force Majeure .....	19
12.13	Entire Agreement .....	19
12.14	Tax Considerations .....	19
12.15	Security .....	20
12.16	Transfers .....	20
12.17	Responsible Party .....	20
12.18	Funeral and Burial Services.....	20
12.19	Arbitration.....	20
12.20	Acknowledgment of Receipt of Documents.....	22
12.21	Residency Agreement Terms.....	23
12.22	StoneRidge Residency Agreement Fee Summary.....	23

- EXHIBIT A: LOAN AGREEMENT
- EXHIBIT B: PAYMENT FOR HEALTH CENTER CARE SERVICES
- EXHIBIT C: ELECTION FOR FLEXIBLE DINING PROGRAM
- EXHIBIT D: ANCILLARY CHARGE ADJUSTMENTS
- EXHIBIT E: STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS
- EXHIBIT F: STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES
- EXHIBIT G: COMPLAINT RESOLUTION PROCESS
- EXHIBIT H: ACKNOWLEDGMENT OF RECEIPT OF RESIDENT HANDBOOK

## GLOSSARY

The following terms are described as used in the accompanying Agreement. Reference to the Agreement and the context in which the terms are used is recommended to provide a fuller understanding of each of the terms:

**"Aging-in-Community Policy"** refers to that policy issued by Stoneridge Senior Care, LLC ("SRSC," "we," "us," or "our") which outlines the requirements of the Resident to continue to live in a Residence at StoneRidge.

**"Agreement"** refers to this Residency Agreement between the Resident and SRSC which delineates the contractual obligations of SRSC to the Resident for accommodations, services, and amenities provided by SRSC.

**"Assisted Living Residency Agreement"** refers to that Agreement entered into between SRSC and the Resident prior to admission to the specially designated assisted living or memory care areas of the Health Center that outlines the service obligations to be provided in that area.

**"Avalon Health Care Center at StoneRidge"** refers to the specially designated rehabilitative care and nursing care area of the Health Center.

**"Clubhouse"** refers to the common areas housing the administrative office space, dining room(s), activity room(s), lounges, library, etc., located on the StoneRidge campus.

**"Commencement of Construction"** refers to SRSC's formal announcement of commencement of construction for your Residence.

**"Disclosure Statement"** refers to that document that outlines in detail the services and amenities to be provided by SRSC.

**"Entrance Payment"** refers to the sum of the (i) First Person Fee paid to SRSC and (ii) the Loan payment made to SRSC to assure you a residence in StoneRidge pursuant to terms and conditions of this Agreement.

**"Extra Charges"** refers to the charges payable in consideration for the additional services and amenities requested by Resident, as set forth in Section 2 of the Agreement that are in addition to those set forth in the Monthly Fee.

**"Financial Assistance Amendment to Residency Agreement"** refers to that amendment that allows the Resident to remain at StoneRidge in the event of a change in the Resident's financial condition.

**"First Person Fee"** refers to the fee identified in Section 5 of the Agreement and paid to SRSC. The First Person Fee is equal to 20% of the Entrance Payment

**"Health Center"** refers collectively to the areas across StoneRidge's campus where assisted living, memory care, rehabilitative care and nursing care will be provided.

**"Health Center Admission Agreement"** refers to that agreement entered into between SRSC and the Resident prior to admission to the Health Center that outlines the service obligations to be provided in the specially designated rehabilitative care and nursing care area of the Health Center.

**"Health Center Care Services"** refers to the scope of services that may be provided in the Health Center, including assisted living care, memory care, rehabilitative care and nursing care.

**"Loan"** refers to the Loan made to SRSC pursuant to the Agreement. The Loan is equal to 80% of the Entrance Payment

**"Manager"** refers to Life Care Services LLC, d/b/a Life Care Services <sup>TM</sup>, an Iowa limited liability company, who is engaged by SRSC to manage Stoneridge pursuant to the terms of a management agreement between such parties, as the same may be amended from time to time.

**"Medical Director"** refers to the physician identified by SRSC to assist in assuring that quality care is delivered in the Health Center. The Medical Director will also be called upon to assist SRSC, the Resident, and the Resident's family in determining the medical needs of the Resident of StoneRidge.

**"Monthly Charges"** refers to all those Monthly Charges payable by the Resident pursuant to the terms of the Agreement, including the Monthly Fee, the Extra Charges for additional services, the additional Monthly Charges for Health Center services, if any, and all other fees and charges payable monthly pursuant to the terms of the Agreement, as appropriate in the particular instance.

**"Monthly Fee"** refers to that monthly fee payable in consideration for the amenities and services provided to all residents, as set forth in Section 1 of the Agreement and the financial needs related to StoneRidge, as set forth in Section 6. The Monthly Fee includes a second person Monthly Fee if there are two Residents.

**"Occupancy"** refers to the earlier of the date Resident moves into StoneRidge or the date Resident pays the balance of the Entrance Payment, makes a Loan to SRSC, and pays the Second Person Fee (if applicable) to SRSC pursuant to this Agreement.

**"Personal Service Provider"** refers to a private employee, an independent contractor, or a licensed home health care agency that may be contracted by the Resident to provide personal services requested or required by the Resident that are not covered by the Agreement.

**"Personal Service Provider Policy"** refers to the policy established by SRSC which sets forth the rules of conduct which must be followed by any Personal Service Provider providing services to residents of StoneRidge.

**"Rehabilitative Care"** refers to those short-term or temporary nursing care stays in Avalon Health Care Center at StoneRidge, where it is anticipated that the Resident will return to his/her Residence. A Rehabilitative Care stay may include medicine, drugs, prescribed therapy or other supplies and services charged to the Resident as an Extra Charge.

**"Residence"** refers to a residence at StoneRidge identified in the introductory paragraph of the Agreement in which the Resident is entitled to occupy a Residence pursuant to the Agreement in exchange for paying the First Person Fee, the Second Person Fee (if applicable), the Working Capital Fee, and the Monthly Fee and making the Loan to SRSC.

**"Residence Modification Agreement"** refers to that agreement between SRSC and the Resident which outlines the terms and conditions under which the Resident may make modifications to his/her Residence.

**"Residency Policy"** refers to that policy issued by SRSC which outlines the initial requirements of the Resident to live in a Residence at StoneRidge.

**"Resident"** or **"you"** refers to the Resident or Residents who execute the Agreement. Sometimes a second Resident (if there are two Residents) is referred to in the Agreement as the "second person." Unless otherwise indicated, "you" refers to both of you if there are two Residents.

**"Second Person Fee"** (if applicable) refers to the additional fee payable if there are two Residents.

**"StoneRidge"** refers to the senior living community including the Residences, the Health Center, and all site amenities associated with these areas located in Mystic, Connecticut.

**"Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us")"** refers to Stoneridge Senior Care LLC, the operator of a *ContinuingCare*<sup>™</sup> senior living community which conducts business as StoneRidge, which includes the Residences, Clubhouse, Health Center, common areas, and site amenities associated with these areas. SRSC is a Delaware limited liability company, qualified to do business in the State of Connecticut.

**"Transfer Policy"** refers to that policy issued by SRSC that outlines the process for a Resident to relocate to another Residence in StoneRidge.

**"Working Capital Fee"** refers to the one-time Fee paid by the Resident to SRSC at the time the balance of the Entrance Payment is paid.

**STONERIDGE**  
**80% RETURN-OF-CAPITAL™ RESIDENCY AGREEMENT**

This 80% Return-of-Capital™ Residency Agreement (“Agreement”) is entered into by StoneRidge Senior Care, LLC, ("SRSC," "we," "us," or "our") and \_\_\_\_\_ (individually or collectively, "you," "your," or "Resident"). StoneRidge is a *ContinuingCare*™ senior living community located in Mystic, Connecticut, whose purpose is to provide individuals of a qualifying age a way of living known as *ContinuingCare*.

StoneRidge provides quality residential housing for seniors along with a wide array of personal services and amenities outlined in this Agreement. Subject to the conditions contained in this Agreement, we agree to make available to you on a personal, non-assignable basis the residence (hereafter "Residence") described as follows:

Residence Number: \_\_\_\_\_  
Residence Style: \_\_\_\_\_

To be accepted for residency, you must meet our residency criteria which includes financial, age and appropriateness guidelines.

The purpose of this Residency Agreement is to set forth your rights and duties as a Resident of StoneRidge and to delineate the services to be provided at StoneRidge.

**1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS.** We will provide at StoneRidge, so long as you reside in the Residence, the following services and amenities, which are included in the Monthly Fee:

**1.1** Weekly housekeeping service;

**1.2** Weekly laundry service for personal flat linens;

**1.3** As part of StoneRidge's *HealthyLife*™ *Services* Program, you may choose to participate in fitness, nutrition, active life, and well-being activities to enhance your lifestyle;

**1.4** A flexible meal program based on your selection of a dining program option on Exhibit C of this Agreement;

- 1.5** Dietitian services are available for a limited period of time when ordered by your attending physician to assist in meeting special diet needs;
- 1.6** Room service for up to 14 consecutive days per occurrence if ordered by the Health Care Navigator director or the director of nursing services;
- 1.7** One (1) underground parking space per Residence;
- 1.8** Twenty-four hour emergency call monitoring in your Residence by nursing staff;
- 1.9** Security services;
- 1.10** Priority Admission for assisted living, memory care, rehabilitative care and nursing care services in the Health Center as provided in Section 4;
- 1.11** Water, sewer, utilities, and trash removal;
- 1.12** Janitorial and maintenance services of buildings and Residences, including provided appliances;
- 1.13** Carpeting in bedrooms and luxury vinyl in remaining areas of the Residence;
- 1.14** Complete kitchen, including refrigerator with icemaker, range/oven, garbage disposal, and dishwasher;
- 1.15** Washer/dryer in Residence;
- 1.16** Local transportation scheduled by us;
- 1.17** Use of all common areas in StoneRidge;
- 1.18** Fire detection system;
- 1.19** Storage area; and
- 1.20** Standard cable TV service to the Residence.

**2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.**

We may also make available at StoneRidge, at your request, for as long as you reside in a Residence at StoneRidge, at the then prevailing rates of Extra Charge, a current copy of which are set forth in Exhibit D:

**2.1** Scheduled nursing or personal care services in your Residence. You must be assessed to ensure such services are appropriate and that your condition is chronic and stable.

**2.2** Outpatient clinic services on-site for walk-ins and scheduled appointments during regularly scheduled hours;

**2.3** Care or treatment in the Health Center or Outpatient Treatment Center for physician services, medications, prescribed therapy or other similar services and supplies;

**2.4** Special events and transportation scheduled by you;

**2.5** Meals, food, and beverage services in excess of those provided in consideration for the Monthly Fee;

**2.6** Extended dietitian services;

**2.7** Extended room service beyond 14 days to your Residence when ordered by the director of nursing services or the residential health services director;

**2.8** Additional housekeeping;

**2.9** Personal laundry service in addition to personal flat linen laundry service;

**2.10** Guest rooms;

**2.11** Special activities and programs including services or programs offered under the *HealthyLife*<sup>TM</sup> Services Program; and

**2.12** Other services as may be provided from time to time.

**3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE.** You may reside in your Residence for as long as you live unless you are not capable of living in a Residence as set forth in our Aging-in-Community Policy, or this Agreement is canceled by you or by us. If, in the opinion of your attending physician or the Medical Director, your physical or mental health requires that assisted living, memory care, rehabilitative care or nursing care services be provided, you will be offered the opportunity to relocate to the specially designated area of the Health Center where we are licensed to provide such care or to secure the services from a Personal Service Provider. You have the right to participate, as fully and meaningfully as you are able, in making the decision about a permanent move to any area of the Health Center. You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If there are two of you under this Agreement and one of you dies or relocates to the Health Center, or for some other reason is unable to occupy the Residence, the remaining person may continue to occupy the Residence under the terms of this Agreement.

**4. THE HEALTH CENTER.** SRSC will provide assisted living, memory care, rehabilitative care and skilled nursing care services (hereafter also collectively known as "Health Center Care Services") in the specially designated areas of the Community which altogether make up the Health Center (hereafter "Health Center").

**4.1 Health Center Care Services.** If, in the opinion of your attending physician or the Medical Director (after consultation with you to the extent possible and your responsible party, if any), you require Health Center Care Services in the Health Center, we will provide such care in the Health Center, and you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care offered. Such Health Center Care Services will be provided in a semi-private or private suite and this care will be limited to the extent authorized by SRSC's licenses issued from the Department of Public Health.

**4.2 Payment for Health Center Care Services.** Payment for Health Center Care Services provided by us in the Health Center will be in accordance with Exhibit B of this Agreement.

**4.3 Health Care Decisions.** You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe

upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If you choose to relocate to a health center not designated by us, you shall be solely responsible for the fees.

## **5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.**

**5.1 Entrance Payment.** To assure you a Residence in StoneRidge in accordance with all the terms of this Agreement, you will pay to us an Entrance Payment of \$\_\_\_\_\_. Your Entrance Payment is comprised of two parts: (i) the First Person Fee; and (ii) the Loan (which is repayable as outlined in the Loan Agreement). Payment of 10% of your Entrance Payment at the time of executing this Agreement will reserve your Residence referenced on page 1 of this Agreement. This 10% amount will be held in escrow pursuant to Connecticut law. A copy of the Entrance Payment Escrow Agreement will be available for your review upon your request. The balance of the Entrance Payment (an amount equal to 90% of the Entrance Payment), or \$\_\_\_\_\_, will be paid to us on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Payment of your Entrance Payment, Second Person Fee (if applicable), Working Capital Fee, and Monthly Charges (described below), entitles you to live in a Residence at StoneRidge. You may live in a Residence for as long as you are capable of living in a Residence and in the Health Center when you are no longer capable of living in a Residence as defined in our current Aging-in-Community Policy, and you will receive services that we are licensed to provide or we have contracted with another party to provide, all in accordance with the terms of this Agreement.

**5.2 First Person Fee and Second Person Fee.** An amount equal to 20% of your Entrance Payment, or \$\_\_\_\_\_, is the First Person Fee. If there are two of you, a Second Person Fee of \$\_\_\_\_\_ will be paid to SRSC on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Subject to the provisions of the Entrance Payment Escrow Agreement and our repayment obligations under Section 7 below, any non-repayable amounts paid to us as a First Person Fee and Second Person Fee (if applicable) will be the unrestricted property of the SRSC, once it is earned by the SRSC, and may be used by the SRSC for any purpose unrelated to StoneRidge, at SRSC's sole discretion. SRSC may distribute any such funds to its ownership.

**5.3 Loan.** Your Loan of \$\_\_\_\_\_, an amount equal to 80% of the Entrance Payment, will be made to SRSC on the earlier of (i) occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy and will be evidenced by the Loan Agreement attached to Exhibit A.

**5.4 Working Capital Fee.** At the same time you pay the balance of the Entrance Payment, make the Loan to SRSC, and commence paying your Monthly Fee for your Residence, you will pay to us a Working Capital Fee that is an amount equal to two (2) times the then-current Monthly Fee for your Residence (including a second person Monthly Fee if there are two of you). This is a one-time non-repayable charge.

## **6. MONTHLY CHARGES**

**6.1 Monthly Fee.** You will pay a Monthly Fee for accommodations, services and amenities provided under Section 1. The current Monthly Fee is \$\_\_\_\_\_ per month for one person and an additional \$\_\_\_\_\_ per month if there are two of you.

**6.2 Monthly Fee Changes.** Adjustments to the Monthly Fee are intended to cover the current and anticipated changes in the community's costs or as may be required by local, state or federal laws and regulations. We may adjust your Monthly Fee for current and anticipated Community Related Costs upon 30 days' advance written notice.

**6.3 Payment.** You will pay a pro rata portion of the Monthly Fee commencing on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Thereafter, your Monthly Fee will be payable each month in advance, upon receipt of a billing statement, including any Extra Charges for the additional services obtained during the preceding month.

**6.4 Late Payment.** A late payment charge will be assessed 30 days from the date of the billing statement at the rate of 1% per month on the total delinquent amounts due. Late payment charges will not be compounded in the total delinquent amounts computed for determining any late payment charge assessed in any succeeding month. The late payment charge will cease on the date we receive payment of the total delinquent amount. The 1% late payment charge is waived if payment is delayed due to slow processing by your supplemental insurance carrier.

However, we do not waive our right to cancel this Agreement for nonpayment of fees subject to Section 9 of this Agreement.

**6.5 Cease Payment of Monthly Fee for Residence.** The Monthly Fee for your Residence will cease in accordance with Section 8 or 9 if you (or both of you if there are two of you) or we cancel this Agreement and in accordance with Section 8.4 if you die (or if there are two of you, the death of the survivor). In the event there are two of you who occupy the Residence and only one of you cancels this Agreement or dies, the second person Monthly Fee will cease and the remaining person will continue to pay the first person Monthly Fee.

## **7. REPAYMENT OF FIRST PERSON FEE OR LOAN.**

### **7.1 Repayment of First Person Fee Prior to Assuming Occupancy.**

**7.1.1 Nonacceptance.** If we do not accept you for residency, we will repay to you the amount of the First Person Fee you have paid, without interest, within 30 days of our notice to you of nonacceptance.

**7.1.2 Right of Rescission Period.** If prior to assuming occupancy you change your mind and you give us written notice of cancellation by registered or certified mail within 30 days following the date this Agreement is executed by you and us, this Agreement will be automatically canceled. In such event, we will repay to you the amount of the First Person Fee you have paid without interest within 30 days of notice, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. You shall not be required to move into StoneRidge before expiration of the 30 day rescission period.

**7.1.3 Change in Condition.** If prior to occupancy (i) you (or either of you if there are two of you) die or become unable to occupy your Residence because of illness, injury, or incapacity or (ii) you elect to cancel this Agreement because of a substantial change in your physical, mental, or financial condition, upon our receipt of your written notice to us by registered or certified mail this Agreement will be automatically canceled. In such event, we will repay to you or your legal representative, without interest, the amount of the First Person Fee you have paid to us within 60 days of our receipt of your written notice of cancellation, except that we will

retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement.

**7.1.4 Commencement of Construction.** If there is no Commencement of Construction within three years after the date you execute this Agreement, you or we may cancel this Agreement upon written notice by registered or certified mail. In such event, we will repay to you the amount of the First Person Fee you have paid, with interest, within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. Once there is Commencement of Construction, you cannot cancel this Agreement pursuant to the provisions of this paragraph.

**7.1.5 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, 7.1.3, and 7.1.4.** If prior to assuming occupancy you give us written notice of cancellation by registered or certified mail and neither Sections 7.1.1, 7.1.2, 7.1.3, nor 7.1.4 are applicable, this Agreement will be canceled. In such event, we will retain the lesser of 2% of your First Person Fee or \$1,000 from the amount of the Entrance Payment you paid, plus an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in an addendum to this Agreement, and the balance will be repaid to you, without interest, within 60 days of our receipt of your written notice of cancellation.

## **7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.**

**7.2.1 Repayment Within First Four Months of Occupancy.** Within the first four months of your occupancy, except within the rescission period which will be handled according to Section 7.1.2 of this Agreement, should you or we cancel the Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident within the first four months of occupancy, 100% of the Entrance Payment you have paid, and the Second Person Fee if there are two of you, will be repaid to you pursuant to Section 7.3.

**7.2.2 Repayment After Four Months of Occupancy.** After the first four months of your occupancy, should you or we cancel this Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident, we will repay to you (or to your estate) the amount of the First Person Fee paid by you, reduced by one percent (1%) of the Entrance Payment per full month

of your occupancy, until your First Person Fee is fully amortized, leaving a repayment equal to your Loan amount of \$ \_\_\_\_\_. For purposes of calculating the repayment, amortization will begin on the fifth full month of occupancy and will end when this Agreement is cancelled pursuant to Section 8 or 9 of this Agreement. Such repayment will be paid without interest at the same time your Loan is repaid. The Second Person Fee (if applicable) is not repayable.

**7.3 Repayment of Loan.** The repayment of your Loan (if applicable) will be made in accordance with the Loan Agreement attached to Exhibit A.

**7.4 Right of Offset.** We have the right to offset against any amount of the First Person Fee and Loan that is repayable, any Second Person Fee (if applicable) that is repayable, any unpaid Monthly Charges owed by you, any unreimbursed Health Center charges we have advanced on your behalf, any amounts deferred by us under Section 9.2, and any other sums owed by you to us. Any amounts owed by you to us will be payable with interest.

**7.5 Beneficiary Designation.** You may designate a beneficiary for receipt of any repayable portion of the Entrance Payment if the designation is in writing, is witnessed, is noncontingent, is specified in percentages and accounts for 100%, and has received our approval. An Assignment of Rights to Repayment may be obtained from the StoneRidge business office.

## **8. YOUR CANCELLATION RIGHTS.**

**8.1 Prior to Occupancy.** You may cancel this Agreement for any reason by giving us written notice executed by you (both of you, if there are two of you) and sent by registered or certified mail. If you give such notice, prior to your occupancy of StoneRidge, the cancellation will be effective as described in Section 7.

### **8.2 During First Four Months of Occupancy.**

**8.2.1 Written Notice.** During your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.2.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or

(ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee, or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.2.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.2.6 Repayment of Entrance Payment.** If you give us written notice of cancellation during the first four months of your occupancy, your First Person Fee will not amortize, providing you vacate your Residence or the Health Center, and remove all your furniture and other property within 120 days of giving notice; however, if you fail to vacate your Residence or the Health Center within 120 days, your First Person Fee will amortize from the date you gave us written notice of cancellation, until we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment and Loan will be repaid in accordance with Exhibit A.

### **8.3 After First Four Months of Occupancy.**

**8.3.1 Written Notice.** After your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.3.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.3.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.3.6 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property. However, if you fail to vacate your Residence or the Health Center with 120 days, your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing when we remove and store your furniture and other property at the expense and risk of you or your estate. Your Loan will be repaid in accordance with Exhibit A.

## **8.4 Death.**

**8.4.1 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.2 Removal of Property.** If removal of your furniture and other property is not accomplished within 30 days of your death (if there are two of you, the death of the survivor), we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.4.3 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease, upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.4 Remarketing of Residence.** After your death, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give notice to the executor of your estate or your legal representative in advance of any scheduled showing of your Residence. To the extent possible, we will give notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide any advance notice of showing, and your Residence will be considered released to us.

**8.4.5 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2 and will stop amortizing upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence or the Health Center, if applicable, and removal of all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

## **9. OUR CANCELLATION RIGHTS.**

**9.1 Just Cause.** After we have accepted you for residency, we will not cancel this Agreement except for just cause. Just cause is defined as:

**9.1.1 Nonpayment.** Except as set forth below, nonpayment of fees or charges; or

**9.1.2 Failure to Comply.** You do not comply with the terms of this Agreement or the published operating procedures, covenants, rules, regulations, and policies now existing or later amended by us; or

**9.1.3 Threat to Health or Safety.** Health status or behavior which constitutes a substantial threat to the health or safety of yourself or others, including your refusal to consent to relocation which presents a danger of physical damage to the property of others; or

**9.1.4 Change in Condition.** There is a major change in your physical or mental condition that would preclude caring for you in the Health Center within the limits of our license.

