



Texas Department of Insurance

Rate and Form Review Office – Life/Health and HMO Intake Team

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Transmittal Checklist for Life/Health Rate and Form Filings

COMPANY NAME _____

STREET ADDRESS _____

P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON NAME _____

STREET ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP CODE _____

Letter of authorization must be attached if contact person is not the company (e.g., consulting firm, actuary, legal counsel)

10-DIGIT PHONE NUMBER _____ 10-DIGIT FAX NUMBER _____

EMAIL ADDRESS _____

To the extent that a filing includes company contact information, the company affirmatively consents to the release and disclosure of its company contact information, including any email addresses.

1 Type and Product (check all applicable boxes, refer to Appendix on page 5 of 5):

a) Type Group Individual

Specify type of group to which forms will be issued: (Complete as applicable)

- Chapter 1131, _____ SECTION Chapter 1251, Subchapter B _____ SECTION
- 28 TAC §21.2702 (1) or (2) Chapter 1501-Size of Group _____ (APPLIES ONLY TO CHAPTER 1501 FILINGS)

- Trust agreement included if issued to a Trust Constitution/Bylaws and Articles of Incorporation (Included if issued to an Association)

- b) Product:
- Accident & Health Life Long Term Care Non-profit Prepaid Legal
 - Annuity Life, Accident & Health Medicare Supplement
 - Credit Life Settlement Medicare SELECT

c) Complete As Applicable

- Audit Revisions Business Change: _____
NAME CHANGE, ASSUMPTION CERTIFICATE, ETC.
- Confidential Filing Confidential Pages as noted _____
- Entire Filing

- Conversion Matrix Point of Service Insert Page(s) Prepaid Funeral
- Rate Filing Outline of Coverage Consumer Choice Health Benefit Plans
- Other: _____

2 A List the form number(s) and indicate the purpose and use of the form(s) as defined in 28 TAC §3.2, including a brief description of the type of coverage provided, key or unique provisions, and if applicable, marketing information (Attach additional sheet if necessary):

- The form(s) will be used on a general use basis.
- The form(s) will only be used with the form(s) included in this filing.
- The form(s) will be used with previously exempted/approved form(s).

B The forms the filing will be used with must be indicated below.

FORM #	EXEMPTED/APPROVAL DATE(S)	PURPOSE/USE
FORM #	EXEMPTED/APPROVAL DATE(S)	PURPOSE/USE
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3 Forms are submitted as:

- Chapter 1701.054 [File for Review/Approval]
- Chapter 1701.005 [Exempt] (Refer to No. 5 (a))
- Chapter 1701.052 [File & Use, Subject to Review] (Refer to No. 5)
- Chapter 1251.054 and Chapters 1131, 1151, 1153 (Credit Life & A&H)
- Chapter 260 and Section 961.252 TIC and 28 TAC Chapter 23 (Non Profit Prepaid Legal)
- Chapter 1111A (Life Settlement)
- Informational

4 Rate Filings (Complete as applicable):

- | | |
|---|---|
| <input type="checkbox"/> Increase _____% of Increase | <input type="checkbox"/> Change in Current Interest |
| <input type="checkbox"/> Decrease _____% of Decrease | <input type="checkbox"/> Credit Rates & Deviations |
| <input type="checkbox"/> Annual Medicare Supplement Rate Report | <input type="checkbox"/> Cost of Insurance |
| <input type="checkbox"/> Change in Guaranteed Interest | <input type="checkbox"/> Credit Rates Annual Review |
| | Currently approved Filing ID Number _____ |

Rate Filing is for form number(s) and approval date(s):

FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE
FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE
FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE
FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE
FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE
FORM NUMBER	APPROVAL DATE	FORM NUMBER	APPROVAL DATE

5 Certifications: Please select Specific to submit the filing as File and Use (for Life Settlement forms see number 6)

SPECIFIC: The certification is on behalf of and is binding to

COMPANY NAME

The duly authorized agent has reviewed and is familiar with all applicable statutes and regulations of this state and of the United States, and that to the best of his/her knowledge, information, and belief that the filed form(s) complies in all respects with the applicable statutes and regulations.

FILE AND USE – CHAPTER 1701.052, TIC and 28 TAC §3.5(a)(2)–It is our intent to use the filed form(s) upon receipt of such filing by the department. I certify that no corrections to the form(s) have been previously requested by the department. I certify that the form(s) has not been previously disapproved.

Please select General and the appropriate filing authority listed below (if applicable).

