



Texas Department of Insurance

Life, Health & Licensing Program – Life, Health & HMO Intake Unit,

Mail Code 106-1E, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-4245 telephone • 512-490-1017 fax • www.tdi.state.tx.us

Transmittal Checklist for Life/Health Form Filings

INSURANCE COMPANY NAME AND ADDRESS

CONTACT PERSON NAME AND, IF DIFFERENT FROM ABOVE, ADDRESS

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

TELEPHONE NUMBER

FAX NUMBER

1 Type and Product (check all applicable boxes):

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)

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, Accident & Health
 Medicare Supplement

Annuity
 Life
 Non Profit Prepaid Legal

Credit
 Long Term Care
 Medicare SELECT

c) Complete as applicable

Audit Revisions

Business Change:

NAME CHANGE, ASSUMPTION CERTIFICATE, ETC.

Conversion

Insert Page(s)

Matrix

Outline of Coverage

Point of Service

Prepaid Funeral

Rate Filing

Consumer Choice Health Benefit Plans

Other

2 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).

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

FORM NUMBER	EXEMPTED/APPROVAL DATE(S)	PURPOSE/USE
FORM NUMBER	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 (b))
- Chapter 1701.052 [File & Use, Subject to Review] (Refer No. 5(a))
- Chapter 1251.054 and Chapters 1131, 1151, 1153 (Credit Life & A&H)
- Chapter 260 and Section 961.252 TIC and Chapter 23 TAC (Non Profit Prepaid Legal) – no filing fee.
- Informational

4 Rate Filings (complete as applicable):

- Increase _____% of Increase
- Decrease _____% of Decrease
- Annual Medicare supplement Rate report
- Change in Guaranteed Interest
- Change in Current Interest
- Credit Rates & Deviations
- Cost of Insurance

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 check either GENERAL or SPECIFIC and the appropriate filing authority, a-j. Note: The specific certification is only applicable to file and use.

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

INSERT 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.

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

INSERT 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.

a) **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 Check the Specific Certification above).

b) **Exempt** – Chapter 1701.005, TIC AND §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 2 years as required §3.4007.

c) **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.

d) **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.

e) **Substitution of a previously approved or exempted form** – 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.

f) **Corrections to a pending form** – 28 TAC §3.5(b)(5) – The form is a correction to Form Number _____ tracked under Tracking 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.

- g) **Resubmission of a previously disapproved form** – 28 TAC §3.5(b)(6) – The form is a resubmission of form number _____ tracked under Tracking ID Number _____, which was previously disapproved on _____ by _____. 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.
- h) **(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 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 Article 3.50§1 paragraph (check one box) (1) or (5).
- (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 accordance with §3.3080.
- i) **Matrix or insert page filing pursuant to 28 TAC §3.4(f)** – 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.
- j) **Readability pursuant to 28 TAC §3.6(b)**, AS APPLICABLE. I certify that form _____, included in this filing has a readability score of _____.

6. 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