**9.2 Financial Difficulty.** If, after you have paid the Entrance Payment, you encounter financial difficulties making it impossible for you to pay the full Monthly Charges, then:

**9.2.1 Permitted to Stay.** You shall be permitted to remain at StoneRidge for 120 days after the date of failure to pay, during which time you shall continue to pay reduced Monthly Charges based on your current income. Pursuant to Section 7.4, any amounts owed by you to us will be payable with interest;

**9.2.2 Terms of Stay.** After the 120 days, you shall be permitted to remain at StoneRidge at reduced Monthly Charges based on your ability to pay for so long as you establish facts to justify deferral of such charges, and the deferral of such charges can, in our sole discretion, be granted without impairing our ability to operate on a sound financial basis. This provision shall not apply if you have impaired your ability to meet your financial obligations hereunder, assuming residency, other than to meet ordinary and customary living expenses, or by not maintaining Medicare Part A, Medicare Part B, and/or supplemental insurance coverages. To evidence these agreements based on the circumstances at the time, you agree to enter into a special Financial Assistance Amendment to Residency Agreement with us at the time of any such deferrals to reflect the deferred charges currently payable and the interest rate to be applied to the deferrals and to provide us with a perfected first security interest in your Loan repayment rights (if applicable). Any payments otherwise due to you from us, including the repayment of your Loan (if applicable), will be offset against any such deferred charges; and

**9.2.3 Guarantor.** Sections 9.2.1 and 9.2.2 are not applicable if, to initially qualify for residency at StoneRidge, a third party(ies) with adequate resources agreed in writing, prior to your acceptance for residency, to guarantee payment of your obligations and is fulfilling their obligations pursuant to a Guaranty of Fees and Other Payments under the Residency Agreement.

**9.3 Notice of Cancellation.** Prior to any cancellation of this Agreement by us, we will give you notice in writing of the reasons, and you will have 60 days thereafter to correct the problem. If we determine that the problem is corrected within such time, this Agreement shall remain in effect. If we determine that the problem is not corrected within such time, you must leave StoneRidge within 30 days after we notify you of our determination. You will continue to pay your Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished, we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

**9.4 Emergency Notice.** Should your continued residency pose an imminent threat of serious harm to you or other residents, and the Medical Director determines that either the giving of notice or the waiting period described above might be detrimental to you or other residents, then such notice and/or waiting period shall not be required before relocation to a hospital or other appropriate facility. If there is one of you under this Agreement, we are expressly authorized to transfer you to such hospital or other facility, and we will promptly notify your responsible party and your attending physician. After transferring you to such hospital or other facility, we will provide you with a notice of cancellation if you will be unable to return to the Health Center or your Residence at StoneRidge. You will continue to pay the Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A. If there are two of you under this Agreement, and one

of you is transferred to a hospital or other appropriate facility under the circumstances described in this section, the other person may continue to occupy the Residence or the Health Center under the terms of this Agreement as the first person. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility.

## **10. MISCELLANEOUS PRO-VISIONS WITH RESPECT TO YOUR RESIDENCE.**

**10.1 Use of Residence.** The Residence is for living only and shall not be used for carrying on any business or profession, nor in any manner in violation of zoning restrictions. This Agreement is not a lease, and entitles you only to the lifetime use of the Residence and other amenities of StoneRidge and to available services, subject to the terms and conditions of this Agreement.

**10.2 Occupants of Residence.** Except as hereinafter provided, no person other than you (or both of you if there are two of you) may occupy the Residence except with our express written approval. In the event that a second person who is not a party to this Agreement wishes to be accepted for residency under this Agreement, after the date we execute this Agreement, said second person's acceptance will be based upon our then-current Residency Policy. If accepted, payment of the then-current Second Person Fee (if applicable) as determined by us, and payment of the then-current additional Monthly Charges for second persons shall be due. If such second person does not meet the requirements for residency, such second person will not be permitted to occupy the Residence for more than 30 days (except with our express written approval).

**10.3 Emergency Entry and Relocation.** We may enter your Residence should it be necessary in an emergency to protect your health or safety or the health or safety of other residents. Should it be necessary to modify facilities to meet the requirements of any applicable law or regulation which necessitate temporarily vacating your Residence, we will provide alternate facilities for you without Extra Charge within or outside StoneRidge. Further, if relocation is recommended by the Medical Director or your attending physician, we will request that you relocate to another Residence within StoneRidge or to the Health Center for the protection of your health or safety or for the health or safety of the other residents of StoneRidge. SRSC recognizes your right to participate in making decisions about a permanent move to assisted living or skilled nursing.

**10.4 Furnishings.** Furnishings within the Residence will be provided by you except as listed in Sections 1.13, 1.14, and 1.15. Furnishings provided by you shall not interfere with the health or safety of you or other residents or others.

**10.5 Alterations by You.** You may undertake alterations to your Residence with our prior written approval as set forth in a separate Residence Modification Agreement.

**10.6 Refurbishment.** Customary and normal refurbishment costs of your Residence will be borne by all residents of StoneRidge as part of the Monthly Fee. Any necessary refurbishment costs beyond those which are customary and normal are your responsibility and will be offset against the Loan repayment. Further, should you relocate to another residence in StoneRidge, you may be subject to a transfer fee as set forth in our current Residence Transfer Policy.

**10.7 Non-Smoking Policy.** Smoking is prohibited everywhere on its campus. Smoking is not allowed in your Residence, or anywhere else in the building. Because smoking is not allowed in any interior spaces, including your Residence, damage to the Residence caused by smoking by you or your visitors is not considered normal wear and tear and will be charged for accordingly.

## **11. AMENDMENTS.**

**11.1 This Agreement.** This Agreement may be amended by agreement of the parties to this Agreement (subject to any necessary regulatory approval). No amendment of this Agreement will be valid unless in writing and executed by you and us.

**11.2 All Agreements.** In addition, with the approval of (i) at least 67% of the residences with one vote per residence who have this type of residency agreement in StoneRidge, and (ii) us, all residency agreements of this type, may be amended in any respect; provided, however, that no such amendment shall:

**11.2.1** Reduce the aforesaid percentage of residences which is required to consent to any such amendment; or

**11.2.2** Permit the preference or priority of any residence over any other residence without the consent of each residence.

Upon our approval and upon our receipt of evidence of the approval of at least 67% of the residences with one vote per residence, such amendment shall be effective and any designated residency agreements, which may include this Agreement, shall automatically be amended. Accordingly, any of the terms of this Agreement may be amended, including the scope and type of services provided, upon our approval and approval of at least 67% of the residences with one vote per residence.

**11.3 Law Changes.** This Agreement may be modified by us at any time in order to comply with applicable federal or state laws or regulations.

## **12. MISCELLANEOUS LEGAL PROVISIONS.**

**12.1 Residents Association.** Residents shall have the right to organize and operate a Residents Association at StoneRidge and to meet privately to conduct business of the Residents Association. It is our policy to encourage the organization and operation of a Residents Association.

**12.2 Private Employee of Resident.** If you need additional services, you can obtain these needed services from a private employee, an independent contractor, or through an agency ("Personal Service Provider"). In such instances, we strongly advise you to obtain these needed services from a licensed and/or certified home health agency. In any event, you must comply with our policy regarding Personal Service Providers and ensure that he/she/they complies with our policies and rules of conduct as set forth in our Personal Service Provider Policy. If you fail to follow or enforce the rules set forth in the Personal Service Provider Policy, then we may elect at our sole option to cancel this Agreement.

**12.3 Resident Representations.** By executing this Agreement, you represent and warrant that: (i) you will be least 62 years of age or older at the time of residency or you will share your Residence with another person who will be 62 years of age or older at the time of residency; (ii) you are capable of living in your Residence in accordance with StoneRidge Residency Policy; (iii) you have assets and income which are sufficient under foreseeable circumstances and after provision for payment of your obligations under this Agreement to meet your ordinary and customary living expenses after assuming occupancy; and (iv) all written representations made to us with respect to such matters by you or on your behalf during the residency process are true.

**12.4 Adjustments for Absences.** You will receive a credit toward your Monthly Fee if you are absent from StoneRidge for more than 30 consecutive days. The amount of the credit shall be determined by us in our sole discretion based on our then-current policy regarding absences from StoneRidge.

**12.5 Governing Law.** This Agreement will be interpreted according to the laws of the State of Connecticut and will become effective upon acceptance and execution by us. The Glossary which sets forth the definitions of certain terms used in this Agreement is by this reference incorporated herein and made a part of this Agreement.

**12.6 Separability.** The invalidity of any restriction, condition, or other provision of this Agreement, or any part of the same, shall not impair or affect in any way the validity or enforceability of the rest of this Agreement.

**12.7 Capacity.** This Agreement has been executed by our duly authorized agent, and no member, officer, director, agent, or employee of ours shall have any personal liability to you hereunder under any circumstances. This Agreement will become effective upon acceptance and execution by us.

**12.8 Residents.** When Resident consists of more than one person, the rights and obligations of each are joint and several, except as the context of this Agreement otherwise requires.

**12.9 Nature of Rights.** You understand and agree that (i) this Agreement or your rights (including the use of the Residence) under it may not be assigned, and no rights or benefits under this Agreement shall inure to the benefit of your heirs, legatees, assignees, or representatives, except as to repayment of the amounts described in Section 7; (ii) this Agreement and your contractual right to occupy StoneRidge will exist and continue to exist during your lifetime unless canceled as provided herein; (iii) this Agreement grants you the right to occupy and use space in StoneRidge but does not give you exclusive possession of the Residence against us; (iv) you will not be entitled to any rights of specific performance but will be limited to such remedies as set forth herein and as provided by continuing care law; (v) this Agreement is not a lease or easement and does not transfer or grant you any interest in real property that comprises StoneRidge; and (vi) this Agreement grants to us complete decision-making authority regarding the management and operation of StoneRidge.

**12.10 Release.** We are not responsible for loss of or damage to your personal property, unless such loss or damage is caused by our negligence or the negligence of our agents or employees, and you hereby release us from any such liability. You may want to obtain, at your own expense, insurance to protect against such losses.

**12.11 Indemnity.** To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless, from claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional act or omission.

**12.12 Force Majeure.** The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which is not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided (“Force Majeure Event”), including, but not limited to, war, rebellion, natural disasters (including floods, earthquake, fire, hurricanes, windstorms, tornadoes), accident, strike, riot, civil commotion, act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as it is reasonably practicable, in compliance with all applicable law and consistent with reasonably prudent business practice. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section.

**12.13 Entire Agreement.** This Agreement and any addenda or exhibits hereto contain our entire understanding with respect to your residency.

**12.14 Tax Considerations.** Each person considering executing this Agreement should consult with his or her tax advisor regarding the tax considerations associated with this Agreement.

**12.15 Intentionally omitted.**

**12.16 Transfers.** We may from time to time issue additional equity interests or sell or transfer interest in StoneRidge, provided that, in such later event, the buyer will agree to assume this Agreement and all other existing Residency Agreements. In addition, we may sell or otherwise transfer the land or other portions of StoneRidge. Your signature hereto constitutes your consent and approval to any such future transfer.

**12.17 Responsible Party.** You agree to execute and deliver to us within 60 days after assuming occupancy in your Residence, a Durable Power of Attorney, trust documents, or other documentation naming a responsible party for business and financial decision-making. These documents should be drafted to remain effective notwithstanding your incompetence or disability and will be in a form acceptable to us. You agree to keep such documents in effect as long as this Agreement is in effect. The person(s) named as your responsible party will not be a person(s) employed by us or any other entity engaged in the management of StoneRidge.

**12.18 Funeral and Burial Services.** No funeral or burial services or expenses are provided by us pursuant to this Agreement.

**12.19 Arbitration.** It is understood that any and all disputes between the Resident and StoneRidge its owners, operators, officers, directors, administrators, staff, employees, agents, and any management and administrative services company, and all related entities and individuals, their staff, personnel, employees, owners, officers, directors, members, and agents that provide services to the Community that relates to the provision of care, treatment and services the Community provides to the Resident, including any action for injury or death arising from intentional torts, statutory causes of action, negligence, and medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered shall be determined by submission to binding arbitration and not by lawsuit or resort to court process. This provision shall be binding for any and all disputes arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community, except for disputes pertaining to collections or evictions. This provision is binding on all parties hereto, including the Community, the Resident, the Resident's representatives, agents, responsible party, conservators, executors, family members, successors in interest and heirs, as

well as anyone who may have a claim arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community.

If this Agreement is signed by someone other than the Resident, including the Resident's representative, agent, responsible party, conservator, executor, family member, successor in interest and he or she is doing so not only in their representative capacity for the Resident, but also in their individual capacity and thus agree that any and all claims brought individually by any such person(s) are also subject to binding arbitration.

The parties to this Agreement are giving up their Constitutional right to have any and all disputes decided in a court of law before a jury, and instead are accepting the use of binding arbitration. By signing this Agreement, the parties waive their right to commence and/or be a party to any class or collective action in any court against the other party relating in any manner to the Resident's residency at the Community. Further, the parties waive their right to commence or be a party to any group, class, or collective action claim in arbitration or any other forum.

Submitting to this provision is not a precondition to receiving medical treatment, care, services and/or for admission to the Community and is not a requirement to continue to receive medical treatment, care, and services at the Community. You may rescind your agreement to arbitrate by written notice to the Community within thirty (30) days of signature. This agreement to arbitrate shall not be discharged by the death of any party hereto, nor by the termination of the Residency Agreement, nor by the Resident ceasing to reside at the Community.

This provision shall have retroactive effect. It is agreed by and between the parties hereto that this provision covers services rendered before the date this contract is signed, thus making this provision effective as of the date of the Resident's first admission to the Community.

This Agreement relates to the Resident's admission to the Community and the Community participates in Medicare programs and/or procures supplies from out of state vendors. The parties, therefore, agree that the underlying admission to the Community involves interstate commerce. The parties further agree that this arbitration provision is to be governed by the Federal Arbitration Act and the procedural rules set forth in the Federal Arbitration Act (9 U.S.C. Sections 1-16) shall govern any petition to compel arbitration and shall preempt any inconsistent State law. While the parties agree that this provision shall be governed by the

procedural rules set forth in the Federal Arbitration Act, the parties further agree that the substantive law of the State where the Community is located shall apply to any and all claims.

The parties desire to have any and all disputes submitted to binding arbitration and do not want any claims not subject to arbitration to impede any and all other claims from being ordered to binding arbitration.

The parties are to mutually agree on the appointment of a single neutral arbitrator who routinely conducts mediations and/or arbitrations in the State where the Community is located and agree that discovery will be conducted pursuant to the discovery rules set forth by the arbitrator. Should the parties be unable to mutually agree upon the appointment of a single neutral arbitrator the Federal Arbitration Act shall govern the appointment of the arbitrator. The arbitration shall be venued in a location convenient for all parties, normally the county or region where Community is located.

The expenses and fees of the arbitrator shall be apportioned equally among all parties except as otherwise permitted or required by law.

If any portion of this provision is held invalid, such holding shall not impact the validity of the remaining content of this provision. Any such invalid portion shall be severed from this provision.

The Resident and/or the person executing this Agreement certifies that he/she has read this provision, understands this provision, it has been explained to them in a manner he/she understands, has been given a copy of this provision, and affirmatively represents that he/she is duly authorized by virtue of the Resident's consent, instruction and/or durable power of attorney, to execute this Agreement and accept its terms on behalf of the Resident and acknowledges that the Community is relying on the aforementioned certification. Further, if the person executing this Agreement is someone other than the Resident, you knowingly do so not only in your representative capacity for the Resident, but also in your individual capacity and thus agree that any and all claims brought individually by you are also subject to binding arbitration.

**12.20 Acknowledgment of Receipt of Documents.** You hereby certify that you (i) received a copy of this Agreement, (ii) received a copy of our most current Disclosure Statement, and (iii) have been permitted to inspect any additional relevant

materials requested to be reviewed by you or your representatives prior to executing this Agreement. Included in this Agreement are the following:

**12.20.1** Schedule of Ancillary Charges attached as Exhibit D;

**12.20.2** Statement of CCRC Resident Health Care Rights and Protections attached as Exhibit E;

**12.20.3** Statement of Rights of Residents Receiving Assistance in Living Services attached as Exhibit F;

**12.20.4** Complaint Resolution Process attached as Exhibit G; and

**12.20.5** Acknowledgement of Receipt of Resident Handbook attached as Exhibit H.

**12.21 Residency Agreement Terms.** You hereby certify that you have executed the following exhibits and that, unless stipulated otherwise, the selections made by you shall govern for the term of this Residency Agreement. By your initials below, you have executed the following exhibits:

**Exhibit B – Payment for Health Center Care Services**

\_\_\_\_\_ *ContinuingCare*<sup>TM</sup> Reduced Health Center Fees Plan

**Exhibit C – Election for Flexible Dining Program:**

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

**12.22 StoneRidge Residency Agreement Fee Summary.**

**First Person Fee** (equal to 20% of the Entrance Payment, of which 10% of the Entrance Payment is to be paid upon executing this Agreement and the remaining 10% to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier )  
\$ \_\_\_\_\_

**Loan** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier, equal to 80% of Entrance Payment)

\$\_\_\_\_\_

**Total Entrance Payment** (First Person Fee plus Loan)

\$\_\_\_\_\_

**Second Person Fee** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier)

\$\_\_\_\_\_

**Working Capital Fee** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier, equal to two (2) times the Monthly Fee including a second person Monthly Fee, if applicable)

\$\_\_\_\_\_\*

**Monthly Fee** \$\_\_\_\_\_\*

**Second Person Monthly Fee**  
(if applicable) \$\_\_\_\_\_\*

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Residence Number

\_\_\_\_\_  
RESIDENT

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Residence Type

\_\_\_\_\_

06/23/2025



80% Expansion Return-of-Capital Residency  
Agreement (2025-06-23)

**EXHIBIT A**  
**LOAN AGREEMENT**  
**(TO BE EXECUTED AT OCCUPANCY)**

Pursuant to your Return-of-Capital Residency Agreement with Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us"), you agreed to loan \$\_\_\_\_\_ to SRSC, and we hereby promise to repay your Loan upon the terms and conditions hereinafter set forth in this Loan Agreement ("Agreement"). Capitalized terms used herein shall have the same meanings as set forth in the Residency Agreement.

- 1. Making of Loan.** Your Loan shall be made to SRSC on the earlier of (i) occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy.
  
- 2. Repayment.** In the event you or we cancel your Residency Agreement and remove your furniture and other property, your Loan shall become due and payable in accordance with Section 8 of your Residency Agreement and placed in a sequential queue for repayment upon the conclusion of (i) any cancellation notification period; (ii) receipt of your notice of vacancy from the Community; (iii) if any items have been left in the Community, the conclusion of our removal of all remaining items from the Residence.

We repay Loans when new residents move into a previously occupied Residence at the Community and the following criteria have been satisfied: (i) receipt of an Entrance Payment in full from the new resident to StoneRidge; (ii) the rescission period for that sale by the new resident has expired; and (iii) there are no contractual repayment obligations uniquely bound to the resale of the residence being reoccupied.

There may be other Loans ahead of yours when your Loan is placed in the repayment queue. We repay Loans to the first person/estate in the repayment queue. After we have paid the first person/estate's Loan, we keep moving through the repayment queue in sequential order of when they were placed.

In the event your Loan is greater than the incoming eligible Entrance Payment collected, you shall remain at the top of the repayment queue and the balance shall be paid upon collection of the next eligible Entrance Payment received. Should the remaining balance exceed the second collected eligible Entrance Payment, this

process shall continue until sufficient funds have been collected from Entrance Payments to fully repay your Loan

We will make a Loan payment to you/your estate within 14 days of receipt of an eligible Entrance Payment(s) that include funds sufficient to repay your Loan in full as described in this Section. At that time, we shall consider your repayment paid in full.

However, in no event shall such date be more than 36 months from the date of cancellation of your Residency Agreement, at which time your Loan shall become immediately due and payable to you or your estate. If your Residency Agreement is not cancelled within 30 years from the date of this Agreement, your Loan shall become immediately due and payable by us. You agree to look solely to the assets of SRSC for the repayment of your Loan. We may offset against any Loan repayment any amounts then due by you to us pursuant to Section 7.4 of your Residency Agreement.

**3. Right of Offset.** You agree that we have the right to offset against any First Person Fee, Second Person Fee (if applicable) or Loan repayment due you, any unpaid Monthly Charges owed by you, any unreimbursed Health Center expenses we have advanced on your behalf, any amounts deferred by us under Section 7.4 of the Residency Agreement, and any other sums owed by you to us with interest.

**4. No Assignment of Loan; Successors and Assigns.** Your rights under this Agreement may not be sold, assigned or otherwise transferred, except to your estate, another individual(s) or to certain trusts established for your benefit, subject to our prior approval in our sole discretion. All terms and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

06/23/2025

\_\_\_\_\_  
Residence Type

\_\_\_\_\_  
Residence Number



80% Expansion Return-of-Capital Residency  
Agreement (2025-06-23)

# **EXHIBIT B**

## **PAYMENT FOR HEALTH CENTER CARE SERVICES**

## EXHIBIT B

### PAYMENT FOR HEALTH CENTER CARE SERVICES REDUCED HEALTH CENTER FEES PLAN

**1. First 90 Days of Health Center Care Services.** Health Center Care Services will be provided in a private or semi-private suite in the Health Center at a discounted rate for 90 cumulative days for you (90 days for each of you if there are two of you) but the allowance for one Resident cannot be used by the other. During your first 90 cumulative days of Health Center Care Services, you shall receive a 50% discount from the per diem charge for care in the Health Center. If your stay in the Health Center is fully covered as a Medicare-qualified stay, the discounted 90 cumulative days offered per Resident in this paragraph will not take effect until the termination of your Medicare-qualified stay. While in the Health Center the Monthly Fee for your Residence will continue as before. Further, whether you release or retain your Residence while you are in the Health Center, you will not be entitled to repayment of your Entrance Payment.

**[NOTE: The (90) cumulative days at 50% is the total number of days allowed per Resident during your lifetime for a combined total for assisted living, memory care, rehabilitative care and nursing care in the Health Center. After the (90) cumulative days are exhausted, your care will be in accordance with Sections 2 or 3 below, as applicable.]**

**2. More Than 90 Days of Health Center Care Services When There is One of You.** If you require Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether you choose to release or retain your Residence.

**2.1 Release Residence When There is One of You.** If you choose to release your Residence for occupancy by someone else, the Monthly Fee for your Residence will cease upon the date all of your furniture and other property have been removed from your Residence. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charges for your care in the Health Center. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**2.2 Retain Residence When There is One of You.** If you choose to retain your Residence, the Monthly Fee for your Residence will continue. You

will receive a meal credit for one meal per day. You will also pay the charges for your Health Center Care Services. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charge for your care in the Health Center.