GENERAL: The certification is on behalf of and is binding to

COMPANY NAME

The duly authorized agent has reviewed the filing and to the best of his/her knowledge, information, and belief that the filed form(s) comply with the applicable statutes and regulations of this state.

a **EXEMPT** – CHAPTER 1701.005, TIC AND 28 TAC §3.5(a)(3)–I certify that the form(s) filed: is not deceptive or misleading and does not contain exceptions or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverages of the policy; meets the criteria specified in §3.4004; does not contain any new, uncommon, or unusual provisions, conditions, or concepts as provided in §3.4006; and will be discontinued in the event of future law or rule changes that would prohibit the use of such form(s). I certify that the submitting company has had a certificate of authority to do such business in Texas for a period not less than two years as required by §3.4007.

b **SUBSTANTIALLY SIMILAR TO PREVIOUSLY APPROVED FORM** – 28 TAC §3.5(b)(2)–The form is substantially similar to form number _____ for _____ for use in the State of Texas, which was approved on _____. No changes have been made to this form other than those identified and marked with underline. A summary of changes, including a description of any deleted text is attached.

FORM NUMBER COMPANY NAME IF DIFFERENT FROM THE SUBMITTING COMPANY
DATE (MM/DD/YYYY)

c **EXACT COPY OF A PREVIOUSLY APPROVED FORM** – 28 TAC §3.5(b)(3)–The form is an exact copy of form number _____ for _____ for use in the State of Texas, which was approved on _____. No changes have been made to this form other than the company's name, address, telephone number, and other similar company identification information.

FORM NUMBER COMPANY NAME IF DIFFERENT FROM THE SUBMITTING COMPANY
DATE (MM/DD/YYYY)

d **SUBSTITUTION OF A PREVIOUSLY APPROVED OR EXEMPTED FORM THAT HAS NEVER BEEN ISSUED OR USED IN TEXAS**– 28 TAC §3.5(b)(4)–The form is a substitution of form number _____, which was approved or filed as exempt in the State of Texas on _____. No changes have been made to this form other than those identified and marked with underline. A summary of changes, including a description of any deleted text is attached. The original version of this form has not been issued in Texas or otherwise used in Texas and will not be used in Texas at anytime.

FORM NUMBER
DATE (MM/DD/YYYY)

e **CORRECTIONS TO A PENDING FORM** – 28 TAC §3.5(b)(5)–The form is a correction to form number _____ tracked under Filing ID number _____, for which corrections were requested on _____ by _____ . No changes have been made to the forms other than those identified and marked with underline. A summary of changes, including a description of any deleted text is attached.

FORM NUMBER
TDI FILING NUMBER DATE OF NOTIFICATION
INSERT SPECIALIST'S NAME

f **RESUBMISSION OF A PREVIOUSLY DISAPPROVED FORM** – 28 TAC §3.5(b)(6)–The form is a resubmission of form number _____ tracked under Filing ID Number _____, which was previously
FORM NUMBER TDI FILING NUMBER
disapproved on _____ by _____. No changes have been made to this form other
DATE (MM/DD/YYYY) SPECIALIST'S NAME
than those identified and marked with underline. A summary of changes, including a description of any deleted text is attached.

g **(1) SUPPLEMENTAL COVERAGES PURSUANT TO 28 TAC §3.4(j)** – I hereby certify that the sale of Group Life Insurance under Policy Form Number _____ will only be sold through an employer or multiple employer trust and
FORM NUMBER
will be made only if such employer has a group life insurance benefit plan for employees in force and such basic plan of insurance meets the requirements of the Insurance Code (check one box) §1131.051 or §1131.053.

(2) SUPPLEMENTAL COVERAGES PURSUANT TO 28 TAC §3.3080 – I hereby certify that the sale of individual supplemental Accident and Health coverage under Policy Form number _____ will only be sold in
FORM NUMBER
accordance with §3.3080.

h **MATRIX OR INSERT PAGE FILING PURSUANT TO 28 TAC §3.4(f) and (g)** – I hereby certify in as much as the filing is being submitted as a matrix or insert page filing pursuant to 28 TAC §3.4 that when the provisions are combined to create multiple variations, the resulting product issued will comply in all respects with the applicable statutes and regulations of this state and of the United States.

i **READABILITY PURSUANT TO 28 TAC §3.6(b), AS APPLICABLE.** I certify that form _____, included
FORM NUMBER
in this filing has a readability score of _____. (not applicable to Life Settlement forms)
INSERT SCORE

6 Life Settlements (only)

- REVIEW AND APPROVAL Prior to Use** – 28 TAC §3.1740(f)(1)–Life Settlement Broker or Provider submits filing to TDI 60 days prior to use. If the Life Settlement Broker or Provider has not received an approval/disapproval notification by the end of the 60–day period, the Life Settlement Broker or Provider has the option to begin using the form. Only if the life settlement broker or provider has not requested an extension or waiver of the review period.
- FILE AND USE** – 28 TAC §3.1740(f)(2)–Life Settlement Broker or Provider may begin using the form(s) upon receipt of the filing by TDI. Note: Forms which have been previously disapproved MAY NOT be filed under this option. **(Must complete certification)**

CERTIFICATIONS

This certification is on behalf of and is binding to _____. The Life Settlement broker or provider, or the broker’s or provider’s duly authorized representative or attorney certifies, as indicated by his/her initials to the left of the type(s) of filing to which this certification applies, that he/she has reviewed and is familiar with all applicable statutes and regulation of this state. To the best of his/her knowledge and belief the filed form complies in all respects with the applicable statutes and regulation of this state.