**3. More than 90 Days of Health Center Care Services When There are Two of You.** If there are two of you and one of you requires Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether one or two of you require Health Center Care Services and whether you choose to release or retain your Residence.

**3.1 Retain Residence When There are Two of You and Only One of You Requires Care.** If there are two of you and one of you requires Health Center Care Service, you shall pay the Monthly Fee for the Residence and the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The second person Monthly Fee for the Residence shall cease.

**3.2 Retain Residence When Two of You Require Health Center Care Services.** If there are two of you who require Health Center Care Services and you choose to retain your Residence, the then-current first person and second person Monthly Fees will continue. You will also pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. In addition, you shall receive a meal credit for your absence in the Residence.

**3.3 Release Residence When Two of You Require Health Center Care Services.** If you choose to release your Residence for occupancy by someone else, you will pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The first and second person Monthly Fees for your Residence will cease upon the date all your furniture and other property have been removed from your Residence. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**4. Alternate Accommodations.** You shall be given priority over non-residents for admission to the Health Center. In the event you need assisted living, memory care, rehabilitative care, or nursing care and the Health Center is fully occupied, you will be provided care at another comparable health care facility. Upon your relocation, you shall continue to be responsible for the charges set forth in the

Residency Agreement and this Exhibit B herein. To the extent we would be liable for your care and accommodations in the Health Center under this Agreement, we will be responsible for the charges associated with alternate Health Center Care Services. Such accommodations will be comparable to that provided at the Health Center. You agree to relocate to the Health Center when a suite becomes available. However, should you need care which SRSC is not licensed to provide or which the Health Center does not have the appropriately trained staff to provide, or does not routinely provide, you agree to relocate to a facility that can provide you with the appropriate level of care. We will not be responsible for the charges for this higher level of care or private duty care.

**5. Return to Residence.** If you release your Residence because you have moved to the Health Center, and if later you are able, in the opinion of the Medical Director or your attending physician with the concurrence of the Medical Director, to return to a Residence, we will provide you a Residence of the same type as your previous Residence as soon as one becomes available. Upon reoccupying a Residence, your Monthly Fee will be based on the then-current Monthly Fee for the Residence.

**6. Medical Director and Ancillary Services.** A member in good standing of the New London County Medical Association will be designated to act as Medical Director for StoneRidge. You will be at liberty to engage the services of the Medical Director or the services of a physician of your choice at your own expense. We will not be responsible for the charges for medical treatment by the Medical Director, or any other physician, nor will we be responsible for the charges for medicine, drugs, prescribed therapy, and other similar services and supplies. In the event we incur or advance charges for your medical treatment or for medicine, drugs, prescribed therapy, pharmaceutical supplies, personal laundry, rental of equipment, and other similar services and supplies, you will reimburse us for such charges.

**7. Non-Resident Use of the Health Center** SRSC will offer Health Center Care Services in the Health Center to qualified non-residents for a fee, to the extent suites are available and as allowed by Connecticut law. However, Residents of StoneRidge will be given priority access to available suites.

**8. Long-Term Care Insurance.** We will use reasonable efforts to assist you in working with your long-term care insurance provider to obtain the benefits to which you may be entitled.

**9. Health Care Outside StoneRidge.** In the event you receive care, or choose to receive care at another health care facility not designated by us, we will not be responsible for the charges incurred there by you.

**10. Assisted Living Residency Agreement or Health Center Admission Agreement.** If you require Health Center Care Services in the Health Center, you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care needed. The Agreement to be executed by you or your designated party and SRSC will be available for your review prior to move-in.

**11. Under Age 62.** Pursuant to our Residency Policy, if you are under age 62 when you occupy a Residence under this Agreement, you shall be entitled to care in the Health Center. However, you will be charged the then-current per diem rate being charged to non-residents until you attain the age of 62.

**[NOTE: Sections 12 through 13.5 are applicable only to rehabilitative care and nursing care offered in Avalon Health Care Center at StoneRidge.]**

**12. Supplemental Insurance.** You are required to maintain Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to us to assure your ability to fully cover a Medicare-qualified stay in the Health Center. Such supplemental insurance should cover Medicare co-insurance and deductibles. You shall furnish to us such evidence of coverage as we may from time to time request. Should your supplemental health insurance or equivalent coverage not fully cover a Medicare-qualified stay in the Health Center, or should you fail to purchase supplemental health insurance or equivalent coverage to fully cover a Medicare-qualified stay in the Health Center, you shall be financially responsible for paying to SRSC deductibles, co-insurance amounts, and any other charges for each Medicare-qualified stay in the Health Center. If you are eligible to receive the discount provided in Sections 1, 2 or 3 of this Exhibit B, as applicable, and your stay in the Health Center is a Medicare-qualified stay, such discount will be applied after the expiration of your Medicare-qualified stay providing you have Medicare Part A, Medicare Part B, and acceptable supplemental health insurance or equivalent insurance coverage. If failure to maintain Medicare Part A, Medicare Part B, or supplemental health insurance is causing depletion of your resources and impairs your ability to meet your financial obligations, we need not defer your financial obligations as provided in Section 9.2 of the Agreement, and we retain the right to revoke your entitlement to reside at

StoneRidge and we retain the right to cancel this Agreement as provided in Section 9 of the Agreement.

**13. Managed Care.** If you have chosen to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage, the terms governing Health Center care will be as follows:

**13.1 Participating Provider.** If we are a participating provider with your managed care program and your stay is a Medicare-qualified stay, we will agree to accept, as full payment, reimbursement at the rate we negotiate with your managed care program. Such a managed care stay in the Health Center will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.2 Not a Participating Provider.** If we are not a participating provider with your managed care program and you choose to receive health care services at a managed care participating provider during a Medicare-qualified stay, then you understand and agree that you must relocate for as long as necessary for those services, and be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, you understand and agree that unless this Agreement is cancelled, you will continue to pay the Monthly Fee for your Residence. Such a Medicare-qualified stay at a managed care participating provider other than StoneRidge will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If we are unable to negotiate an acceptable rate and you choose to receive Health Center Care Services in the Health Center, you agree to be responsible for all charges for care in the Health Center, as set forth in Section 13.4 of this Exhibit B.

**13.3 Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and you would still like to receive health care services in the Health Center during a Medicare-qualified stay, we will attempt to negotiate an acceptable reimbursement rate with your managed care program. If we are able to negotiate an acceptable rate, we will agree to accept as full payment the rate provided by your managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.4 No Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and a negotiated rate is not agreed upon

between us and your managed care program and you would still desire to receive health care services in the Health Center during a Medicare-qualified stay, then each day of your stay in the Health Center will be paid pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If you choose to retain your Residence, the Monthly Fee for your Residence will continue. In addition, you will pay meal charges for meals that are in excess of those provided for by the Monthly Fees at the then-current charges for meals and any additional services as described in Section 6 of this Exhibit B.

**13.5 Post Medicare-Qualified Stay.** At the conclusion of each such Medicare-qualified stay, you will be entitled to health care services in the Health Center in accordance with the terms of this Agreement other than as set forth in this Section 13, as adjusted to reflect any reduction during such stay in the discounts that you are eligible to receive as provided in Sections 1, 2 or 3 of this Exhibit B, as applicable.

**EXHIBIT C**

**DINING PLAN SELECTION FORM**

## EXHIBIT C

### ELECTION FOR FLEXIBLE DINING PROGRAM

As a commitment to promote the flexibility of resident lifestyles at StoneRidge, we are offering two distinct dining allocations under our flexible dining program for residents. For more information on the Dining Program, please refer to the Resident Handbook.

1. **Standard Plan.** Selection of the Standard Plan includes the full meal allocation at the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points

**Published Monthly Fee:** \$ \_\_\_\_\_

2. **Alternative Plan.** Selection of the Alternative Plan includes a lesser meal allocation for a discount off the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points per person

**Total Published Monthly Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**Total Discounted Monthly Fee:** \$ \_\_\_\_\_

3. **Resident's Selection of the Dining Plan.** Upon review of the available dining plan options, you have selected:

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

4. **Term and Renewal of Selection.** The rates described above shall be valid until [Date of Enrollment Term]. Upon occupancy, your selection will be valid through the end of the initial term. Prior to each new annual term, we shall offer you the chance to change your selection or continue with the plan previously chosen. If a Dining Plan Election Form is not delivered to us by the annual renewal date, your previous selection will be renewed.

5. **Changes to Dining Plan Options.** We reserve the right to change the available options and scope of services provided to Residents, upon written notice, in accordance with Residency Agreement. This may include the withdrawal or cancellation of alternative dining plans and discounts.

## EXHIBIT D



### Ancillary Charge Adjustments Effective January 1, 2025

Service	Charge
Additional Meal Points by Resident	\$1.45 per point coverage
Guest Meal in Health Center or Cottage - Dinner	\$22.00
Guest Meal in Health Center or cottage– Breakfast or Lunch	\$15.00
Picnic and Holiday Meal Charges for Guests: (New Year’s Day, Easter, Mother’s Day, Thanksgiving, Christmas)	Points determined per event
Meal Credit (per Resident Absence Policy)	\$7.75
Guest Suite Apartment (non-smoking, no pets)	\$190.00 (per night, includes tax)
Guest Room (non-smoking, no pets)	\$150.00 (per night, includes tax)
Cot Rental	\$15.00 (per visit)
Postage Meter	Billed at cost
Fax Machine	\$0.50 cents per page
Copy machine	\$0.25 cents per black and white copy/\$0.50 per color copy
FOB Replacement	\$25.00
Key Replacement	\$30.00
Activities	Billed at cost
Special Housekeeping Services	\$10.00 per 15-minute increments
Special Maintenance Service/IT Services	\$12.50 per 15-minute increments \$12.50 per 15-minute increments
Notary Service	\$7.00 (per document)
Medical and other Transportation outside of standard schedules	\$30.00 (pay per service per hour, plus mileage if applicable)



**Ancillary Charge Adjustments Continued**  
**SAIL Services**

<b>Service</b>	<b>Charge</b>
CNA Services	\$10.50 per quarter hour
Licensed Nurse Services	\$30.00 per quarter hour
Shower	\$35.00 for the first 30 minutes. If shower exceeds 30 minutes, CNA Services charge per quarter hour will apply for each quarter hour after 30 minutes
Medication Reminder Services from CNA (no personal care included)	\$9.50 per reminder
Medication Pour (in a cassette by a nurse)	\$65.00 per pour

## EXHIBIT E

### STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS

1. A provider shall not prevent or otherwise infringe upon a resident's right to obtain treatment, care and services, including, but not limited to, home health and hospice care, from persons providing health care who have not entered into a contract with or are not affiliated with the provider, subject to the provider's policies and procedures for protecting the health and safety of residents.
2. Residents at a continuing-care retirement facility receiving assisted living or skilled nursing services shall be entitled to all rights and protections afforded under the law, including the right to refuse medications and treatments. A provider shall not prevent or otherwise infringe upon a resident's right to participate, as fully and meaningfully as the resident is able, in making the decision about a permanent move to an assisted living facility or skilled nursing care unit. A provider shall inform family members designated by the resident of the resident's medical condition and care plan. A provider shall not prevent or otherwise infringe upon a resident's right to refuse medications and treatments.
3. Each provider operating a facility shall make reasonable accommodations, in accordance with the American with Disabilities Act, *42 UCS 12101*, et seq., the Fair Housing Amendments Act of 1988, *42 USC 3601*, et seq., and *section 46a-64c of the Connecticut general statutes* to ensure that services and notices are accessible and communicated to residents who have hearing loss, low vision or other disabilities.
4. Each resident of a continuing-care retirement facility is entitled to:
  - a. A voice in all decisions affecting the resident's health, welfare and financial security;
  - b. Transparency regarding the financial stability of the provider operating the facility at which the resident resides;
  - c. Timely notification of developments affecting the facility, including, but not limited to: (A) Ownership changes of the provider operating the facility at which the resident resides, (B) a change in the financial condition of the provider operating the facility at which the resident

resides, and (C) construction and renovation at the facility at which the resident resides;

- d. Independence in decisions regarding medical care and assisted living services; and
- e. Reasonable accommodations for persons with disabilities.

## **EXHIBIT F**

### **STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES**

#### **STONERIDGE RESIDENTS' BILL OF RIGHTS**

As a resident of this Community, you have the right to:

- A clean, safe and habitable private residential apartment;
- Be treated with consideration, respect and due recognition of your personal dignity, individuality and the need for privacy;
- Privacy within your apartment, subject to the Community's rules reasonably designed to promote your health, safety and welfare;
- Retain and use your personal property within your apartment so as to maintain your individuality and personal dignity, provided that your use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- Treat your apartment as your home and have no fewer rights than any other resident of the state, including but not limited to 1) associating and communicating privately with persons of your choice, 2) purchasing and using technology of our choice, including but not limited to technology that may facilitate virtual visitation with family and others, provided that the operation and use of the technology must not violate an individual's right to privacy under state or federal law, and 3) engaging in other private communications, including receiving and sending unopened correspondence and telephone access;
- Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the Community;
- Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your

private apartment or such other space in the Community as may be available to residents for such purposes;

- Manage your own financial affairs;
- Exercise civil and religious liberties;
- Present grievances and recommend changes in policies, procedures and services to the Executive Director or staff of the Community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the Community, including access to representatives of the Department of Public Health and the Office of the Long-Term Care Ombudsman;
- Upon request, obtain from the Community the name of the Service Coordinator or any other persons responsible for resident care or the coordination of resident care;
- Confidential treatment of all records and communications to the extent required by state and federal law;
- Have all reasonable requests responded to promptly and adequately within the capacity of the Community and with due consideration given to the rights of other residents;
- Be fully advised of the relationship that the Community has with any Assisted Living Services Agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- Receive a copy of any rules or regulations of the Community;
- Privacy when receiving medical treatment or other services within the capacity of the Community;
- Refuse care and treatment and participate in the planning for the care and services you need or receive, provided, however, that your refusal of care and treatment may preclude you from being able to continue to reside in the Community; and

- If you are a continuing care resident, all rights afforded under Conn Gen. Stat. §17b-520 et seq. and any other applicable laws. If you are not a continuing care resident and rent your apartment, all rights and privileges afforded to tenants under Connecticut General Statutes Title 47a (Connecticut's landlord tenant laws).

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding questions, comments or complaints regarding the Community:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Connecticut Department of Public Health  
Faculty Licensing and Investigations  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [ltpcop@ct.gov](mailto:ltpcop@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS MANAGED RESIDENTIAL COMMUNITY RESIDENTS' BILL OF RIGHTS HAS BEEN GIVEN TO ME AND EXPLAINED TO ME OR THAT I HAVE WAIVED MY RIGHT TO AN EXPLANATION.

---

Resident

---

Resident

---

Responsible Party

---

Responsible Party

---

Date

**STONERIDGE  
ASSISTED LIVING SERVICES AGENCY  
CLIENTS' BILL OF RIGHTS**

1. You have the right to a description of available services, charges and billing mechanisms. Any changes will be given to you orally and in writing as soon as possible but no less than 15 working days prior to the date such changes become effective.
2. You have a right to be given the criteria for admission to the Agency.
3. You have the right to participate in the planning of, or any changes in, the care to be furnished to you, the frequency of visits proposed, the nurse supervising your care and the manner in which the nurse may be contacted.
4. You have a responsibility for participation in the development and implementation of client service programs and the right to refuse recommended services.
5. You have a right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
6. You have received an explanation of the confidential treatment of all client information retained by the Agency and the requirements for written consent for the release of information to persons not otherwise authorized under law to receive it.
7. You have the right to access your service records.
8. You have been given an explanation of the complaint procedure and your right to file a complaint without discrimination or reprisal from the Agency regarding provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for property by anyone providing Agency services.
9. The Agency has the responsibility to promptly investigate the complaints made by you or your family regarding the provision of care and services, any allegations of physical, mental abuse or exploitation or lack of respect for your property by anyone providing Agency services.
10. You may file a complaint with the Connecticut Department of Public Health at the following address and telephone number:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Facility Licensing and Investigations

Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

11. You have a right to have services provided by an individual or entity other than via an Assisted Living Services Agency.
12. You have been informed of the circumstances under which you may be discharged from the Agency or may not be permitted to receive services from the Agency.
13. You have been given a description of Medicare-covered services and payment requirements for such services.
14. You have been given information advising you of your right under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.
15. You have a right to make individual arrangements with an Assisted Living Services Agency which does not have a formal contract with this managed residential community.
16. You have a right to terminate or reduce services provided by an Assisted Living Services Agency at any time.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS ASSISTED LIVING SERVICES AGENCY CLIENTS' BILL OF RIGHTS.

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Date

## EXHIBIT G

### COMPLAINT RESOLUTION PROCESS

#### **Policy:**

Residents are free to communicate grievances to the staff of StoneRidge without restraint, interference, coercion, discrimination, or reprisal. All grievances will be properly documented and responded to. In the event a Resident is dissatisfied with treatment or services received at StoneRidge, the Resident has the opportunity to present his/her complaints through our defined grievance procedures.

#### **Procedures:**

Following are the procedures for a Resident or his/her representative to follow in order to file a grievance with StoneRidge. We reserve the right to change these procedures in order to better accommodate our residents:

1. The grievance may be filed in writing with the Department Director of the area where the grievance occurs. Assistance, if necessary, will be available through Resident Services and/or the Administration office.
2. Information contained in the grievance will include the following:
  - Description of the grievance;
  - A list of all parties involved; and
  - Dates of specific incidents related to the grievance.
3. The Department Director will acknowledge in writing receipt of the grievance within five (5) business days and provide the Resident or his/her representative with a time frame for an appropriate response.
4. If the grievance remains unresolved for thirty (30) days after initial submission, the Department Director will address the grievance with the Executive Director.
5. The Executive Director will address, in writing, the grievance within ten (10) business days.

6. If the grievance remains unresolved for sixty (60) days after the initial submission, the Executive Director will address the grievance with the StoneRidge Board of Directors and with the Management Company's Vice President.
7. The Community's Board of Directors and the Management Company's Vice President will address the grievance within ten (10) business days.
8. If the grievance remains unresolved, the Resident will be informed of his/her right to contact appropriate State agencies, the State Long-Term Care Ombudsman or the Regional Long-Term Care Ombudsman.
9. All attempts at resolution will be documented in writing to the Resident with copies on file in the administrative office.

## EXHIBIT H

### Acknowledgment of Receipt of Resident Handbook

I, the undersigned, acknowledge receipt of the StoneRidge Resident Handbook dated \_\_\_\_\_, 20\_\_\_\_, which contains certain rules, policies, and guidelines in order to promote the health, safety and welfare of the residents of the Community.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident



186 Jerry Browne Road  
Mystic, CT 06355  
(860) 536-9700

**50% RETURN-OF-CAPITAL™  
RESIDENCY AGREEMENT  
(Expansion)**

## TABLE OF CONTENTS

<b>GLOSSARY</b> .....	v
1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS .....	1
2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE .....	3
3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE .....	4
4. THE HEALTH CENTER .....	4
4.1 Health Center Care Services .....	4
4.2 Payment for Health Center Care Services .....	4
4.3 Health Care Decisions .....	4
5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.....	5
5.1 Entrance Payment .....	5
5.2 First Person Fee and Second Person Fee .....	5
5.3 Loan .....	6
5.4 Working Capital Fee.....	6
6. MONTHLY CHARGES .....	6
6.1 Monthly Fee .....	6
6.2 Monthly Fee Changes .....	6
6.3 Payment.....	6
6.4 Late Payment .....	6
6.5 Cease Payment of Monthly Fee for Residence.....	7
7. REPAYMENT OF FIRST PERSON FEE O LOAN.....	7
7.1 Refund of First Person Fee Prior to Assuming Occupancy.....	7
7.1.1 Nonacceptance .....	7
7.1.2 Right of Rescission Period .....	7
7.1.3 Change in Condition .....	7
7.1.4 Commencement of Construction .....	8
7.1.5 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, 7.1.3, and 7.1.4 .....	8
7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.....	8
7.2.1 Repayment Within First Four Months of Occupancy .....	8
7.2.2 Repayment After Four Months of Occupancy .....	8
7.3 Repayment of Loan.....	9

7.4	Right of Offset .....	9
7.5	Beneficiary Designation .....	9
8.	YOUR CANCELLATION RIGHTS.....	9
8.1	Prior to Occupancy .....	9
8.2	During First Four Months of Occupancy .....	9
8.2.1	Written Notice.....	9
8.2.2	Monthly Fee.....	9
8.2.3	Removal of Property.....	10
8.2.4	Cancellation.....	10
8.2.5	Remarketing of Residence.....	10
8.2.6	Repayment of Entrance Payment .....	10
8.3	After First Four Months of Occupancy .....	10
8.3.1	Written Notice.....	10
8.3.2	Monthly Fee.....	11
8.3.3	Removal of Property.....	11
8.3.4	Cancellation .....	11
8.3.5	Remarketing of Residence.....	11
8.3.6	Repayment of Entrance Payment .....	11
8.4	Death.....	11
8.4.1	Monthly Fee.....	12
8.4.2	Removal of Property.....	12
8.4.3	Cancellation .....	12
8.4.4	Remarketing of Residence.....	12
8.4.5	Repayment of Entrance Payment .....	12
9.	OUR CANCELLATION RIGHTS.....	12
9.1	Just Cause.....	12
9.1.1	Nonpayment.....	12
9.1.2	Failure to Comply .....	13
9.1.3	Threat to Health or Safety.....	13
9.1.4	Change in Condition .....	13
9.2	Financial Difficulty.....	13
9.2.1	Permitted to Stay.....	13
9.2.2	Terms of Stay.....	13
9.2.3	Guarantor .....	14
9.3	Notice of Cancellation .....	14

9.4	Emergency Notice.....	14
10.	MISCELLANEOUS PROVISIONS WITH RESPECT TO YOUR RESIDENCE.....	15
10.1	Use of Residence .....	15
10.2	Occupants of Residence.....	15
10.3	Emergency Entry and Relocation .....	15
10.4	Furnishings.....	16
10.5	Alterations by You.....	16
10.6	Refurbishment.....	16
10.7	Non-Smoking Policy.....	16
11.	AMENDMENTS.....	16
11.1	This Agreement.....	16
11.2	All Agreements .....	16
11.3	Law Changes.....	17
12.	MISCELLANEOUS LEGAL PROVISIONS.....	17
12.1	Residents Association.....	17
12.2	Private Employee of Resident .....	17
12.3	Resident Representations .....	17
12.4	Adjustments for Absences .....	18
12.5	Governing Law .....	18
12.6	Separability .....	18
12.7	Capacity .....	18
12.8	Residents .....	18
12.9	Nature of Rights.....	18
12.10	Release .....	19
12.11	Indemnity .....	19
12.12	Force Majeure .....	19
12.13	Entire Agreement.....	19
12.14	Tax Considerations .....	19
12.15	Security .....	20
12.16	Transfers .....	20
12.17	Responsible Party .....	20
12.18	Funeral and Burial Services.....	20
12.19	Arbitration.....	20
12.20	Acknowledgment of Receipt of Documents.....	22
12.21	Residency Agreement Terms.....	23
12.22	StoneRidge Residency Agreement Fee Summary.....	23

- EXHIBIT A: LOAN AGREEMENT
- EXHIBIT B: PAYMENT FOR HEALTH CENTER CARE SERVICES
- EXHIBIT C: ELECTION FOR FLEXIBLE DINING PROGRAM
- EXHIBIT D: ANCILLARY CHARGE ADJUSTMENTS
- EXHIBIT E: STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS
- EXHIBIT F: STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES
- EXHIBIT G: COMPLAINT RESOLUTION PROCESS
- EXHIBIT H: ACKNOWLEDGMENT OF RECEIPT OF RESIDENT HANDBOOK

## GLOSSARY

The following terms are described as used in the accompanying Agreement. Reference to the Agreement and the context in which the terms are used is recommended to provide a fuller understanding of each of the terms:

**"Aging-in-Community Policy"** refers to that policy issued by Stoneridge Senior Care, LLC ("SRSC," "we," "us," or "our") which outlines the requirements of the Resident to continue to live in a Residence at StoneRidge.

**"Agreement"** refers to this Residency Agreement between the Resident and SRSC which delineates the contractual obligations of SRSC to the Resident for accommodations, services, and amenities provided by SRSC.

**"Assisted Living Residency Agreement"** refers to that Agreement entered into between SRSC and the Resident prior to admission to the specially designated assisted living or memory care areas of the Health Center that outlines the service obligations to be provided in that area.

**"Avalon Health Care Center at StoneRidge"** refers to the specially designated rehabilitative care and nursing care area of the Health Center.

**"Clubhouse"** refers to the common areas housing the administrative office space, dining room(s), activity room(s), lounges, library, etc., located on the StoneRidge campus.

**"Commencement of Construction"** refers to SRSC's formal announcement of commencement of construction for your Residence.

**"Disclosure Statement"** refers to that document that outlines in detail the services and amenities to be provided by SRSC.

**"Entrance Payment"** refers to the sum of the (i) First Person Fee paid to SRSC and (ii) the Loan payment made to SRSC to assure you a residence in StoneRidge pursuant to terms and conditions of this Agreement.

**"Extra Charges"** refers to the charges payable in consideration for the additional services and amenities requested by Resident, as set forth in Section 2 of the Agreement that are in addition to those set forth in the Monthly Fee.

**"Financial Assistance Amendment to Residency Agreement"** refers to that amendment that allows the Resident to remain at StoneRidge in the event of a change in the Resident's financial condition.

**"First Person Fee"** refers to the fee identified in Section 5 of the Agreement and paid to SRSC. The First Person Fee is equal to 50% of the Entrance Payment

**"Health Center"** refers collectively to the areas across StoneRidge's campus where assisted living, memory care, rehabilitative care and nursing care will be provided.

**"Health Center Admission Agreement"** refers to that agreement entered into between SRSC and the Resident prior to admission to the Health Center that outlines the service obligations to be provided in the specially designated rehabilitative care and nursing care area of the Health Center.

**"Health Center Care Services"** refers to the scope of services that may be provided in the Health Center, including assisted living care, memory care, rehabilitative care and nursing care.

**"Loan"** refers to the Loan made to SRSC pursuant to the Agreement. The Loan is equal to 50% of the Entrance Payment

**"Manager"** refers to Life Care Services LLC, d/b/a Life Care Services <sup>TM</sup>, an Iowa limited liability company, who is engaged by SRSC to manage Stoneridge pursuant to the terms of a management agreement between such parties, as the same may be amended from time to time.

**"Medical Director"** refers to the physician identified by SRSC to assist in assuring that quality care is delivered in the Health Center. The Medical Director will also be called upon to assist SRSC, the Resident, and the Resident's family in determining the medical needs of the Resident of StoneRidge.

**"Monthly Charges"** refers to all those Monthly Charges payable by the Resident pursuant to the terms of the Agreement, including the Monthly Fee, the Extra Charges for additional services, the additional Monthly Charges for Health Center services, if any, and all other fees and charges payable monthly pursuant to the terms of the Agreement, as appropriate in the particular instance.

**"Monthly Fee"** refers to that monthly fee payable in consideration for the amenities and services provided to all residents, as set forth in Section 1 of the Agreement and the financial needs related to StoneRidge, as set forth in Section 6. The Monthly Fee includes a second person Monthly Fee if there are two Residents.

**"Occupancy"** refers to the earlier of the date Resident moves into StoneRidge or the date Resident pays the balance of the Entrance Payment, makes a Loan to SRSC, and pays the Second Person Fee (if applicable) to SRSC pursuant to this Agreement.

**"Personal Service Provider"** refers to a private employee, an independent contractor, or a licensed home health care agency that may be contracted by the Resident to provide personal services requested or required by the Resident that are not covered by the Agreement.

**"Personal Service Provider Policy"** refers to the policy established by SRSC which sets forth the rules of conduct which must be followed by any Personal Service Provider providing services to residents of StoneRidge.

**"Rehabilitative Care"** refers to those short-term or temporary nursing care stays in Avalon Health Care Center at StoneRidge, where it is anticipated that the Resident will return to his/her Residence. A Rehabilitative Care stay may include medicine, drugs, prescribed therapy or other supplies and services charged to the Resident as an Extra Charge.

**"Residence"** refers to a residence at StoneRidge identified in the introductory paragraph of the Agreement in which the Resident is entitled to occupy a Residence pursuant to the Agreement in exchange for paying the First Person Fee, the Second Person Fee (if applicable), the Working Capital Fee, and the Monthly Fee and making the Loan to SRSC.

**"Residence Modification Agreement"** refers to that agreement between SRSC and the Resident which outlines the terms and conditions under which the Resident may make modifications to his/her Residence.

**"Residency Policy"** refers to that policy issued by SRSC which outlines the initial requirements of the Resident to live in a Residence at StoneRidge.

**"Resident"** or **"you"** refers to the Resident or Residents who execute the Agreement. Sometimes a second Resident (if there are two Residents) is referred to in the Agreement as the "second person." Unless otherwise indicated, "you" refers to both of you if there are two Residents.

**"Second Person Fee"** (if applicable) refers to the additional fee payable if there are two Residents.

**"StoneRidge"** refers to the senior living community including the Residences, the Health Center, and all site amenities associated with these areas located in Mystic, Connecticut.

**"Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us")"** refers to Stoneridge Senior Care LLC, the operator of a *ContinuingCare*<sup>™</sup> senior living community which conducts business as StoneRidge, which includes the Residences, Clubhouse, Health Center, common areas, and site amenities associated with these areas. SRSC is a Delaware limited liability company, qualified to do business in the State of Connecticut.

**"Transfer Policy"** refers to that policy issued by SRSC that outlines the process for a Resident to relocate to another Residence in StoneRidge.

**"Working Capital Fee"** refers to the one-time Fee paid by the Resident to SRSC at the time the balance of the Entrance Payment is paid.

**STONERIDGE**  
**50% RETURN-OF-CAPITAL™ RESIDENCY AGREEMENT**

This 50% Return-of-Capital™ Residency Agreement (“Agreement”) is entered into by StoneRidge Senior Care, LLC, ("SRSC," "we," "us," or "our") and \_\_\_\_\_ (individually or collectively, "you," "your," or "Resident"). StoneRidge is a *ContinuingCare*™ senior living community located in Mystic, Connecticut, whose purpose is to provide individuals of a qualifying age a way of living known as *ContinuingCare*.

StoneRidge provides quality residential housing for seniors along with a wide array of personal services and amenities outlined in this Agreement. Subject to the conditions contained in this Agreement, we agree to make available to you on a personal, non-assignable basis the residence (hereafter "Residence") described as follows:

Residence Number: \_\_\_\_\_  
Residence Style: \_\_\_\_\_

To be accepted for residency, you must meet our residency criteria which includes financial, age and appropriateness guidelines.

The purpose of this Residency Agreement is to set forth your rights and duties as a Resident of StoneRidge and to delineate the services to be provided at StoneRidge.

**1. SERVICES AND AMENITIES PROVIDED TO ALL RESIDENTS.** We will provide at StoneRidge, so long as you reside in the Residence, the following services and amenities, which are included in the Monthly Fee:

**1.1** Weekly housekeeping service;

**1.2** Weekly laundry service for personal flat linens;

**1.3** As part of StoneRidge's *HealthyLife*™ *Services* Program, you may choose to participate in fitness, nutrition, active life, and well-being activities to enhance your lifestyle;

**1.4** A flexible meal program based on your selection of a dining program option on Exhibit C of this Agreement;

- 1.5** Dietitian services are available for a limited period of time when ordered by your attending physician to assist in meeting special diet needs;
- 1.6** Room service for up to 14 consecutive days per occurrence if ordered by the Health Care Navigator director or the director of nursing services;
- 1.7** One (1) underground parking space per Residence;
- 1.8** Twenty-four hour emergency call monitoring in your Residence by nursing staff;
- 1.9** Security services;
- 1.10** Priority Admission for assisted living, memory care, rehabilitative care and nursing care services in the Health Center as provided in Section 4;
- 1.11** Water, sewer, utilities, and trash removal;
- 1.12** Janitorial and maintenance services of buildings and Residences, including provided appliances;
- 1.13** Carpeting in bedrooms and luxury vinyl in remaining areas of the Residence;
- 1.14** Complete kitchen, including refrigerator with icemaker, range/oven, garbage disposal, and dishwasher;
- 1.15** Washer/dryer in Residence;
- 1.16** Local transportation scheduled by us;
- 1.17** Use of all common areas in StoneRidge;
- 1.18** Fire detection system;
- 1.19** Storage area; and
- 1.20** Standard cable TV service to the Residence.

**2. ADDITIONAL SERVICES PROVIDED FOR AN EXTRA CHARGE.**

We may also make available at StoneRidge, at your request, for as long as you reside in a Residence at StoneRidge, at the then prevailing rates of Extra Charge, a current copy of which are set forth in Exhibit D:

**2.1** Scheduled nursing or personal care services in your Residence. You must be assessed to ensure such services are appropriate and that your condition is chronic and stable.

**2.2** Outpatient clinic services on-site for walk-ins and scheduled appointments during regularly scheduled hours;

**2.3** Care or treatment in the Health Center or Outpatient Treatment Center for physician services, medications, prescribed therapy or other similar services and supplies;

**2.4** Special events and transportation scheduled by you;

**2.5** Meals, food, and beverage services in excess of those provided in consideration for the Monthly Fee;

**2.6** Extended dietitian services;

**2.7** Extended room service beyond 14 days to your Residence when ordered by the director of nursing services or the residential health services director;

**2.8** Additional housekeeping;

**2.9** Personal laundry service in addition to personal flat linen laundry service;

**2.10** Guest rooms;

**2.11** Special activities and programs including services or programs offered under the *HealthyLife*<sup>TM</sup> Services Program; and

**2.12** Other services as may be provided from time to time.

**3. DURATION OF YOUR RIGHT TO OCCUPY THE RESIDENCE.** You may reside in your Residence for as long as you live unless you are not capable of living in a Residence as set forth in our Aging-in-Community Policy, or this Agreement is canceled by you or by us. If, in the opinion of your attending physician or the Medical Director, your physical or mental health requires that assisted living, memory care, rehabilitative care or nursing care services be provided, you will be offered the opportunity to relocate to the specially designated area of the Health Center where we are licensed to provide such care or to secure the services from a Personal Service Provider. You have the right to participate, as fully and meaningfully as you are able, in making the decision about a permanent move to any area of the Health Center. You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If there are two of you under this Agreement and one of you dies or relocates to the Health Center, or for some other reason is unable to occupy the Residence, the remaining person may continue to occupy the Residence under the terms of this Agreement.

**4. THE HEALTH CENTER.** SRSC will provide assisted living, memory care, rehabilitative care and skilled nursing care services (hereafter also collectively known as "Health Center Care Services") in the specially designated areas of the Community which altogether make up the Health Center (hereafter "Health Center").

**4.1 Health Center Care Services.** If, in the opinion of your attending physician or the Medical Director (after consultation with you to the extent possible and your responsible party, if any), you require Health Center Care Services in the Health Center, we will provide such care in the Health Center, and you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care offered. Such Health Center Care Services will be provided in a semi-private or private suite and this care will be limited to the extent authorized by SRSC's licenses issued from the Department of Public Health.

**4.2 Payment for Health Center Care Services.** Payment for Health Center Care Services provided by us in the Health Center will be in accordance with Exhibit B of this Agreement.

**4.3 Health Care Decisions.** You have the right to be independent in decisions regarding your medical care, and we shall not prevent or otherwise infringe

upon your right to obtain treatment, care and services from providers with which we do not have a contractual arrangement. If you choose to relocate to a health center not designated by us, you shall be solely responsible for the fees.

## **5. ENTRANCE PAYMENT AND WORKING CAPITAL FEE.**

**5.1 Entrance Payment.** To assure you a Residence in StoneRidge in accordance with all the terms of this Agreement, you will pay to us an Entrance Payment of \$\_\_\_\_\_. Your Entrance Payment is comprised of two parts: (i) the First Person Fee; and (ii) the Loan (which is repayable as outlined in the Loan Agreement). Payment of 10% of your Entrance Payment at the time of executing this Agreement will reserve your Residence referenced on page 1 of this Agreement. This 10% amount will be held in escrow pursuant to Connecticut law. A copy of the Entrance Payment Escrow Agreement will be available for your review upon your request. The balance of the Entrance Payment (an amount equal to 90% of the Entrance Payment), or \$\_\_\_\_\_, will be paid to us on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Payment of your Entrance Payment, Second Person Fee (if applicable), Working Capital Fee, and Monthly Charges (described below), entitles you to live in a Residence at StoneRidge. You may live in a Residence for as long as you are capable of living in a Residence and in the Health Center when you are no longer capable of living in a Residence as defined in our current Aging-in-Community Policy, and you will receive services that we are licensed to provide or we have contracted with another party to provide, all in accordance with the terms of this Agreement.

**5.2 First Person Fee and Second Person Fee.** An amount equal to 50% of your Entrance Payment, or \$\_\_\_\_\_, is the First Person Fee. If there are two of you, a Second Person Fee of \$\_\_\_\_\_ will be paid to SRSC on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Subject to the provisions of the Entrance Payment Escrow Agreement and our repayment obligations under Section 7 below, any non-repayable amounts paid to us as a First Person Fee and Second Person Fee (if applicable) will be the unrestricted property of the SRSC, once it is earned by the SRSC, and may be used by the SRSC for any purpose unrelated to StoneRidge, at SRSC's sole discretion. SRSC may distribute any such funds to its ownership.

**5.3 Loan.** Your Loan of \$\_\_\_\_\_, an amount equal to 50% of the Entrance Payment, will be made to SRSC on the earlier of (i) occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy and will be evidenced by the Loan Agreement attached to Exhibit A.

**5.4 Working Capital Fee.** At the same time you pay the balance of the Entrance Payment, make the Loan to SRSC, and commence paying your Monthly Fee for your Residence, you will pay to us a Working Capital Fee that is an amount equal to two (2) times the then-current Monthly Fee for your Residence (including a second person Monthly Fee if there are two of you). This is a one-time non-repayable charge.

## **6. MONTHLY CHARGES**

**6.1 Monthly Fee.** You will pay a Monthly Fee for accommodations, services and amenities provided under Section 1. The current Monthly Fee is \$\_\_\_\_\_ per month for one person and an additional \$\_\_\_\_\_ per month if there are two of you.

**6.2 Monthly Fee Changes.** Adjustments to the Monthly Fee are intended to cover the current and anticipated changes in the community's costs or as may be required by local, state or federal laws and regulations. We may adjust your Monthly Fee for current and anticipated Community Related Costs upon 30 days' advance written notice.

**6.3 Payment.** You will pay a pro rata portion of the Monthly Fee commencing on the earlier of (i) date of Occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy. Thereafter, your Monthly Fee will be payable each month in advance, upon receipt of a billing statement, including any Extra Charges for the additional services obtained during the preceding month.

**6.4 Late Payment.** A late payment charge will be assessed 30 days from the date of the billing statement at the rate of 1% per month on the total delinquent amounts due. Late payment charges will not be compounded in the total delinquent amounts computed for determining any late payment charge assessed in any succeeding month. The late payment charge will cease on the date we receive payment of the total delinquent amount. The 1% late payment charge is waived if payment is delayed due to slow processing by your supplemental insurance carrier.

However, we do not waive our right to cancel this Agreement for nonpayment of fees subject to Section 9 of this Agreement.

**6.5 Cease Payment of Monthly Fee for Residence.** The Monthly Fee for your Residence will cease in accordance with Section 8 or 9 if you (or both of you if there are two of you) or we cancel this Agreement and in accordance with Section 8.4 if you die (or if there are two of you, the death of the survivor). In the event there are two of you who occupy the Residence and only one of you cancels this Agreement or dies, the second person Monthly Fee will cease and the remaining person will continue to pay the first person Monthly Fee.

## **7. REPAYMENT OF FIRST PERSON FEE OR LOAN.**

### **7.1 Repayment of First Person Fee Prior to Assuming Occupancy.**

**7.1.1 Nonacceptance.** If we do not accept you for residency, we will repay to you the amount of the First Person Fee you have paid, without interest, within 30 days of our notice to you of nonacceptance.

**7.1.2 Right of Rescission Period.** If prior to assuming occupancy you change your mind and you give us written notice of cancellation by registered or certified mail within 30 days following the date this Agreement is executed by you and us, this Agreement will be automatically canceled. In such event, we will repay to you the amount of the First Person Fee you have paid without interest within 30 days of notice, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. You shall not be required to move into StoneRidge before expiration of the 30 day rescission period.

**7.1.3 Change in Condition.** If prior to occupancy (i) you (or either of you if there are two of you) die or become unable to occupy your Residence because of illness, injury, or incapacity or (ii) you elect to cancel this Agreement because of a substantial change in your physical, mental, or financial condition, upon our receipt of your written notice to us by registered or certified mail this Agreement will be automatically canceled. In such event, we will repay to you or your legal representative, without interest, the amount of the First Person Fee you have paid to us within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement.

**7.1.4 Commencement of Construction.** If there is no Commencement of Construction within three years after the date you execute this Agreement, you or we may cancel this Agreement upon written notice by registered or certified mail. In such event, we will repay to you the amount of the First Person Fee you have paid, with interest, within 60 days of our receipt of your written notice of cancellation, except that we will retain an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in a separate addendum to this Agreement. Once there is Commencement of Construction, you cannot cancel this Agreement pursuant to the provisions of this paragraph.

**7.1.5 Cancellation for Reasons Other Than Set Forth in 7.1.1, 7.1.2, 7.1.3, and 7.1.4.** If prior to assuming occupancy you give us written notice of cancellation by registered or certified mail and neither Sections 7.1.1, 7.1.2, 7.1.3, nor 7.1.4 are applicable, this Agreement will be canceled. In such event, we will retain the lesser of 2% of your First Person Fee or \$1,000 from the amount of the Entrance Payment you paid, plus an amount equal to any costs specifically incurred by us at your request, if any, and which are set forth in an addendum to this Agreement, and the balance will be repaid to you, without interest, within 60 days of our receipt of your written notice of cancellation.

## **7.2 Repayment of First Person Fee and Second Person Fee Following Occupancy.**

**7.2.1 Repayment Within First Four Months of Occupancy.** Within the first four months of your occupancy, except within the rescission period which will be handled according to Section 7.1.2 of this Agreement, should you or we cancel the Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident within the first four months of occupancy, 100% of the Entrance Payment you have paid, and the Second Person Fee if there are two of you, will be repaid to you pursuant to Section 7.3.

**7.2.2 Repayment After Four Months of Occupancy.** After the first four months of your occupancy, should you or we cancel this Agreement pursuant to Section 8 or 9 of this Agreement, or in the event of the death of the surviving Resident, we will repay to you (or to your estate) the amount of the First Person Fee paid by you, reduced by 10 percent (10%) of the Entrance Payment earned by us upon the beginning of your fifth month of occupancy and two percent 2% of the Entrance Payment per full month of your occupancy, until your First Person Fee is

fully amortized, leaving a repayment equal to your Loan amount of \$\_\_\_\_\_. For purposes of calculating the repayment, amortization will begin on the fifth full month of occupancy and will end when this Agreement is cancelled pursuant to Section 8 or 9 of this Agreement. Such repayment will be paid without interest at the same time your Loan is repaid. The Second Person Fee (if applicable) is not repayable.

**7.3 Repayment of Loan.** The repayment of your Loan (if applicable) will be made in accordance with the Loan Agreement attached to Exhibit A.

**7.4 Right of Offset.** We have the right to offset against any amount of the First Person Fee and Loan that is repayable, any Second Person Fee (if applicable) that is repayable, any unpaid Monthly Charges owed by you, any unreimbursed Health Center charges we have advanced on your behalf, any amounts deferred by us under Section 9.2, and any other sums owed by you to us. Any amounts owed by you to us will be payable with interest.

**7.5 Beneficiary Designation.** You may designate a beneficiary for receipt of any repayable portion of the Entrance Payment if the designation is in writing, is witnessed, is noncontingent, is specified in percentages and accounts for 100%, and has received our approval. An Assignment of Rights to Repayment may be obtained from the StoneRidge business office.

## **8. YOUR CANCELLATION RIGHTS.**

**8.1 Prior to Occupancy.** You may cancel this Agreement for any reason by giving us written notice executed by you (both of you, if there are two of you) and sent by registered or certified mail. If you give such notice, prior to your occupancy of StoneRidge, the cancellation will be effective as described in Section 7.

### **8.2 During First Four Months of Occupancy.**

**8.2.1 Written Notice.** During your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.2.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or

(ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee, or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.2.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.2.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.2.6 Repayment of Entrance Payment.** If you give us written notice of cancellation during the first four months of your occupancy, your First Person Fee will not amortize, providing you vacate your Residence or the Health Center, and remove all your furniture and other property within 120 days of giving notice; however, if you fail to vacate your Residence or the Health Center within 120 days, your First Person Fee will amortize from the date you gave us written notice of cancellation, until we remove and store your furniture and other property at the expense and risk of you or your estate. Your Entrance Payment and Loan will be repaid in accordance with Exhibit A.

### **8.3 After First Four Months of Occupancy.**

**8.3.1 Written Notice.** After your first four months of occupancy at StoneRidge, you may cancel this Agreement at any time by giving us 120 days' advance written notice executed by you (both of you if there are two of you) and sent by registered or certified mail.

**8.3.2 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) the expiration of the 120 day written notice of cancellation period, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.3 Removal of Property.** If removal of your furniture and other property is not accomplished within 120 days of your written notice of cancellation, we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.3.4 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property.

**8.3.5 Remarketing of Residence.** After our receipt of your notice of cancellation, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give you notice in advance of any scheduled showing of your Residence. To the extent possible, we will give you notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide you with any advance notice of showing, and your Residence will be considered released to us.