INSERT INITIALS	FILING CATEGORY	CERTIFICATION
	File and Use – 28 TAC §3.1740(f)(2)	<ul style="list-style-type: none"> • It is our intent to use the filed forms upon receipt of such filing by the department. • I certify that no corrections to the form have been requested by the department. • I certify that the form has not been previously disapproved.

7 Additional Information, Summary of Difference, or Variable Information (May attach a separate sheet, if needed):

PURSUANT TO COMMISSIONER'S BULLETIN NO. B-0051-04, THE TEXAS DEPARTMENT OF INSURANCE IMPLEMENTED A BILLING SYSTEM FOR FORM AND RATE FILING FEES SUBMITTED UNDER CHAPTERS 3 AND 11 OF THE TEXAS ADMINISTRATIVE CODE. THEREFORE, COMPANIES WILL BE BILLED BY MONTHLY INVOICE AND NEED NOT SUBMIT FILING FEES WITH FORMS.

SIGNATURE OF PRESIDENT, ACTUARY, ATTORNEY, OR A PERSON WITH THE AUTHORITY TO BIND THE INSURANCE COMPANY

Please type or print the name/title of the signature above.

NAME

TITLE

DATE

Appendix: Group Names (Click link for group definitions)

TIC §1131

- [TIC 1131.003](#). CERTAIN WHOLESALE, FRANCHISE, OR EMPLOYEE LIFE INSURANCE AUTHORIZED.
- [TIC 1131.051](#). EMPLOYERS.
- [TIC 1131.052](#). LABOR UNIONS.
- [TIC 1131.053](#). FUNDS ESTABLISHED BY EMPLOYERS OR LABOR UNIONS.
- [TIC 1131.054](#). GOVERNMENTAL ENTITIES OR ASSOCIATIONS OF PUBLIC EMPLOYEES.
- [TIC 1131.055](#). SPOUSES AND CHILDREN OF EMPLOYEES OF UNITED STATES GOVERNMENT.
- [TIC 1131.056](#). PRINCIPALS.
- [TIC 1131.057](#). CREDITORS.
- [TIC 1131.058](#). VETERANS' LAND BOARD.
- [TIC 1131.059](#). ASSOCIATIONS OR TRUSTS FOR PAYMENT OF FUNERAL EXPENSES.
- [TIC 1131.060](#). NONPROFIT ORGANIZATIONS OR ASSOCIATIONS.
- [TIC 1131.064](#). OTHER GROUPS.
- [TIC 1131.065](#). WHOLESALE, FRANCHISE, OR EMPLOYEE LIFE INSURANCE.

TIC §1251

- [TIC 1251.051](#). EMPLOYERS.
- [TIC 1251.052](#). ASSOCIATIONS.
- [TIC 1251.053](#). FUNDS ESTABLISHED BY EMPLOYERS, LABOR UNIONS, OR ASSOCIATIONS.
- [TIC 1251.054](#). ELIGIBILITY FOR GROUP LIFE INSURANCE.
- [TIC 1251.055](#). FUND FOR FORMER EMPLOYEES AND MEMBERS.
- [TIC 1251.056](#). OTHER GROUPS.
- [TIC 1251.351](#). COMMON CARRIER OR MOTOR VEHICLE RENTAL OR LEASING COMPANY.
- [TIC 1251.352](#). EMPLOYERS.
- [TIC 1251.353](#). EDUCATIONAL INSTITUTIONS.
- [TIC 1251.354](#). RELIGIOUS, CHARITABLE, RECREATIONAL, EDUCATIONAL, OR CIVIC ORGANIZATION.
- [TIC 1251.355](#). SPORTS TEAM OR CAMP.
- [TIC 1251.356](#). GOVERNMENTAL OR VOLUNTEER EMERGENCY SERVICES ORGANIZATION.
- [TIC 1251.357](#). NEWSPAPER OR OTHER PUBLISHER.
- [TIC 1251.358](#). ASSOCIATION.

TIC §1501

- [TIC 1501.002\(8\)](#) Large Employer
- [TIC 1501.002\(14\)](#) Small employer
- [TAC §21.2702\(1\)](#) Association—
- [TAC §21.2702\(2\)](#) Bona Fide Association—