**8.3.6 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing upon the later of (i) 120 days following the date you give us written notice of cancellation, or (ii) the date you vacate your Residence or the Health Center and remove all your furniture and other property. However, if you fail to vacate your Residence or the Health Center with 120 days, your First Person Fee will amortize as set forth in paragraph 7.2.2, and will stop amortizing when we remove and store your furniture and other property at the expense and risk of you or your estate. Your Loan will be repaid in accordance with Exhibit A.

## **8.4 Death.**

**8.4.1 Monthly Fee.** You will continue to pay your Monthly Fee until the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.2 Removal of Property.** If removal of your furniture and other property is not accomplished within 30 days of your death (if there are two of you, the death of the survivor), we may continue to charge the Monthly Fee or we may remove and store your furniture and other property at the expense and risk of you or your estate.

**8.4.3 Cancellation.** This Agreement will cancel, and the services provided under this Agreement will cease, upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence, or the Health Center, if applicable, and removal of all your furniture and other property.

**8.4.4 Remarketing of Residence.** After your death, we have the right to remarket your Residence to others for re-occupancy. We will place your Residence in our inventory available to prospective residents. If your property remains in the Residence, we will give notice to the executor of your estate or your legal representative in advance of any scheduled showing of your Residence. To the extent possible, we will give notice of any unscheduled showing of your Residence as early as possible. Once your furniture and property have been removed from the Residence, we will not be required to provide any advance notice of showing, and your Residence will be considered released to us.

**8.4.5 Repayment of Entrance Payment.** Your First Person Fee will amortize as set forth in paragraph 7.2.2 and will stop amortizing upon the later of (i) your death (if there are two of you, the death of the survivor) or (ii) your vacancy of the Residence or the Health Center, if applicable, and removal of all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

## **9. OUR CANCELLATION RIGHTS.**

**9.1 Just Cause.** After we have accepted you for residency, we will not cancel this Agreement except for just cause. Just cause is defined as:

**9.1.1 Nonpayment.** Except as set forth below, nonpayment of fees or charges; or

**9.1.2 Failure to Comply.** You do not comply with the terms of this Agreement or the published operating procedures, covenants, rules, regulations, and policies now existing or later amended by us; or

**9.1.3 Threat to Health or Safety.** Health status or behavior which constitutes a substantial threat to the health or safety of yourself or others, including your refusal to consent to relocation which presents a danger of physical damage to the property of others; or

**9.1.4 Change in Condition.** There is a major change in your physical or mental condition that would preclude caring for you in the Health Center within the limits of our license.

**9.2 Financial Difficulty.** If, after you have paid the Entrance Payment, you encounter financial difficulties making it impossible for you to pay the full Monthly Charges, then:

**9.2.1 Permitted to Stay.** You shall be permitted to remain at StoneRidge for 120 days after the date of failure to pay, during which time you shall continue to pay reduced Monthly Charges based on your current income. Pursuant to Section 7.4, any amounts owed by you to us will be payable with interest;

**9.2.2 Terms of Stay.** After the 120 days, you shall be permitted to remain at StoneRidge at reduced Monthly Charges based on your ability to pay for so long as you establish facts to justify deferral of such charges, and the deferral of such charges can, in our sole discretion, be granted without impairing our ability to operate on a sound financial basis. This provision shall not apply if you have impaired your ability to meet your financial obligations hereunder, assuming residency, other than to meet ordinary and customary living expenses, or by not maintaining Medicare Part A, Medicare Part B, and/or supplemental insurance coverages. To evidence these agreements based on the circumstances at the time, you agree to enter into a special Financial Assistance Amendment to Residency Agreement with us at the time of any such deferrals to reflect the deferred charges currently payable and the interest rate to be applied to the deferrals and to provide us with a perfected first security interest in your Loan repayment rights (if applicable). Any payments otherwise due to you from us, including the repayment of your Loan (if applicable), will be offset against any such deferred charges; and

**9.2.3 Guarantor.** Sections 9.2.1 and 9.2.2 are not applicable if, to initially qualify for residency at StoneRidge, a third party(ies) with adequate resources agreed in writing, prior to your acceptance for residency, to guarantee payment of your obligations and is fulfilling their obligations pursuant to a Guaranty of Fees and Other Payments under the Residency Agreement.

**9.3 Notice of Cancellation.** Prior to any cancellation of this Agreement by us, we will give you notice in writing of the reasons, and you will have 60 days thereafter to correct the problem. If we determine that the problem is corrected within such time, this Agreement shall remain in effect. If we determine that the problem is not corrected within such time, you must leave StoneRidge within 30 days after we notify you of our determination. You will continue to pay your Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished, we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A.

**9.4 Emergency Notice.** Should your continued residency pose an imminent threat of serious harm to you or other residents, and the Medical Director determines that either the giving of notice or the waiting period described above might be detrimental to you or other residents, then such notice and/or waiting period shall not be required before relocation to a hospital or other appropriate facility. If there is one of you under this Agreement, we are expressly authorized to transfer you to such hospital or other facility, and we will promptly notify your responsible party and your attending physician. After transferring you to such hospital or other facility, we will provide you with a notice of cancellation if you will be unable to return to the Health Center or your Residence at StoneRidge. You will continue to pay the Monthly Fee until removal of your furniture and other property has occurred. If removal of your furniture and other property is not accomplished we may remove and store your furniture and other property at the expense and risk of you or your estate. This Agreement will cancel upon the removal of your furniture and other property. Your First Person Fee will amortize as set forth in section 7.2 and will stop amortizing on the date you vacate the Residence or the Health Center and remove all your furniture and other property. Your Loan will be repaid in accordance with Exhibit A. If there are two of you under this Agreement, and one

of you is transferred to a hospital or other appropriate facility under the circumstances described in this section, the other person may continue to occupy the Residence or the Health Center under the terms of this Agreement as the first person. We are not responsible for any charges related to such transfer or relocation to a hospital or other appropriate facility.

## **10. MISCELLANEOUS PRO-VISIONS WITH RESPECT TO YOUR RESIDENCE.**

**10.1 Use of Residence.** The Residence is for living only and shall not be used for carrying on any business or profession, nor in any manner in violation of zoning restrictions. This Agreement is not a lease, and entitles you only to the lifetime use of the Residence and other amenities of StoneRidge and to available services, subject to the terms and conditions of this Agreement.

**10.2 Occupants of Residence.** Except as hereinafter provided, no person other than you (or both of you if there are two of you) may occupy the Residence except with our express written approval. In the event that a second person who is not a party to this Agreement wishes to be accepted for residency under this Agreement, after the date we execute this Agreement, said second person's acceptance will be based upon our then-current Residency Policy. If accepted, payment of the then-current Second Person Fee (if applicable) as determined by us, and payment of the then-current additional Monthly Charges for second persons shall be due. If such second person does not meet the requirements for residency, such second person will not be permitted to occupy the Residence for more than 30 days (except with our express written approval).

**10.3 Emergency Entry and Relocation.** We may enter your Residence should it be necessary in an emergency to protect your health or safety or the health or safety of other residents. Should it be necessary to modify facilities to meet the requirements of any applicable law or regulation which necessitate temporarily vacating your Residence, we will provide alternate facilities for you without Extra Charge within or outside StoneRidge. Further, if relocation is recommended by the Medical Director or your attending physician, we will request that you relocate to another Residence within StoneRidge or to the Health Center for the protection of your health or safety or for the health or safety of the other residents of StoneRidge. SRSC recognizes your right to participate in making decisions about a permanent move to assisted living or skilled nursing.

**10.4 Furnishings.** Furnishings within the Residence will be provided by you except as listed in Sections 1.13, 1.14, and 1.15. Furnishings provided by you shall not interfere with the health or safety of you or other residents or others.

**10.5 Alterations by You.** You may undertake alterations to your Residence with our prior written approval as set forth in a separate Residence Modification Agreement.

**10.6 Refurbishment.** Customary and normal refurbishment costs of your Residence will be borne by all residents of StoneRidge as part of the Monthly Fee. Any necessary refurbishment costs beyond those which are customary and normal are your responsibility and will be offset against the Loan repayment. Further, should you relocate to another residence in StoneRidge, you may be subject to a transfer fee as set forth in our current Residence Transfer Policy.

**10.7 Non-Smoking Policy.** Smoking is prohibited everywhere on its campus. Smoking is not allowed in your Residence, or anywhere else in the building. Because smoking is not allowed in any interior spaces, including your Residence, damage to the Residence caused by smoking by you or your visitors is not considered normal wear and tear and will be charged for accordingly.

## **11. AMENDMENTS.**

**11.1 This Agreement.** This Agreement may be amended by agreement of the parties to this Agreement (subject to any necessary regulatory approval). No amendment of this Agreement will be valid unless in writing and executed by you and us.

**11.2 All Agreements.** In addition, with the approval of (i) at least 67% of the residences with one vote per residence who have this type of residency agreement in StoneRidge, and (ii) us, all residency agreements of this type, may be amended in any respect; provided, however, that no such amendment shall:

**11.2.1** Reduce the aforesaid percentage of residences which is required to consent to any such amendment; or

**11.2.2** Permit the preference or priority of any residence over any other residence without the consent of each residence.

Upon our approval and upon our receipt of evidence of the approval of at least 67% of the residences with one vote per residence, such amendment shall be effective and any designated residency agreements, which may include this Agreement, shall automatically be amended. Accordingly, any of the terms of this Agreement may be amended, including the scope and type of services provided, upon our approval and approval of at least 67% of the residences with one vote per residence.

**11.3 Law Changes.** This Agreement may be modified by us at any time in order to comply with applicable federal or state laws or regulations.

## **12. MISCELLANEOUS LEGAL PROVISIONS.**

**12.1 Residents Association.** Residents shall have the right to organize and operate a Residents Association at StoneRidge and to meet privately to conduct business of the Residents Association. It is our policy to encourage the organization and operation of a Residents Association.

**12.2 Private Employee of Resident.** If you need additional services, you can obtain these needed services from a private employee, an independent contractor, or through an agency ("Personal Service Provider"). In such instances, we strongly advise you to obtain these needed services from a licensed and/or certified home health agency. In any event, you must comply with our policy regarding Personal Service Providers and ensure that he/she/they complies with our policies and rules of conduct as set forth in our Personal Service Provider Policy. If you fail to follow or enforce the rules set forth in the Personal Service Provider Policy, then we may elect at our sole option to cancel this Agreement.

**12.3 Resident Representations.** By executing this Agreement, you represent and warrant that: (i) you will be least 62 years of age or older at the time of residency or you will share your Residence with another person who will be 62 years of age or older at the time of residency; (ii) you are capable of living in your Residence in accordance with StoneRidge Residency Policy; (iii) you have assets and income which are sufficient under foreseeable circumstances and after provision for payment of your obligations under this Agreement to meet your ordinary and customary living expenses after assuming occupancy; and (iv) all written representations made to us with respect to such matters by you or on your behalf during the residency process are true.

**12.4 Adjustments for Absences.** You will receive a credit toward your Monthly Fee if you are absent from StoneRidge for more than 30 consecutive days. The amount of the credit shall be determined by us in our sole discretion based on our then-current policy regarding absences from StoneRidge.

**12.5 Governing Law.** This Agreement will be interpreted according to the laws of the State of Connecticut and will become effective upon acceptance and execution by us. The Glossary which sets forth the definitions of certain terms used in this Agreement is by this reference incorporated herein and made a part of this Agreement.

**12.6 Separability.** The invalidity of any restriction, condition, or other provision of this Agreement, or any part of the same, shall not impair or affect in any way the validity or enforceability of the rest of this Agreement.

**12.7 Capacity.** This Agreement has been executed by our duly authorized agent, and no member, officer, director, agent, or employee of ours shall have any personal liability to you hereunder under any circumstances. This Agreement will become effective upon acceptance and execution by us.

**12.8 Residents.** When Resident consists of more than one person, the rights and obligations of each are joint and several, except as the context of this Agreement otherwise requires.

**12.9 Nature of Rights.** You understand and agree that (i) this Agreement or your rights (including the use of the Residence) under it may not be assigned, and no rights or benefits under this Agreement shall inure to the benefit of your heirs, legatees, assignees, or representatives, except as to repayment of the amounts described in Section 7; (ii) this Agreement and your contractual right to occupy StoneRidge will exist and continue to exist during your lifetime unless canceled as provided herein; (iii) this Agreement grants you the right to occupy and use space in StoneRidge but does not give you exclusive possession of the Residence against us; (iv) you will not be entitled to any rights of specific performance but will be limited to such remedies as set forth herein and as provided by continuing care law; (v) this Agreement is not a lease or easement and does not transfer or grant you any interest in real property that comprises StoneRidge; and (vi) this Agreement grants to us complete decision-making authority regarding the management and operation of StoneRidge.

**12.10 Release.** We are not responsible for loss of or damage to your personal property, unless such loss or damage is caused by our negligence or the negligence of our agents or employees, and you hereby release us from any such liability. You may want to obtain, at your own expense, insurance to protect against such losses.

**12.11 Indemnity.** To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless, from claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional act or omission.

**12.12 Force Majeure.** The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which is not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided (“Force Majeure Event”), including, but not limited to, war, rebellion, natural disasters (including floods, earthquake, fire, hurricanes, windstorms, tornadoes), accident, strike, riot, civil commotion, act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as it is reasonably practicable, in compliance with all applicable law and consistent with reasonably prudent business practice. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section.

**12.13 Entire Agreement.** This Agreement and any addenda or exhibits hereto contain our entire understanding with respect to your residency.

**12.14 Tax Considerations.** Each person considering executing this Agreement should consult with his or her tax advisor regarding the tax considerations associated with this Agreement.

**12.15 Intentionally omitted.**

**12.16 Transfers.** We may from time to time issue additional equity interests or sell or transfer interest in StoneRidge, provided that, in such later event, the buyer will agree to assume this Agreement and all other existing Residency Agreements. In addition, we may sell or otherwise transfer the land or other portions of StoneRidge. Your signature hereto constitutes your consent and approval to any such future transfer.

**12.17 Responsible Party.** You agree to execute and deliver to us within 60 days after assuming occupancy in your Residence, a Durable Power of Attorney, trust documents, or other documentation naming a responsible party for business and financial decision-making. These documents should be drafted to remain effective notwithstanding your incompetence or disability and will be in a form acceptable to us. You agree to keep such documents in effect as long as this Agreement is in effect. The person(s) named as your responsible party will not be a person(s) employed by us or any other entity engaged in the management of StoneRidge.

**12.18 Funeral and Burial Services.** No funeral or burial services or expenses are provided by us pursuant to this Agreement.

**12.19 Arbitration.** It is understood that any and all disputes between the Resident and StoneRidge its owners, operators, officers, directors, administrators, staff, employees, agents, and any management and administrative services company, and all related entities and individuals, their staff, personnel, employees, owners, officers, directors, members, and agents that provide services to the Community that relates to the provision of care, treatment and services the Community provides to the Resident, including any action for injury or death arising from intentional torts, statutory causes of action, negligence, and medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered shall be determined by submission to binding arbitration and not by lawsuit or resort to court process. This provision shall be binding for any and all disputes arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community, except for disputes pertaining to collections or evictions. This provision is binding on all parties hereto, including the Community, the Resident, the Resident's representatives, agents, responsible party, conservators, executors, family members, successors in interest and heirs, as

well as anyone who may have a claim arising out of the Resident's Residency Agreement and/or the Resident's residency at the Community.

If this Agreement is signed by someone other than the Resident, including the Resident's representative, agent, responsible party, conservator, executor, family member, successor in interest and he or she is doing so not only in their representative capacity for the Resident, but also in their individual capacity and thus agree that any and all claims brought individually by any such person(s) are also subject to binding arbitration.

The parties to this Agreement are giving up their Constitutional right to have any and all disputes decided in a court of law before a jury, and instead are accepting the use of binding arbitration. By signing this Agreement, the parties waive their right to commence and/or be a party to any class or collective action in any court against the other party relating in any manner to the Resident's residency at the Community. Further, the parties waive their right to commence or be a party to any group, class, or collective action claim in arbitration or any other forum.

Submitting to this provision is not a precondition to receiving medical treatment, care, services and/or for admission to the Community and is not a requirement to continue to receive medical treatment, care, and services at the Community. You may rescind your agreement to arbitrate by written notice to the Community within thirty (30) days of signature. This agreement to arbitrate shall not be discharged by the death of any party hereto, nor by the termination of the Residency Agreement, nor by the Resident ceasing to reside at the Community.

This provision shall have retroactive effect. It is agreed by and between the parties hereto that this provision covers services rendered before the date this contract is signed, thus making this provision effective as of the date of the Resident's first admission to the Community.

This Agreement relates to the Resident's admission to the Community and the Community participates in Medicare programs and/or procures supplies from out of state vendors. The parties, therefore, agree that the underlying admission to the Community involves interstate commerce. The parties further agree that this arbitration provision is to be governed by the Federal Arbitration Act and the procedural rules set forth in the Federal Arbitration Act (9 U.S.C. Sections 1-16) shall govern any petition to compel arbitration and shall preempt any inconsistent State law. While the parties agree that this provision shall be governed by the

procedural rules set forth in the Federal Arbitration Act, the parties further agree that the substantive law of the State where the Community is located shall apply to any and all claims.

The parties desire to have any and all disputes submitted to binding arbitration and do not want any claims not subject to arbitration to impede any and all other claims from being ordered to binding arbitration.

The parties are to mutually agree on the appointment of a single neutral arbitrator who routinely conducts mediations and/or arbitrations in the State where the Community is located and agree that discovery will be conducted pursuant to the discovery rules set forth by the arbitrator. Should the parties be unable to mutually agree upon the appointment of a single neutral arbitrator the Federal Arbitration Act shall govern the appointment of the arbitrator. The arbitration shall be venued in a location convenient for all parties, normally the county or region where Community is located.

The expenses and fees of the arbitrator shall be apportioned equally among all parties except as otherwise permitted or required by law.

If any portion of this provision is held invalid, such holding shall not impact the validity of the remaining content of this provision. Any such invalid portion shall be severed from this provision.

The Resident and/or the person executing this Agreement certifies that he/she has read this provision, understands this provision, it has been explained to them in a manner he/she understands, has been given a copy of this provision, and affirmatively represents that he/she is duly authorized by virtue of the Resident's consent, instruction and/or durable power of attorney, to execute this Agreement and accept its terms on behalf of the Resident and acknowledges that the Community is relying on the aforementioned certification. Further, if the person executing this Agreement is someone other than the Resident, you knowingly do so not only in your representative capacity for the Resident, but also in your individual capacity and thus agree that any and all claims brought individually by you are also subject to binding arbitration.

**12.20 Acknowledgment of Receipt of Documents.** You hereby certify that you (i) received a copy of this Agreement, (ii) received a copy of our most current Disclosure Statement, and (iii) have been permitted to inspect any additional relevant

materials requested to be reviewed by you or your representatives prior to executing this Agreement. Included in this Agreement are the following:

**12.20.1** Schedule of Ancillary Charges attached as Exhibit D;

**12.20.2** Statement of CCRC Resident Health Care Rights and Protections attached as Exhibit E;

**12.20.3** Statement of Rights of Residents Receiving Assistance in Living Services attached as Exhibit F;

**12.20.4** Complaint Resolution Process attached as Exhibit G; and

**12.20.5** Acknowledgement of Receipt of Resident Handbook attached as Exhibit H.

**12.21 Residency Agreement Terms.** You hereby certify that you have executed the following exhibits and that, unless stipulated otherwise, the selections made by you shall govern for the term of this Residency Agreement. By your initials below, you have executed the following exhibits:

**Exhibit B – Payment for Health Center Care Services**

\_\_\_\_\_ *ContinuingCare*<sup>TM</sup> Reduced Health Center Fees Plan

**Exhibit C – Election for Flexible Dining Program:**

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

**12.22 StoneRidge Residency Agreement Fee Summary.**

**First Person Fee** (equal to 50% of the Entrance Payment, of which 10% of the Entrance Payment is to be paid upon executing this Agreement and the remaining 10% to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier )  
\$ \_\_\_\_\_

**Loan** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier, equal to 50% of Entrance Payment)

\$\_\_\_\_\_

**Total Entrance Payment** (First Person Fee plus Loan)

\$\_\_\_\_\_

**Second Person Fee** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier)

\$\_\_\_\_\_

**Working Capital Fee** (to be paid within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy or upon occupancy, whichever is earlier, equal to two (2) times the Monthly Fee including a second person Monthly Fee, if applicable)

\$\_\_\_\_\_\*

**Monthly Fee** \$\_\_\_\_\_\*

**Second Person Monthly Fee**  
(if applicable) \$\_\_\_\_\_\*

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Residence Number

\_\_\_\_\_  
RESIDENT

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Residence Type

06/23/2025



50% Expansion Return-of-Capital Residency  
Agreement (2025-06-23)

**EXHIBIT A**  
**LOAN AGREEMENT**  
**(TO BE EXECUTED AT OCCUPANCY)**

Pursuant to your Return-of-Capital Residency Agreement with Stoneridge Senior Care, LLC ("SRSC," "we," "our," or "us"), you agreed to loan \$\_\_\_\_\_ to SRSC, and we hereby promise to repay your Loan upon the terms and conditions hereinafter set forth in this Loan Agreement ("Agreement"). Capitalized terms used herein shall have the same meanings as set forth in the Residency Agreement.

**1. Making of Loan.** Your Loan shall be made to SRSC on the earlier of (i) occupancy or (ii) within 15 days after we give you written notice that the Residence you have reserved is ready for occupancy.

**2. Repayment.** In the event you or we cancel your Residency Agreement and remove your furniture and other property, your Loan shall become due and payable in accordance with Section 8 of your Residency Agreement and placed in a sequential queue for repayment upon the conclusion of (i) any cancellation notification period; (ii) receipt of your notice of vacancy from the Community; (iii) if any items have been left in the Community, the conclusion of our removal of all remaining items from the Residence.

We repay Loans when new residents move into a previously occupied Residence at the Community and the following criteria have been satisfied: (i) receipt of an Entrance Payment in full from the new resident to StoneRidge; (ii) the rescission period for that sale by the new resident has expired; and (iii) there are no contractual repayment obligations uniquely bound to the resale of the residence being reoccupied.

There may be other Loans ahead of yours when your Loan is placed in the repayment queue. We repay Loans to the first person/estate in the repayment queue. After we have paid the first person/estate's Loan, we keep moving through the repayment queue in sequential order of when they were placed.

In the event your Loan is greater than the incoming eligible Entrance Payment collected, you shall remain at the top of the repayment queue and the balance shall be paid upon collection of the next eligible Entrance Payment received. Should the remaining balance exceed the second collected eligible Entrance Payment, this

process shall continue until sufficient funds have been collected from Entrance Payments to fully repay your Loan

We will make a Loan payment to you/your estate within 14 days of receipt of an eligible Entrance Payment(s) that include funds sufficient to repay your Loan in full as described in this Section. At that time, we shall consider your repayment paid in full.

However, in no event shall such date be more than 36 months from the date of cancellation of your Residency Agreement, at which time your Loan shall become immediately due and payable to you or your estate. If your Residency Agreement is not cancelled within 30 years from the date of this Agreement, your Loan shall become immediately due and payable by us. You agree to look solely to the assets of SRSC for the repayment of your Loan. We may offset against any Loan repayment any amounts then due by you to us pursuant to Section 7.4 of your Residency Agreement.

**3. Right of Offset.** You agree that we have the right to offset against any First Person Fee, Second Person Fee (if applicable) or Loan repayment due you, any unpaid Monthly Charges owed by you, any unreimbursed Health Center expenses we have advanced on your behalf, any amounts deferred by us under Section 7.4 of the Residency Agreement, and any other sums owed by you to us with interest.

**4. No Assignment of Loan; Successors and Assigns.** Your rights under this Agreement may not be sold, assigned or otherwise transferred, except to your estate, another individual(s) or to certain trusts established for your benefit, subject to our prior approval in our sole discretion. All terms and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

[INTENTIONALLY LEFT BLANK]

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Approved this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

**STONERIDGE SENIOR CARE, LLC**  
d/b/a StoneRidge

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
(as Authorized Representative of Life Care  
Services, LLC, as agent for Stoneridge  
Senior Care, LLC)

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
Witness

06/23/2025

\_\_\_\_\_  
Residence Type

\_\_\_\_\_  
Residence Number



50% Expansion Return-of-Capital Residency  
Agreement (2025-06-23)

# **EXHIBIT B**

## **PAYMENT FOR HEALTH CENTER CARE SERVICES**

## EXHIBIT B

### PAYMENT FOR HEALTH CENTER CARE SERVICES REDUCED HEALTH CENTER FEES PLAN

**1. First 90 Days of Health Center Care Services.** Health Center Care Services will be provided in a private or semi-private suite in the Health Center at a discounted rate for 90 cumulative days for you (90 days for each of you if there are two of you) but the allowance for one Resident cannot be used by the other. During your first 90 cumulative days of Health Center Care Services, you shall receive a 50% discount from the per diem charge for care in the Health Center. If your stay in the Health Center is fully covered as a Medicare-qualified stay, the discounted 90 cumulative days offered per Resident in this paragraph will not take effect until the termination of your Medicare-qualified stay. While in the Health Center the Monthly Fee for your Residence will continue as before. Further, whether you release or retain your Residence while you are in the Health Center, you will not be entitled to repayment of your Entrance Payment.

**[NOTE: The (90) cumulative days at 50% is the total number of days allowed per Resident during your lifetime for a combined total for assisted living, memory care, rehabilitative care and nursing care in the Health Center. After the (90) cumulative days are exhausted, your care will be in accordance with Sections 2 or 3 below, as applicable.]**

**2. More Than 90 Days of Health Center Care Services When There is One of You.** If you require Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether you choose to release or retain your Residence.

**2.1 Release Residence When There is One of You.** If you choose to release your Residence for occupancy by someone else, the Monthly Fee for your Residence will cease upon the date all of your furniture and other property have been removed from your Residence. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charges for your care in the Health Center. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**2.2 Retain Residence When There is One of You.** If you choose to retain your Residence, the Monthly Fee for your Residence will continue. You

will receive a meal credit for one meal per day. You will also pay the charges for your Health Center Care Services. Beyond the 90 cumulative days, you shall receive a 10% discount on the per diem charge for your care in the Health Center.

**3. More than 90 Days of Health Center Care Services When There are Two of You.** If there are two of you and one of you requires Health Center Care Services beyond the 90 cumulative days, your monthly fees will depend upon whether one or two of you require Health Center Care Services and whether you choose to release or retain your Residence.

**3.1 Retain Residence When There are Two of You and Only One of You Requires Care.** If there are two of you and one of you requires Health Center Care Service, you shall pay the Monthly Fee for the Residence and the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The second person Monthly Fee for the Residence shall cease.

**3.2 Retain Residence When Two of You Require Health Center Care Services.** If there are two of you who require Health Center Care Services and you choose to retain your Residence, the then-current first person and second person Monthly Fees will continue. You will also pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. In addition, you shall receive a meal credit for your absence in the Residence.

**3.3 Release Residence When Two of You Require Health Center Care Services.** If you choose to release your Residence for occupancy by someone else, you will pay the charges for care in the Health Center. Beyond the 90 cumulative days, you will receive a 10% discount on the per diem charge for your care in the Health Center. The first and second person Monthly Fees for your Residence will cease upon the date all your furniture and other property have been removed from your Residence. If removal of your furniture and other property is not accomplished within 30 days of your determination to release your Residence, we may remove and store your furniture and other property at the expense and risk of you or your estate.

**4. Alternate Accommodations.** You shall be given priority over non-residents for admission to the Health Center. In the event you need assisted living, memory care, rehabilitative care, or nursing care and the Health Center is fully occupied, you will be provided care at another comparable health care facility. Upon your relocation, you shall continue to be responsible for the charges set forth in the

Residency Agreement and this Exhibit B herein. To the extent we would be liable for your care and accommodations in the Health Center under this Agreement, we will be responsible for the charges associated with alternate Health Center Care Services. Such accommodations will be comparable to that provided at the Health Center. You agree to relocate to the Health Center when a suite becomes available. However, should you need care which SRSC is not licensed to provide or which the Health Center does not have the appropriately trained staff to provide, or does not routinely provide, you agree to relocate to a facility that can provide you with the appropriate level of care. We will not be responsible for the charges for this higher level of care or private duty care.

**5. Return to Residence.** If you release your Residence because you have moved to the Health Center, and if later you are able, in the opinion of the Medical Director or your attending physician with the concurrence of the Medical Director, to return to a Residence, we will provide you a Residence of the same type as your previous Residence as soon as one becomes available. Upon reoccupying a Residence, your Monthly Fee will be based on the then-current Monthly Fee for the Residence.

**6. Medical Director and Ancillary Services.** A member in good standing of the New London County Medical Association will be designated to act as Medical Director for StoneRidge. You will be at liberty to engage the services of the Medical Director or the services of a physician of your choice at your own expense. We will not be responsible for the charges for medical treatment by the Medical Director, or any other physician, nor will we be responsible for the charges for medicine, drugs, prescribed therapy, and other similar services and supplies. In the event we incur or advance charges for your medical treatment or for medicine, drugs, prescribed therapy, pharmaceutical supplies, personal laundry, rental of equipment, and other similar services and supplies, you will reimburse us for such charges.

**7. Non-Resident Use of the Health Center** SRSC will offer Health Center Care Services in the Health Center to qualified non-residents for a fee, to the extent suites are available and as allowed by Connecticut law. However, Residents of StoneRidge will be given priority access to available suites.

**8. Long-Term Care Insurance.** We will use reasonable efforts to assist you in working with your long-term care insurance provider to obtain the benefits to which you may be entitled.

**9. Health Care Outside StoneRidge.** In the event you receive care, or choose to receive care at another health care facility not designated by us, we will not be responsible for the charges incurred there by you.

**10. Assisted Living Residency Agreement or Health Center Admission Agreement.** If you require Health Center Care Services in the Health Center, you agree to enter into a separate Assisted Living Residency Agreement or Health Center Admission Agreement based on the type of care needed. The Agreement to be executed by you or your designated party and SRSC will be available for your review prior to move-in.

**11. Under Age 62.** Pursuant to our Residency Policy, if you are under age 62 when you occupy a Residence under this Agreement, you shall be entitled to care in the Health Center. However, you will be charged the then-current per diem rate being charged to non-residents until you attain the age of 62.

**[NOTE: Sections 12 through 13.5 are applicable only to rehabilitative care and nursing care offered in Avalon Health Care Center at StoneRidge.]**

**12. Supplemental Insurance.** You are required to maintain Medicare Part A, Medicare Part B, and one supplemental health insurance policy or equivalent insurance coverage acceptable to us to assure your ability to fully cover a Medicare-qualified stay in the Health Center. Such supplemental insurance should cover Medicare co-insurance and deductibles. You shall furnish to us such evidence of coverage as we may from time to time request. Should your supplemental health insurance or equivalent coverage not fully cover a Medicare-qualified stay in the Health Center, or should you fail to purchase supplemental health insurance or equivalent coverage to fully cover a Medicare-qualified stay in the Health Center, you shall be financially responsible for paying to SRSC deductibles, co-insurance amounts, and any other charges for each Medicare-qualified stay in the Health Center. If you are eligible to receive the discount provided in Sections 1, 2 or 3 of this Exhibit B, as applicable, and your stay in the Health Center is a Medicare-qualified stay, such discount will be applied after the expiration of your Medicare-qualified stay providing you have Medicare Part A, Medicare Part B, and acceptable supplemental health insurance or equivalent insurance coverage. If failure to maintain Medicare Part A, Medicare Part B, or supplemental health insurance is causing depletion of your resources and impairs your ability to meet your financial obligations, we need not defer your financial obligations as provided in Section 9.2 of the Agreement, and we retain the right to revoke your entitlement to reside at

StoneRidge and we retain the right to cancel this Agreement as provided in Section 9 of the Agreement.

**13. Managed Care.** If you have chosen to participate in a managed care program as an alternative to Medicare Part A, Medicare Part B, and supplemental insurance coverage, the terms governing Health Center care will be as follows:

**13.1 Participating Provider.** If we are a participating provider with your managed care program and your stay is a Medicare-qualified stay, we will agree to accept, as full payment, reimbursement at the rate we negotiate with your managed care program. Such a managed care stay in the Health Center will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.2 Not a Participating Provider.** If we are not a participating provider with your managed care program and you choose to receive health care services at a managed care participating provider during a Medicare-qualified stay, then you understand and agree that you must relocate for as long as necessary for those services, and be responsible for all charges for those health care services. In addition, while receiving health care services at the managed care participating provider, you understand and agree that unless this Agreement is cancelled, you will continue to pay the Monthly Fee for your Residence. Such a Medicare-qualified stay at a managed care participating provider other than StoneRidge will not reduce the discounts that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If we are unable to negotiate an acceptable rate and you choose to receive Health Center Care Services in the Health Center, you agree to be responsible for all charges for care in the Health Center, as set forth in Section 13.4 of this Exhibit B.

**13.3 Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and you would still like to receive health care services in the Health Center during a Medicare-qualified stay, we will attempt to negotiate an acceptable reimbursement rate with your managed care program. If we are able to negotiate an acceptable rate, we will agree to accept as full payment the rate provided by your managed care program. Such a managed care stay in the Health Center will not reduce the discount towards the per diem charge that you are eligible to receive pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable.

**13.4 No Negotiated Managed Care Rate.** If we are not a participating provider in your managed care program and a negotiated rate is not agreed upon

between us and your managed care program and you would still desire to receive health care services in the Health Center during a Medicare-qualified stay, then each day of your stay in the Health Center will be paid pursuant to Sections 1, 2 or 3 of this Exhibit B, as applicable. If you choose to retain your Residence, the Monthly Fee for your Residence will continue. In addition, you will pay meal charges for meals that are in excess of those provided for by the Monthly Fees at the then-current charges for meals and any additional services as described in Section 6 of this Exhibit B.

**13.5 Post Medicare-Qualified Stay.** At the conclusion of each such Medicare-qualified stay, you will be entitled to health care services in the Health Center in accordance with the terms of this Agreement other than as set forth in this Section 13, as adjusted to reflect any reduction during such stay in the discounts that you are eligible to receive as provided in Sections 1, 2 or 3 of this Exhibit B, as applicable.

**EXHIBIT C**

**DINING PLAN SELECTION FORM**

## EXHIBIT C

### ELECTION FOR FLEXIBLE DINING PROGRAM

As a commitment to promote the flexibility of resident lifestyles at StoneRidge, we are offering two distinct dining allocations under our flexible dining program for residents. For more information on the Dining Program, please refer to the Resident Handbook.

1. **Standard Plan.** Selection of the Standard Plan includes the full meal allocation at the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points

**Published Monthly Fee:** \$ \_\_\_\_\_

2. **Alternative Plan.** Selection of the Alternative Plan includes a lesser meal allocation for a discount off the published monthly fee:

**Dining Allocation:** \_\_\_\_\_ Points per person

**Total Published Monthly Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**Total Discounted Monthly Fee:** \$ \_\_\_\_\_

3. **Resident's Selection of the Dining Plan.** Upon review of the available dining plan options, you have selected:

\_\_\_\_\_ Standard Plan

\_\_\_\_\_ Alternative Plan

4. **Term and Renewal of Selection.** The rates described above shall be valid until [Date of Enrollment Term]. Upon occupancy, your selection will be valid through the end of the initial term. Prior to each new annual term, we shall offer you the chance to change your selection or continue with the plan previously chosen. If a Dining Plan Election Form is not delivered to us by the annual renewal date, your previous selection will be renewed.

5. **Changes to Dining Plan Options.** We reserve the right to change the available options and scope of services provided to Residents, upon written notice, in accordance with Residency Agreement. This may include the withdrawal or cancellation of alternative dining plans and discounts.

## EXHIBIT D



### Ancillary Charge Adjustments Effective January 1, 2025

Service	Charge
Additional Meal Points by Resident	\$1.45 per point coverage
Guest Meal in Health Center or Cottage - Dinner	\$22.00
Guest Meal in Health Center or cottage– Breakfast or Lunch	\$15.00
Picnic and Holiday Meal Charges for Guests: (New Year’s Day, Easter, Mother’s Day, Thanksgiving, Christmas)	Points determined per event
Meal Credit (per Resident Absence Policy)	\$7.75
Guest Suite Apartment (non-smoking, no pets)	\$190.00 (per night, includes tax)
Guest Room (non-smoking, no pets)	\$150.00 (per night, includes tax)
Cot Rental	\$15.00 (per visit)
Postage Meter	Billed at cost
Fax Machine	\$0.50 cents per page
Copy machine	\$0.25 cents per black and white copy/\$0.50 per color copy
FOB Replacement	\$25.00
Key Replacement	\$30.00
Activities	Billed at cost
Special Housekeeping Services	\$10.00 per 15-minute increments
Special Maintenance Service/IT Services	\$12.50 per 15-minute increments \$12.50 per 15-minute increments
Notary Service	\$7.00 (per document)
Medical and other Transportation outside of standard schedules	\$30.00 (pay per service per hour, plus mileage if applicable)



**Ancillary Charge Adjustments Continued  
SAIL Services**

<b>Service</b>	<b>Charge</b>
CNA Services	\$10.50 per quarter hour
Licensed Nurse Services	\$30.00 per quarter hour
Shower	\$35.00 for the first 30 minutes. If shower exceeds 30 minutes, CNA Services charge per quarter hour will apply for each quarter hour after 30 minutes
Medication Reminder Services from CNA (no personal care included)	\$9.50 per reminder
Medication Pour (in a cassette by a nurse)	\$65.00 per pour

## EXHIBIT E

### STATEMENT OF CCRC RESIDENT HEALTH CARE RIGHTS AND PROTECTIONS

1. A provider shall not prevent or otherwise infringe upon a resident's right to obtain treatment, care and services, including, but not limited to, home health and hospice care, from persons providing health care who have not entered into a contract with or are not affiliated with the provider, subject to the provider's policies and procedures for protecting the health and safety of residents.
2. Residents at a continuing-care retirement facility receiving assisted living or skilled nursing services shall be entitled to all rights and protections afforded under the law, including the right to refuse medications and treatments. A provider shall not prevent or otherwise infringe upon a resident's right to participate, as fully and meaningfully as the resident is able, in making the decision about a permanent move to an assisted living facility or skilled nursing care unit. A provider shall inform family members designated by the resident of the resident's medical condition and care plan. A provider shall not prevent or otherwise infringe upon a resident's right to refuse medications and treatments.
3. Each provider operating a facility shall make reasonable accommodations, in accordance with the American with Disabilities Act, *42 UCS 12101*, et seq., the Fair Housing Amendments Act of 1988, *42 USC 3601*, et seq., and *section 46a-64c of the Connecticut general statutes* to ensure that services and notices are accessible and communicated to residents who have hearing loss, low vision or other disabilities.
4. Each resident of a continuing-care retirement facility is entitled to:
  - a. A voice in all decisions affecting the resident's health, welfare and financial security;
  - b. Transparency regarding the financial stability of the provider operating the facility at which the resident resides;
  - c. Timely notification of developments affecting the facility, including, but not limited to: (A) Ownership changes of the provider operating the facility at which the resident resides, (B) a change in the financial condition of the provider operating the facility at which the resident

resides, and (C) construction and renovation at the facility at which the resident resides;

- d. Independence in decisions regarding medical care and assisted living services; and
- e. Reasonable accommodations for persons with disabilities.

## **EXHIBIT F**

### **STATEMENT OF RIGHTS OF RESIDENTS RECEIVING ASSISTANCE IN LIVING SERVICES**

#### **STONERIDGE RESIDENTS' BILL OF RIGHTS**

As a resident of this Community, you have the right to:

- A clean, safe and habitable private residential apartment;
- Be treated with consideration, respect and due recognition of your personal dignity, individuality and the need for privacy;
- Privacy within your apartment, subject to the Community's rules reasonably designed to promote your health, safety and welfare;
- Retain and use your personal property within your apartment so as to maintain your individuality and personal dignity, provided that your use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- Treat your apartment as your home and have no fewer rights than any other resident of the state, including but not limited to 1) associating and communicating privately with persons of your choice, 2) purchasing and using technology of our choice, including but not limited to technology that may facilitate virtual visitation with family and others, provided that the operation and use of the technology must not violate an individual's right to privacy under state or federal law, and 3) engaging in other private communications, including receiving and sending unopened correspondence and telephone access;
- Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the Community;
- Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your

private apartment or such other space in the Community as may be available to residents for such purposes;

- Manage your own financial affairs;
- Exercise civil and religious liberties;
- Present grievances and recommend changes in policies, procedures and services to the Executive Director or staff of the Community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the Community, including access to representatives of the Department of Public Health and the Office of the Long-Term Care Ombudsman;
- Upon request, obtain from the Community the name of the Service Coordinator or any other persons responsible for resident care or the coordination of resident care;
- Confidential treatment of all records and communications to the extent required by state and federal law;
- Have all reasonable requests responded to promptly and adequately within the capacity of the Community and with due consideration given to the rights of other residents;
- Be fully advised of the relationship that the Community has with any Assisted Living Services Agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- Receive a copy of any rules or regulations of the Community;
- Privacy when receiving medical treatment or other services within the capacity of the Community;
- Refuse care and treatment and participate in the planning for the care and services you need or receive, provided, however, that your refusal of care and treatment may preclude you from being able to continue to reside in the Community; and

- If you are a continuing care resident, all rights afforded under Conn Gen. Stat. §17b-520 et seq. and any other applicable laws. If you are not a continuing care resident and rent your apartment, all rights and privileges afforded to tenants under Connecticut General Statutes Title 47a (Connecticut's landlord tenant laws).

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding questions, comments or complaints regarding the Community:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Connecticut Department of Public Health  
Faculty Licensing and Investigations  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS MANAGED RESIDENTIAL COMMUNITY RESIDENTS' BILL OF RIGHTS HAS BEEN GIVEN TO ME AND EXPLAINED TO ME OR THAT I HAVE WAIVED MY RIGHT TO AN EXPLANATION.

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Resident

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Resident

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Responsible Party

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Responsible Party

---

Date

**STONERIDGE  
ASSISTED LIVING SERVICES AGENCY  
CLIENTS' BILL OF RIGHTS**

1. You have the right to a description of available services, charges and billing mechanisms. Any changes will be given to you orally and in writing as soon as possible but no less than 15 working days prior to the date such changes become effective.
2. You have a right to be given the criteria for admission to the Agency.
3. You have the right to participate in the planning of, or any changes in, the care to be furnished to you, the frequency of visits proposed, the nurse supervising your care and the manner in which the nurse may be contacted.
4. You have a responsibility for participation in the development and implementation of client service programs and the right to refuse recommended services.
5. You have a right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
6. You have received an explanation of the confidential treatment of all client information retained by the Agency and the requirements for written consent for the release of information to persons not otherwise authorized under law to receive it.
7. You have the right to access your service records.
8. You have been given an explanation of the complaint procedure and your right to file a complaint without discrimination or reprisal from the Agency regarding provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for property by anyone providing Agency services.
9. The Agency has the responsibility to promptly investigate the complaints made by you or your family regarding the provision of care and services, any allegations of physical, mental abuse or exploitation or lack of respect for your property by anyone providing Agency services.
10. You may file a complaint with the Connecticut Department of Public Health at the following address and telephone number:

Jennifer Olsen Armstrong, MS, RD  
Section Chief  
Facility Licensing and Investigations

Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)  
<https://dphflisevents.ct.gov/Complaints>

Mairead Painter  
State Long-Term Care Ombudsman  
55 Farmington Avenue  
Hartford, CT 06105-3730  
Phone: (860) 424-5200  
Email: [Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov) or [lrcop@ct.gov](mailto:lrcop@ct.gov)

11. You have a right to have services provided by an individual or entity other than via an Assisted Living Services Agency.
12. You have been informed of the circumstances under which you may be discharged from the Agency or may not be permitted to receive services from the Agency.
13. You have been given a description of Medicare-covered services and payment requirements for such services.
14. You have been given information advising you of your right under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions.
15. You have a right to make individual arrangements with an Assisted Living Services Agency which does not have a formal contract with this managed residential community.
16. You have a right to terminate or reduce services provided by an Assisted Living Services Agency at any time.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS ASSISTED LIVING SERVICES AGENCY CLIENTS' BILL OF RIGHTS.

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Resident

or

---

Resident's Representative

---

Relationship to Resident

---

Date

## EXHIBIT G

### COMPLAINT RESOLUTION PROCESS

#### **Policy:**

Residents are free to communicate grievances to the staff of StoneRidge without restraint, interference, coercion, discrimination, or reprisal. All grievances will be properly documented and responded to. In the event a Resident is dissatisfied with treatment or services received at StoneRidge, the Resident has the opportunity to present his/her complaints through our defined grievance procedures.

#### **Procedures:**

Following are the procedures for a Resident or his/her representative to follow in order to file a grievance with StoneRidge. We reserve the right to change these procedures in order to better accommodate our residents:

1. The grievance may be filed in writing with the Department Director of the area where the grievance occurs. Assistance, if necessary, will be available through Resident Services and/or the Administration office.
2. Information contained in the grievance will include the following:
  - Description of the grievance;
  - A list of all parties involved; and
  - Dates of specific incidents related to the grievance.
3. The Department Director will acknowledge in writing receipt of the grievance within five (5) business days and provide the Resident or his/her representative with a time frame for an appropriate response.
4. If the grievance remains unresolved for thirty (30) days after initial submission, the Department Director will address the grievance with the Executive Director.
5. The Executive Director will address, in writing, the grievance within ten (10) business days.

6. If the grievance remains unresolved for sixty (60) days after the initial submission, the Executive Director will address the grievance with the StoneRidge Board of Directors and with the Management Company's Vice President.
7. The Community's Board of Directors and the Management Company's Vice President will address the grievance within ten (10) business days.
8. If the grievance remains unresolved, the Resident will be informed of his/her right to contact appropriate State agencies, the State Long-Term Care Ombudsman or the Regional Long-Term Care Ombudsman.
9. All attempts at resolution will be documented in writing to the Resident with copies on file in the administrative office.

**EXHIBIT H**

**Acknowledgment of Receipt of Resident Handbook**

I, the undersigned, acknowledge receipt of the StoneRidge Resident Handbook dated \_\_\_\_\_, 20\_\_\_\_, which contains certain rules, policies, and guidelines in order to promote the health, safety and welfare of the residents of the Community.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident's Representative

\_\_\_\_\_  
Relationship to Resident

**EXHIBIT D**

**Audited Financial Statement**

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**MYSTIC CT SENIOR HOLDINGS, LLC  
TABLE OF CONTENTS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

<b>INDEPENDENT AUDITORS' REPORT</b>	<b>1</b>
<b>CONSOLIDATED FINANCIAL STATEMENTS</b>	
<b>CONSOLIDATED BALANCE SHEETS</b>	<b>3</b>
<b>CONSOLIDATED STATEMENTS OF OPERATIONS</b>	<b>4</b>
<b>CONSOLIDATED STATEMENTS OF MEMBER'S EQUITY</b>	<b>5</b>
<b>CONSOLIDATED STATEMENTS OF CASH FLOWS</b>	<b>6</b>
<b>NOTES TO CONSOLIDATED FINANCIAL STATEMENTS</b>	<b>8</b>



## INDEPENDENT AUDITORS' REPORT

Member  
Mystic CT Senior Holdings, LLC

### Report on the Audit of the Consolidated Financial Statements

#### *Opinion*

We have audited the accompanying consolidated financial statements of Mystic CT Senior Holdings, LLC, which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations, member's equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mystic CT Senior Holdings, LLC, as of December 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of Mystic CT Senior Holdings, LLC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Responsibilities of Management for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mystic CT Senior Holdings, LLC's ability to continue as a going concern for one year after the date the consolidated financial statements are available to be issued.

Member  
Mystic CT Senior Holdings, LLC

***Auditors' Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mystic CT Senior Holdings, LLC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mystic CT Senior Holdings, LLC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



**CliftonLarsonAllen LLP**

West Des Moines, Iowa  
February 24, 2025

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**CONSOLIDATED BALANCE SHEETS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 5,314,556	\$ 4,800,503
Accounts Receivable, Net of Allowance for Credit Losses (2024, \$324; 2023, \$123,568)	434,712	486,180
Prepaid Expenses and Other	785,894	837,883
Assets Limited as to Use or Restricted	3,895,818	2,016,393
Total Current Assets	10,430,980	8,140,959
Assets Limited as to Use or Restricted	2,476,277	2,359,251
Operating Property, Net of Accumulated Depreciation	114,651,683	113,097,859
Projects under Development	150,799	-
Goodwill, Net of Accumulated Amortization	21,822,641	24,765,020
Intangible Asset, Net of Accumulated Amortization	9,744,894	11,601,064
Costs of Acquiring Contracts, Net of Accumulated Amortization	519,589	423,074
Total Assets	\$ 159,796,863	\$ 160,387,227
<b>LIABILITIES AND MEMBER'S EQUITY</b>		
<b>CURRENT LIABILITIES</b>		
Term Loan Payable, Current Portion	\$ 635,400	\$ -
Accounts Payable, Trade	1,054,083	1,029,428
Accounts Payable, Affiliates	35,384	36,705
Accrued Expenses	1,208,529	1,181,529
Refundable Deposits from Prospective Residents, Escrowed	3,895,818	2,016,393
Resident Contract Liability, Current Portion	468,700	210,000
Total Current Liabilities	7,297,914	4,474,055
Deferred Revenue	34,810,197	33,016,157
Term Loan Payable, Less Current Portion, Net of Unamortized Financing Costs	58,672,660	59,271,490
Resident Contract Liability, Less Current Portion	27,286,860	30,688,383
Loans from Residents	23,724,278	14,756,028
Total Liabilities	151,791,909	142,206,113
<b>COMMITMENTS AND CONTINGENCIES</b>		
	-	-
<b>MEMBER'S EQUITY</b>		
	8,004,954	18,181,114
Total Liabilities and Member's Equity	\$ 159,796,863	\$ 160,387,227

See accompanying Notes to Consolidated Financial Statements.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>REVENUES</b>		
Amortization of Nonrefundable Entrance Payments	\$ 5,241,983	\$ 4,854,249
Working Capital Fees	402,240	473,956
Apartment Revenues	18,802,356	16,757,696
Health Care Revenues	9,387,794	8,803,158
Other Revenues	365,471	208,624
Total Revenues	<u>34,199,844</u>	<u>31,097,683</u>
<b>OPERATING EXPENSES</b>		
General and Administrative	6,108,762	6,104,755
Plant	3,925,796	3,419,688
Environmental Services	1,641,644	1,462,616
Dietary	4,493,414	4,217,016
Medical and Resident Care	8,190,181	7,621,998
Depreciation and Amortization	8,167,958	7,799,149
Total Operating Expenses	<u>32,527,755</u>	<u>30,625,222</u>
<b>INCOME FROM OPERATIONS</b>	1,672,089	472,461
<b>OTHER INCOME (EXPENSES)</b>		
Interest Expense, Net, Including Interest Accretion	(7,348,249)	(7,534,238)
Gain on Disposal of Assets	-	35,000
Total Other Income (Expenses)	<u>(7,348,249)</u>	<u>(7,499,238)</u>
<b>NET LOSS</b>	<u>\$ (5,676,160)</u>	<u>\$ (7,026,777)</u>

See accompanying Notes to Consolidated Financial Statements.

**MYSTIC CT SENIOR HOLDINGS, LLC  
CONSOLIDATED STATEMENTS OF MEMBER'S EQUITY  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>BALANCE - BEGINNING OF YEAR</b>	\$ 18,181,114	\$ 33,508,891
Distributions to Member	(4,500,000)	(8,301,000)
Net Loss	(5,676,160)	(7,026,777)
<b>BALANCE - END OF YEAR</b>	<b>\$ 8,004,954</b>	<b>\$ 18,181,114</b>

*See accompanying Notes to Consolidated Financial Statements.*

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net Loss	\$ (5,676,160)	\$ (7,026,777)
Adjustments to Reconcile Net Loss to Net Cash		
Provided by Operating Activities:		
Depreciation and Amortization	8,167,958	7,799,149
Amortization of Financing Costs	44,494	44,494
Amortization of Nonrefundable Entrance Payments	(5,241,983)	(4,854,249)
Interest Accretion on Acquired Resident Contracts	3,272,096	3,530,355
Gain on Disposal of Assets	-	(35,000)
Changes in Operating Assets and Liabilities:		
Accounts Receivable	(95,662)	252,357
Prepaid Expenses and Other	51,989	21,601
Accounts Payable, Trade	(288,453)	89,376
Accounts Payable, Affiliate	(1,321)	(1,467)
Accrued Expenses	27,000	185,477
Refundable Deposits from Prospective Residents, Escrowed	1,879,425	1,115,066
Deferred Revenue	7,418,076	8,998,917
Net Cash Provided by Operating Activities	9,557,459	10,119,299
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Additions to Operating Property, Net	(4,554,208)	(4,630,195)
Additions to Projects under Development, Net	(150,799)	-
Additions to Costs of Acquiring Contracts	(152,432)	(298,794)
Net Cash Used by Investing Activities	(4,857,439)	(4,928,989)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Distributions to Member	(4,500,000)	(8,301,000)
Proceeds from Loans from Residents	9,668,806	10,305,033
Repayment of Loans from Residents	(1,400,135)	(576,205)
Repayment of Resident Contract Liability	(5,950,263)	(6,711,129)
Payment of Financing Costs	(7,924)	-
Net Cash Used by Financing Activities	(2,189,516)	(5,283,301)
<b>NET CHANGE IN CASH, CASH EQUIVALENTS, AND RESTRICTED CASH</b>	2,510,504	(92,991)
Cash, Cash Equivalents, and Restricted Cash - Beginning of Year	9,176,147	9,269,138
<b>CASH, CASH EQUIVALENTS, AND RESTRICTED CASH - END OF YEAR</b>	\$ 11,686,651	\$ 9,176,147

See accompanying Notes to Consolidated Financial Statements.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>SUPPLEMENTAL SCHEDULE - CASH PAID FOR INTEREST</b>	<b>\$ 4,208,269</b>	<b>\$ 3,999,881</b>
<b>SUPPLEMENTAL SCHEDULE - OPERATING PROPERTY IN ACCOUNTS PAYABLE</b>	<b>\$ 574,451</b>	<b>\$ 261,343</b>
<b>SUPPLEMENTAL SCHEDULE - REDEMPTION OF RESIDENT CONTRACT LIABILITY IN SATISFACTION OF OUTSTANDING ACCOUNTS RECEIVABLE BALANCE</b>	<b>\$ 16,645</b>	<b>\$ -</b>
<b>SUPPLEMENTAL SCHEDULE - CASH RECONCILIATION</b>		
Cash and Cash Equivalents	\$ 5,314,556	\$ 4,800,503
Assets Limited as to Use or Restricted	6,372,095	4,375,644
Total Cash, Cash Equivalents, and Restricted Cash	<b>\$ 11,686,651</b>	<b>\$ 9,176,147</b>

*See accompanying Notes to Consolidated Financial Statements.*

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

**Organization**

Mystic CT Senior Holdings, LLC (HoldCo), a Delaware limited liability company, was formed on March 9, 2016. HoldCo owns a 100% interest in Stoneridge Senior Care, LLC (OpCo), a Delaware limited liability company, and Mystic CT Senior Property, LLC (PropCo), a Delaware limited liability company. PropCo and OpCo hold title to and operate, respectively, a senior living community (dba: StoneRidge) in Mystic, Connecticut. Stoneridge JV LLC (the Parent), a Delaware limited liability company formed on March 15, 2022, became the sole member of HoldCo in a change of control event that occurred July 15, 2022 (Inception).

**Use of Estimates**

Due to normal business uncertainties, management must estimate some information included in the consolidated financial statements presented in conformity with accounting principles generally accepted in the United States of America. Actual results could, and probably will, differ from those estimates. Due to the uncertainties inherent in such estimates, it is at least reasonably possible that the estimates could change materially in the near term.

**Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of HoldCo, PropCo, and OpCo, collectively, the Company. Intercompany transactions and balances have been eliminated in the preparation of the accompanying consolidated financial statements.

**Cash and Cash Equivalents**

The Company considers investments with maturities of three months or less when purchased to be cash equivalents.

**Concentrations of Credit Risk**

The Company maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses in such accounts. The Company believes they are not exposed to any significant credit risk on cash and cash equivalents.

**Accounts Receivable**

Accounts receivable are reported net of an allowance for credit losses to represent the Company's estimate of expected losses at the consolidated balance sheet date. The adequacy of the Company's allowance for credit losses is reviewed on an ongoing basis using analyses of receivable portfolios by payor source and receivable aging, a review of specific accounts, as well as expected future economic conditions and market trends. Adjustments are made to the allowance as necessary.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Assets Limited as to Use or Restricted**

Entrance Payments, prior to occupancy, are held in escrow. These funds remain the property of the prospective residents unless and until available to be released to the Company as provided for in the escrow agreement. The amount of the escrowed Entrance Payments at December 31, 2024 and 2023 was \$3,895,818 and \$2,016,393, respectively, and are classified as current assets.

The Reserve Fund Escrow, as required by the state of Connecticut, is to be equal to at least one month's cash operating costs of the Community, plus six month's debt service. To satisfy this reserve requirement, the state of Connecticut allows for an alternative approach if a community has to comply with days cash on hand (DCOH) covenant on any outstanding loan obligations. The Company has a DCOH covenant requirement in the Term Loan Agreement and is in compliance with the covenant as of December 31, 2024 and 2023. Therefore, the Company meets the state requirement for the reserve fund escrow through this alternative approach. The Company still maintains a Reserve Fund Escrow with restricted funds in the amount of \$2,476,277 and \$2,359,251 at December 31, 2024 and 2023, respectively.

Assets limited as to use or restricted are all cash and cash equivalents.

**Operating Property**

Operating property acquired was accounted for at fair value in accordance with accounting guidance for purchase accounting. Operating property acquired after Inception is carried at cost. Depreciation is being computed by the straight-line method over the estimated useful lives of the respective assets.

**Project Under Development**

Costs incurred relating to the design, development and financing costs are capitalized. Upon receipt of the Certificate of Occupancy, costs relating to the design and development will be classified as building or equipment, as appropriate, and will be depreciated over the life of the respective assets. Financing costs will be classified as a reduction of loans payable and amortized over the term of the related debt. Amortization incurred during construction will be capitalized to the project.

The project consists of 54 independent living and 14 assisted living units. The costs of the project are estimated to be \$65,000,000 and will be completed in 2027.

**Goodwill**

Goodwill represents the excess of purchase price over the underlying assets acquired. Goodwill of \$29,412,161 as of December 31, 2024 and 2023 is being amortized over ten years. Accumulated amortization related to goodwill was \$7,589,520 and \$4,647,141 as of December 31, 2024 and 2023, respectively. Amortization expense was \$2,942,379 and \$2,942,378 for the years ended December 31, 2024 and 2023, respectively.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Intangible Asset**

At Inception, an intangible asset with a value of \$14,540,000 related to in-place resident relationships was recorded. The balance is being amortized on a straight-line basis over a 94-month period, which is the average estimated remaining life of the acquired resident contracts. Accumulated amortization related to the in-place resident contracts was \$4,795,106 and \$2,938,936 as of December 31, 2024 and 2023, respectively. Amortization expense was \$1,856,170 for the years ended December 31, 2024 and 2023.

**Costs of Acquiring Contracts**

Costs of acquiring contracts are incremental costs incurred in obtaining a Residency Agreement that would not have been incurred had the Residency Agreement not been obtained. Costs are associated with individual agreements and amortized based on the remaining life expectancy of those residents. Costs of acquiring contracts were \$608,229 and \$463,176 as of December 31, 2024 and 2023, respectively. Accumulated amortization was \$88,640 and \$40,102 as of December 31, 2024 and 2023, respectively. Amortization expense was \$55,917 and \$52,963 for the years ended December 31, 2024 and 2023, respectively.

**Income Taxes**

The Company is not subject to income taxes. Each Capital Balance Member is taxed on its share of the Company's taxable income, whether or not distributed, and reports on its tax return, its share of any net income or loss of the Company. As a result, no provision is made in these consolidated financial statements for income taxes, or penalties and interest thereon.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Company and recognize a tax liability (or asset) for an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated their material tax positions and determined there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in these consolidated financial statements. The Company is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**Revenues**

The resident pays an Entrance Payment, net of funds previously escrowed, consisting of a First Person Fee (and Second Person Fee, if applicable) and a Loan. The First Person Fee is recorded as deferred revenue and is amortized into income over the estimated life expectancy of the residents, adjusted annually based on the actuarially determined life expectancy of the individuals occupying the residential unit.

The resident pays a working capital fee equal to the then-current monthly fee (described below). When the right to access a residential unit is established, this one-time nonrefundable fee is recognized as income. Its use is restricted for purposes specified in the Residency Agreements.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Revenues (Continued)**

Residents pay a monthly fee, determined annually. The monthly fee may only be used for purposes specified in the Residency Agreements.

Resident revenue is reported at the amount that reflects the consideration to which the Company expects to be entitled in exchange for providing resident services. These amounts are due from residents, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Company. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Company believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to residents in the community. The Company measures the performance obligation from admission into the community, to the point when it is no longer required to provide services to the resident, which is generally at the time of death or move-out.

The opening and closing balances of Accounts Receivable and Deferred Revenue were as follows:

	Accounts Receivable	Deferred Revenue
Balance - January 1, 2023	\$ 672,682	\$ 28,871,489
Balance - December 31, 2023	486,180	33,016,157
Balance - December 31, 2024	434,712	34,810,197

**Health Care Revenues**

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from the Company's established rates. Payment arrangements include prospectively determined per diem payments. Revenue is recognized as performance obligations are satisfied. Health care revenues are reported at the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors and implicit price concessions provided to residents. See Note 6 for additional information on health care revenues.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Obligation to Provide Future Services**

The Company periodically calculates the present value of the net cost of future services and use of facilities to be provided to current residents, which is compared to the balance of deferred entrance fees and estimated future monthly service fees. If the present value of the net cost of future services and use of facilities exceeds the deferred entrance fees and estimated monthly service fees, a liability is recorded (obligation to provide future services and use of facilities) with the corresponding charge to income. As of December 31, 2024 and 2023, there was no need to record a liability for an obligation to provide future services and use of facilities.

**NOTE 2 RELATED PARTY TRANSACTIONS**

The Company has a development agreement with LCS Development LLC (affiliated through common ownership with the Parent) to coordinate the planning and development, financing, initial occupancy development, and design and construction of the Community. There has been \$-0- earned and capitalized under the agreement as of December 31, 2024 and no payable due to LCS Development LLC at December 31, 2024.

The Company has a client services agreement with Life Care Services LLC (affiliated through common ownership with the Parent) to provide management services relating to the operations of the Community. Amounts expensed under the agreement amounted to \$1,388,807 and \$1,267,874 for the years ended December 31, 2024 and 2023, respectively. At December 31, 2024 and 2023, the Company had a payable to Life Care Services LLC of \$35,384 and \$36,705, respectively.

The Company has an agreement with LCS Community Employment LLC (LCE) (affiliated through common ownership with the Parent) to provide employment services for the Community. At December 31, 2024 and 2023, the Company had no balances payable to LCE relating to salaries and benefits.

In the normal course of operations, the Company purchases from affiliates of the Parent for group purchasing, insurance, computing technology, and related ancillary matters.

**NOTE 3 RESIDENCY AGREEMENTS**

At Inception, the Company acquired existing Residency Agreements (Agreements). Included in resident contracts are multiple contract types with repayment of the Entrance Payments made in accordance with the terms of the Agreements. The resident contract liability has been recorded at fair value at the time of the acquisition. Interest accretion on acquired contracts is recorded over the average remaining life expectancy of the residents or until repaid, if sooner.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 3 RESIDENCY AGREEMENTS (CONTINUED)**

After Inception, the Company has entered into Agreements with residents and prospective residents of the Community. The Agreements provide for the lifetime use, under certain conditions, of a living unit upon receipt of an Entrance Payment consisting of a First Person Fee (and Second Person Fee, if applicable) and a Loan. Entrance Payments are deposited in an escrow account and are released to the Company only after the occurrence of certain events as described in the Agreements. Prior to occupancy, Entrance Payments are refundable, subject to limitations in the Agreements.

At the time of occupancy, the portion of the Entrance Payment that is ultimately nonrefundable is recorded as deferred revenue and is amortized to revenue.

The Agreements also provide for the residents to pay a monthly fee.

Performance obligations are determined based on the nature of the services provided by the Company. Performance obligations satisfied over time can vary throughout the life of the Agreement depending on the resident's care setting. Generally, performance obligations to residents in independent living can include housing and other services, such as access to common areas, meals at dining venues, planned activities and events, housekeeping, and security. Performance obligations for all other care settings have a component of health care, which is discussed in more detail in Note 1.

The resident will make a Loan to the Company at occupancy or within a period of time as defined in the Agreement. The Loans bear no interest and shall be repaid upon vacancy and the lesser of 36 months or re-occupancy, whichever occurs first. If internal transfers occur the repayment is tied to the last vacant unit. Beginning on January 12, 2024, Loans obtained on or after this date will be repaid in priority list order within 30 days from the date a new Entrance Payment is received and the residence has been vacated. The Loans of all residents will be secured by a lien on the real and personal property owned by the Company and will be subject to certain permitted encumbrances.

**NOTE 4 OPERATING PROPERTY**

Operating property consists of the following at December 31:

	Estimated Useful Lives	2024	2023
Land		\$ 13,440,000	\$ 13,440,000
Buildings and Fixed Equipment	5 - 40 Years	107,626,183	102,495,873
Equipment and Furnishings	3 - 10 Years	1,284,862	725,577
Subtotal		<u>122,351,045</u>	<u>116,661,450</u>
Less: Accumulated Depreciation		(7,794,023)	(4,480,530)
Remodel Projects		94,661	916,939
Total		<u>\$ 114,651,683</u>	<u>\$ 113,097,859</u>

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 5 TERM LOAN PAYABLE, NET OF UNAMORTIZED FINANCING COSTS**

On June 15, 2022, the Company entered into a Term Loan Agreement with Bank of America. The Term Loan Agreement is a borrowing in the amount of \$59,512,500. The borrowings under the loan bear interest at a variable rate equal to the sum of the Term SOFR Rate plus a credit spread adjustment of 1.61% + 0.10%. The Term Loan Agreement matures in June 2029.

The balance of the term loan payable at December 31, is as follows:

	<u>2024</u>	<u>2023</u>
Term Loan Payable	\$ 59,512,500	\$ 59,512,500
Less: Unamortized Financing Costs	(204,440)	(241,010)
Total	<u>\$ 59,308,060</u>	<u>\$ 59,271,490</u>

As of December 31, 2024, approximate aggregate maturities of the term loan payable are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2025	\$ 635,400
2026	1,302,000
2027	1,362,000
2028	1,300,200
2029	<u>54,912,900</u>
Total	59,512,500
Less: Unamortized Financing Costs	(204,440)
Total	<u>\$ 59,308,060</u>

Financing costs represent expenses incurred in obtaining long-term financing. These costs are being amortized over the term of the agreement by the straight-line method as an approximation of the effective interest method. Financing costs of \$319,384 and \$311,460 as of December 31, 2024 and 2023, respectively, are being amortized over the life of the loan. Accumulated amortization related to the financing costs was \$114,944 and \$70,450 as of December 31, 2024 and 2023, respectively. Interest expense related to the amortization was \$44,494 for the years ended December 31, 2024 and 2023.

The Term Loan Agreement is secured by substantially all assets of the Company, including all Entrance Payments without limitation. The Term Loan Agreement includes various restrictive covenants requiring adherence to be in compliance with its terms.

**NOTE 6 HEALTH CARE REVENUES**

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 6 HEALTH CARE REVENUES (CONTINUED)**

**Medicare:** The Company participates in the Medicare program. This federal program is administered by the Centers for Medicare and Medicaid Services (CMS). The Company is paid under the Patient Driven Payment Model (PDPM) for residents who are Medicare Part A eligible and meet the coverage guidelines for skilled nursing services. Under PDPM, the basis for reimbursement is determined by the underlying complexity and clinic needs of a patient. In addition, PDPM utilizes variable adjustment factors that change reimbursement rates during the resident's length of stay.

**Other:** Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare, are complex and subject to interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Company's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Company. In addition, the contracts the Company has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor, and the Company's historical settlement activity. Settlement estimates include an assessment to ensure that it is not probable that cumulative revenue recognized will require significant reversal when retroactive adjustments are resolved. Estimates are adjusted in future periods as new information becomes available, or as years pass and settlements are no longer subject to audits, reviews, and investigations. In 2024 and 2023, there were no significant adjustments arising from a change in implicit price concession impacting transaction price.

Generally, residents who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Company estimates the transaction price for residents with deductibles and coinsurance based on historical experience and current market conditions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to health care revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the Resident's ability to pay are recorded as credit loss expense.

**MYSTIC CT SENIOR HOLDINGS, LLC**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE 6 HEALTH CARE REVENUES (CONTINUED)**

Health care revenues from the Medicare program accounted for approximately 15% and 20% of the total health care revenues in 2024 and 2023, respectively. Revenues from the Medicare program accounted for approximately 4% and 6% of total revenues in 2024 and 2023, respectively.

**NOTE 7 EMPLOYEE RETIREMENT BENEFIT PLAN**

Available to all eligible employees of LCE is a defined contribution employee retirement benefit plan (the Plan). The Company accrued matching contributions of \$235,843 and \$191,722 in 2024 and 2023, respectively, to be remitted to the Plan in 2025 and 2024, respectively. The Plan matches 100% of the first 3% of the participant's eligible contributions plus 50% of the next 2% of eligible contributions.

**NOTE 8 COMMITMENTS AND CONTINGENCIES**

The successful and timely completion of the project depends on marketing and sales of available residential units, securing financing at reasonable rates, and ensuring timely initial occupancy.

The Company, in the normal course of operations, is exposed to risk and involvement in legal actions and proceedings. To the extent available at costs believed reasonable by the Company, it maintains insurance coverages for various types of risk. Based on the Company's past experience, management believes that any legal actions or proceedings will not have a material effect on the financial position of the Company.

Because of the various regulations surrounding government reimbursed medical costs, there can be no assurance that the reimbursements will be equal to or exceed costs to provide such services.

**NOTE 9 SUBSEQUENT EVENTS**

The Company has evaluated subsequent events through February 24, 2025, the date which the consolidated financial statements were available to be issued. Effective January 1, 2025, PropCo merged into OpCo and HoldCo was dissolved, transferring its ownership interest in OpCo to the Parent. The assets and liabilities of PropCo as of January 1, 2025, were transferred to OpCo.



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**EXHIBIT E**

**Statement from Escrow Agent**

**STATEMENT OF ESCROW AGENT  
FOR  
STONERIDGE SENIOR CARE, LLC**

The undersigned hereby represents StoneRidge Senior Care, LLC has established and does maintain the following escrow accounts with Truist Bank.

- Entrance Fee Escrow Account
- Entrance Fee Escrow Account (Expansion Units)
- Reserve Fund Escrow Account

**Escrow Agent: Truist Bank**

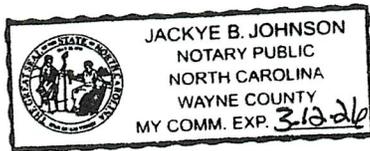
Thomas Clower  
\_\_\_\_\_  
Signature  
Vice President  
\_\_\_\_\_  
Title  
June 4, 2025  
\_\_\_\_\_  
Date

NOTARY:

State of NC )  
County of Wayne ) SS:

On this 4<sup>th</sup> day of June, 2025 personally appeared Thomas Clower as an officer of Truist Bank known to me (or satisfactorily proven) to be the person whose name is subscribed to within this document and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.



Jackye B. Johnson  
\_\_\_\_\_  
Signature of Notary Public  
Date Commission Expires: 3-12-26  
Jackye B. Johnson  
\_\_\_\_\_  
Printed Name of Notary Public

(Notary Seal or Stamp)

**EXHIBIT F**

**Historic Entrance Payments**

**EXHIBIT F**  
**HISTORICAL ENTRANCE PAYMENT AND MONTHLY FEE SCHEDULES**

**PROVIDER'S NOTE: The Provider acquired StoneRidge in 2016 and the historical fees charged by prior ownership are provided for reference.**

**Admission Payments represent the total of the Entrance Payment and the Loan.**

**50% ROC Agreements, offered for select apartments in 2015 through 2024, are priced at 83% to 88% of the 65% ROC Admission prices.**

**Traditional Agreements, offered for select apartments in 2015 through 2024, are priced at 65% to 80% of the 65% ROC Admission prices.**

**ENTRANCE PAYMENTS – (PHASE I)**

<b><u>Residence Type</u></b>	<b>January 2014 Entrance Payments</b>	<b>January 2015 (through 2020) Entrance Payments</b>	<b>January 2021 Entrance Payments</b>	<b>January 2022 Entrance Payments</b>	<b>January 2023 Entrance Payments</b>	<b>January 2024 Entrance Payments</b>
One Bedroom Traditional	\$211,000 - \$234,000	\$220,000 - \$252,000	\$247,447 - \$261,373	\$257,345 - \$271,828	\$292,000	\$310,000
One Bedroom Deluxe	\$248,000 - \$284,000	\$259,000 - \$296,000	\$299,936	\$311,933	\$329,000	\$340,000
One Bedroom w/Den	\$318,000 - \$321,000	\$331,000 - \$361,000	\$374,920	\$389,917	\$411,000	\$440,000
One Bedroom w/Den Deluxe	\$339,000 - \$400,000	\$353,000 - \$387,000	\$401,700	\$417,768	\$472,000	\$500,000
Two Bedroom Traditional	\$339,000 - \$400,000	\$353,000 - \$388,000	\$401,700	\$417,768	\$477,000	\$500,000
Two Bedroom Deluxe	\$389,000 - \$427,000	\$405,000 - \$453,000	\$471,328	\$490,181	\$523,000	\$540,000
Two Bedroom Corner	\$459,000 - \$463,000	\$477,000 - \$505,000	\$524,888	\$545,884	\$678,000	\$730,000
Two Bedroom w/Den	\$482,000 - \$486,000	\$501,000 - \$565,000	\$589,160	\$612,726	\$667,000	\$720,000
Two Bedroom End	\$503,000	\$598,000	\$621,296	\$646,148	\$711,000	\$750,000
Two Bedroom End w/Den	\$590,000 - \$602,000	\$614,000 - \$680,000	\$706,992	\$735,272	\$841,000	\$900,000
Second Person Fee	\$10,920	\$12,463	\$12,962	\$13,480	\$13,885	\$14,800

**MONTHLY FEE SCHEDULE – (PHASE I)**

<b><u>Residence Type</u></b>	<b><u>January 2015 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2016 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2017 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2018 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2019 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2020 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2021 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2022 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2023 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2024 1<sup>st</sup> Person Monthly Fee</u></b>
One Bedroom Traditional	\$2,963	\$3,052	\$3,174	\$3,295	\$3,402	\$3,530	\$3,654	\$3,864	\$4,250	\$4,505
One Bedroom Deluxe	\$3,135	\$3,229	\$3,358	\$3,486	\$3,599	\$3,734	\$3,865	\$4,087	\$4,496	\$4,766
One Bedroom w/Den	\$3,278	\$3,376	\$3,511	\$3,644	\$3,762	\$3,903	\$4,040	\$4,272	\$4,699	\$4,981
One Bedroom w/Den Deluxe	\$3,438	\$3,541	\$3,683	\$3,823	\$3,947	\$4,095	\$4,238	\$4,482	\$4,930	\$5,226
Two Bedroom Traditional	\$3,438	\$3,541	\$3,683	\$3,823	\$3,947	\$4,095	\$4,238	\$4,482	\$4,930	\$5,226
Two Bedroom Deluxe	\$3,643	\$3,752	\$3,902	\$4,050	\$4,182	\$4,339	\$4,491	\$4,749	\$5,224	\$5,537

Two Bedroom Corner	\$3,833	\$3,948	\$4,106	\$4,262	\$4,400	\$4,565	\$4,725	\$4,997	\$5,497	\$5,827
Two Bedroom w/Den	\$3,993	\$4,113	\$4,278	\$4,441	\$4,585	\$4,757	\$4,924	\$5,207	\$5,728	\$6,072
Two Bedroom End	\$3,993	\$4,113	\$4,278	\$4,441	\$4,585	\$4,757	\$4,924	\$5,207	\$5,728	\$6,072
Two Bedroom End w/Den	\$4,340	\$4,470	\$4,649	\$4,826	N/A	\$5,170	\$5,351	\$5,659	\$6,225	\$6,599
Second Person Monthly Fee	\$1,130	\$1,164	\$1,211	\$1,257	\$1,298	\$1,347	\$1,394	\$1,474	\$1,621	\$1,718

**ENTRANCE PAYMENTS -- (PHASE II)**

<u>Residence Type</u>	<b>January 2014 Entrance Payments</b>	<b>January 2015 (through 2020) Entrance Payments</b>	<b>January 2021 Entrance Payments</b>	<b>January 2022 Entrance Payments</b>	<b>January 2023 Entrance Payments</b>	<b>January 2024 Entrance Payments</b>
Sabino (One Bedroom Deluxe)	\$277,000 - \$304,000	\$288,000 - \$313,000	\$299,936	\$311,933	\$329,000	\$340,000
Morgan (One Bedroom w/Den)	\$331,000 - \$376,000	\$345,000 - \$391,000	\$385,632	\$401,057	\$425,000	\$440,000
Conrad (Two Bedroom Deluxe)	\$418,000 - \$466,000	\$435,000 - \$480,000	\$471,328	\$490,181	\$523,000	\$540,000
Heritage (Two Bedroom w/Den)	\$493,000 - \$541,000	\$550,000 - \$555,000	\$589,160	\$612,726	\$664,000	\$720,000
Herreshoff (Two Bedroom End)	\$538,000 - \$597,000	\$621,000	\$621,296	\$646,148	\$711,000	\$750,000
Brilliant (Two Bedroom End /Den)	\$663,000	\$689,000	\$706,992	\$735,272	\$841,000	\$900,000
Second Person Fee	\$10,920	\$12,463	\$12,962	\$13,480	\$13,885	\$14,800

**MONTHLY FEE SCHEDULE -- (PHASE II)**

<b><u>Residence Type</u></b>	<b><u>January 2015 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2016 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2017 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2018 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2019 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2020 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2021 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2022 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2023 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2024 1<sup>st</sup> Person Monthly Fee</u></b>
Sabino (One Bedroom Deluxe)	\$3,135	\$3,229	\$3,358	\$3,486	\$3,599	\$3,734	\$3,865	\$4,087	\$4,496	\$4,766
Morgan (One Bedroom w/Den)	\$3,278	\$3,376	\$3,511	\$3,644	\$3,762	\$3,903	\$4,040	\$4,272	\$4,699	\$4,981
Conrad (Two Bedroom Deluxe)	\$3,643	\$3,752	\$3,902	\$4,050	\$4,182	\$4,339	\$4,491	\$4,749	\$5,224	\$5,537
Heritage (Two Bedroom w/Den)	\$3,993	\$4,113	\$4,278	\$4,441	\$4,585	\$4,757	\$4,924	\$5,207	\$5,728	\$6,072
Herreshoff (Two Bedroom End)	\$4,196	\$4,322	\$4,495	\$4,666	\$4,817	\$4,998	\$5,173	\$5,470	\$6,017	\$6,378
Brilliant (Two Bedroom End w/Den)	\$4,513	\$4,648	\$4,834	\$5,018	N/A	N/A	\$5,563	\$5,883	\$6,471	\$6,859

Second Person Monthly Fee	\$1,130	\$1,164	\$1,211	\$1,257	\$1,298	\$1,347	\$1,394	\$1,474	\$1,621	\$1,718
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Prices are subject to change without notice.

**ENTRANCE PAYMENTS -- (PHASE III)**

<b><u>Residence Type</u></b>	<b>January 2014 Entrance Payments</b>	<b>January 2015 (through 2020) Entrance Payments</b>	<b>January 2021 Entrance Payments</b>	<b>January 2022 Entrance Payments</b>	<b>January 2023 Entrance Payments</b>	<b>January 2024 Entrance Payments</b>
Morgan (One Bedroom w/Den)	\$331,000 - \$376,000	\$345,000 - \$391,000	\$385,632	\$401,057	\$434,000	\$440,000
Conrad (Two Bedroom Deluxe)	\$418,000 - \$466,000	\$435,000 - \$484,000	\$471,328	\$490,181	\$523,000	\$540,000
Heritage (Two Bedroom w/Den)	\$493,000 - \$541,000	\$513,000 - \$568,000	\$589,160	\$612,726	\$667,000	\$720,000
Herreshoff (Two Bedroom End)	\$538,000 - \$597,000	\$560,000 - \$598,000	\$621,296	\$646,148	\$705,000	\$750,000
LA Dunton (Two Bedroom Corner)	\$571,000 - \$596,000	\$594,000 - \$651,000	\$676,998	\$704,078	\$797,000	\$850,000
Brilliant (Two Bedroom End w/Den)	\$663,000	\$680,000 - \$689,000	\$706,992	\$735,272	\$844,000	\$900,000
Eagle (Two Bedroom End w/Den Deluxe)	\$703,000	\$731,000 - \$773,000	\$803,400	\$835,536	\$999,000	\$1,050,000
Second Person Fee	\$10,920	\$12,463	\$12,962	\$13,480	\$13,885	\$14,800

**MONTHLY FEE SCHEDULE -- (PHASE III)**

<b><u>Residence Type</u></b>	<b><u>January 2015 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2016 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2017 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2018 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2019 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2020 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2021 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2022 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2023 1<sup>st</sup> Person Monthly Fee</u></b>	<b><u>January 2024 1<sup>st</sup> Person Monthly Fee</u></b>
Morgan (One Bedroom w/Den)	\$3,278	\$3,376	\$3,511	\$3,644	\$3,762	\$3,903	\$4,040	\$4,272	\$4,699	\$4,981
Conrad (Two Bedroom Deluxe)	\$3,643	\$3,752	\$3,902	\$4,050	\$4,182	\$4,339	\$4,491	\$4,749	\$5,224	\$5,537
Heritage (Two Bedroom w/Den)	\$3,993	\$4,113	\$4,278	\$4,441	\$4,585	\$4,757	\$4,924	\$5,207	\$5,728	\$6,072
Herreshoff (Two Bedroom End)	\$4,196	\$4,322	\$4,495	\$4,666	\$4,817	\$4,998	\$5,173	\$5,470	\$6,017	\$6,378
LA Dunton (Two Bedroom Corner)	\$4,426	\$4,559	\$4,741	\$4,921	\$5,081	\$5,272	\$5,457	\$5,771	\$6,348	\$6,729
Brilliant (Two Bedroom End w/Den)	\$4,513	\$4,648	\$4,834	\$5,018	N/A	\$5,375	\$5,563	\$5,883	\$6,471	\$6,859
Eagle (Two Bedroom End	\$5,059	\$5,211	\$5,419	\$5,625	N/A	\$6,026	\$6,237	\$6,596	\$7,256	\$7,691

w/Den Deluxe)										
Second Person Monthly Fee	\$1,130	\$1,164	\$1,211	\$1,257	\$1,298	\$1,347	\$1,394	\$1,474	\$1,621	\$1,718

Prices are subject to change without notice.

**EXHIBIT G**

**Current Fee Schedules**



186 Jerry Browne Road  
 Mystic, CT 06355  
 (860) 572-4494  
 www.StoneRidgeLCS.com

**2025  
 65% RETURN-OF-CAPITAL™ PLAN  
 ENTRANCE PAYMENT AND  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase I**

Sq. Ft.	Residential Apartment-Home	Entrance Fee Range	First Person Monthly Fee
720	One Bedroom Traditional	\$320,850 to \$341,705	\$4,721
810	One Bedroom Deluxe	\$351,900 to \$374,774	\$4,995
955	One Bedroom w/Den	\$458,480	\$5,220
1060	One Bedroom w/Den Deluxe	\$525,000	\$5,477
1060	Two Bedroom Traditional	\$525,000 to \$554,865	\$5,477
1100	Two Bedroom Deluxe	\$567,000 to \$603,855	\$5,803
1255	Two Bedroom Corner	\$808,548	\$6,107
1245	Two Bedroom w/Den	\$782,136	\$6,363
1315	Two Bedroom End	\$765,000	\$6,363
1515	Two Bedroom End w/Den	\$936,000 to \$996,840	\$6,916
	Second Person Fee	\$30,000	\$1,800

Prices are subject to change without notice.

1/1/2025





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**2025  
 65% RETURN-OF-CAPITAL™ PLAN  
 ENTRANCE PAYMENT AND  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase II**

<b>Sq. Ft.</b>	<b>Residential Apartment-Home</b>	<b>Entrance Fee</b>	<b>First Person Monthly Fee</b>
810	Sabino - One Bedroom Deluxe	\$374,774	\$4,995
955	Morgan - One Bedroom w/Den	\$458,480 to \$485,001	\$5,220
1100	Conrad - Two Bedroom Deluxe	\$567,000 to \$603,855	\$5,803
1240	Heritage - Two Bedroom w/Den	\$782,136	\$6,363
1315	Herreshoff - Two Bedroom End	\$830,700	\$6,684
1515	Brilliant - Two Bedroom End w/Den	\$996,840	\$7,188
	Second Person Fee	\$30,000	\$1,800

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**2025**  
**65% RETURN-OF-CAPITAL™ PLAN**  
**ENTRANCE PAYMENT AND**  
**MONTHLY SERVICE FEE SCHEDULE**

**Phase III**

Sq. Ft.	Residential Apartment-Home	Entrance Fee	First Person Monthly Fee
975	Morgan - One Bedroom w/Den	\$458,480 to \$488,281	\$5,220
1100	Conrad - Two Bedroom Deluxe	\$567,000 to \$603,855	\$5,803
1245	Heritage - Two Bedroom w/Den	\$734,400 to \$782,136	\$6,363
1305	Herreshoff - Two Bedroom End	\$780,000	\$6,684
1475	LA Dunton - Two Bedroom Corner	\$941,460	\$7,052
1520	Brilliant - Two Bedroom End w/Den	\$996,840	\$7,188
1800	Eagle - Two Bedroom End w/ Den Deluxe	\$1,162,980	\$8,060
	Second Person Fee	\$30,000	\$1,800

Prices are subject to change without notice.

1/1/2025





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**2025  
 50% Return of Capital  
 ENTRANCE PAYMENT &  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase I**

Sq. Ft.	Residential Apartment-Home	Entrance Fee Range	First Person Monthly Fee
720	One Bedroom Traditional	\$296,608 to \$315,888	\$4,721
810	One Bedroom Deluxe	\$325,312 to \$346,457	\$4,995
955	One Bedroom w/Den	\$420,992	\$5,220
1060	One Bedroom w/Den Deluxe	\$478,400	\$5,477
1060	Two Bedroom Traditional	\$478,400 to \$509,496	\$5,477
1100	Two Bedroom Deluxe	\$516,672 to \$550,256	\$5,803
1255	Two Bedroom Corner	\$743,864	\$6,107
1245	Two Bedroom w/Den	\$733,674	\$6,363
1315	Two Bedroom End	\$717,600	\$6,363
1515	Two Bedroom End w/Den	N/A	
	Second Person Fee	\$30,000	\$1,800

Prices are subject to change without notice.

1/1/2025





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**2025**  
**50% Return of Capital**  
**ENTRANCE PAYMENT &**  
**MONTHLY SERVICE FEE SCHEDULE**

**Phase II**

Sq. Ft.	Residential Apartment-Home	Entrance Fee Range	First Person Monthly Fee
810	Sabino - One Bedroom Deluxe	\$346,457	\$4,995
955	Morgan - One Bedroom w/Den	\$420,992 to 448,356	\$5,220
1100	Conrad - Two Bedroom Deluxe	\$516,672 to 550,256	\$5,803
1240	Heritage - Two Bedroom w/Den	\$733,674	\$6,363
1315	Herreshoff - Two Bedroom End	\$764,244	\$6,684
1515	Brilliant - Two Bedroom End w/Den	N/A	
	Second Person Fee	\$30,000	\$1,800

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1/1/2025





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**2025  
 50% Return of Capital  
 ENTRANCE PAYMENT &  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase III**

<b>Sq. Ft.</b>	<b>Residential Apartment-Home</b>	<b>Entrance Fee Range</b>	<b>First Person Monthly Fee</b>
975	Morgan - One Bedroom w/Den	\$420,992 to 448,356	\$5,220
1100	Conrad - Two Bedroom Deluxe	\$516,672 to \$550,256	\$5,803
1245	Heritage - Two Bedroom w/Den	\$688,896 to \$733,674	\$6,363
1305	Herreshoff - Two Bedroom End	\$717,600	\$6,684
1475	LA Dunton - Two Bedroom Corner	\$866,143	\$7,052
1520	Brilliant - Two Bedroom End w/Den	N/A	
1800	Eagle - Two Bedroom End w/ Den Deluxe	N/A	
	Second Person Fee	\$30,000	\$1,800

Prices are subject to change without notice.

1/1/2025





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**2027 (EXPANSION)  
 80% RETURN-OF-CAPITAL™ PLAN  
 ENTRANCE PAYMENT AND  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase IV**

Sq. Ft.	Residential Apartment-Home	Entrance Fee Range	First Person Monthly Fee
850	Barnum - One Bedroom Deluxe	\$503,300	\$5,610
1,000	Calder - One Bedroom Den	\$615,600	\$5,850
1,130	Hamill - Two Bedroom Traditional	\$742,000	\$6,498
1,150	Hepburn - Two Bedroom Deluxe	\$746,300	\$6,613
1,270	Olmsted II - Two Bedroom Den (MOD)	\$982,800	\$7,112
1,315	Webster - Two Bedroom Inside Corner	\$997,900	\$7,298
1,345	Olmsted - Two Bedroom Den	\$1,040,000	\$7,465
1,415	Whitney - Two Bedroom End	\$1,081,100	\$7,783
1,725	Stowe - Two Bedroom End w/Den	\$1,386,700	\$8,625
	Second Person Fee	\$35,000	\$1,960

Prices are subject to change without notice.

1/1/2027





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**2027 (EXPANSION)  
 50% RETURN-OF-CAPITAL™ PLAN  
 ENTRANCE PAYMENT AND  
 MONTHLY SERVICE FEE SCHEDULE**

**Phase IV**

Sq. Ft.	Residential Apartment-Home	Entrance Fee Range	First Person Monthly Fee
850	Barnum - One Bedroom Deluxe	\$440,400	\$5,610
1,000	Calder - One Bedroom Den	\$538,700	\$5,850
1,130	Hamill - Two Bedroom Traditional	\$649,200	\$6,498
1,150	Hepburn - Two Bedroom Deluxe	\$653,000	\$6,613
1,270	Olmsted II - Two Bedroom Den (MOD)	\$860,000	\$7,112
1,315	Webster - Two Bedroom Inside Corner	\$873,200	\$7,298
1,345	Olmsted - Two Bedroom Den	\$910,000	\$7,465
1,415	Whitney - Two Bedroom End	\$945,900	\$7,783
1,725	Stowe - Two Bedroom End w/Den	N/A	
	Second Person Fee	\$35,000	\$1,960

Prices are subject to change without notice.

1/1/2027

