



Texas Department of Insurance

Life/Health Division, Mail Code 106-1A
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3401 telephone • 512-322-3552 or 512-322-3506 fax • www.tdi.state.tx.us

Transmittal Checklist for Viatical and Life Settlement Form Filings

Check as applicable to indicate who is submitting the filing, then complete the following: <input type="checkbox"/> Broker <input type="checkbox"/> Provider <input type="checkbox"/> Provider Representative	Indicate the contact person for this filing by completing the following:
Name:	Name:
Address:	Address:
TDI Registration ID Number*:	Telephone Number: ()
	Fax Number, if available: ()
	E-mail address, if available:
* A certificate of registration must have been received and the appropriate TDI Registration ID Number filled-in above before form filings will be accepted – 28 TAC §3.1706(a)	<input type="checkbox"/> This box must be checked and an authorization attached, if the contact person is anyone other than the submitting provider, provider representative, or broker – 28 TAC §3.1706(a).

1. This filing is for use in the following market(s) pursuant to 28 TAC §3.1706(c)(3):

Viatical Settlement Life Settlement Viatical and Life Settlement **(Must complete item 8.)**

2. (a) List the form number(s) for all form(s) submitted with this filing and an explanation of the purpose and use of each form – 28 TAC §3.1706(c)(4). (Forms are required to have a unique identifiable form number pursuant to 28 TAC §3.1706(h).)

Form #	Purpose / Use

(b) Check the appropriate box for the Prototype Forms, if any, that are to be used with the forms listed in 2(a). Any Prototype Form(s) used is not required to be filed with the Department. **(Must complete item 9.)**

Prototype Form #	Description
<input type="checkbox"/> LHL362 Rev. 02/06	Viatical Settlement Consumer Disclosure Form
<input type="checkbox"/> LHL363 Rev. 02/06	Life Settlement Consumer Disclosure Form
<input type="checkbox"/> LHL364 Rev. 02/06	Viatical Settlement Consumer Acknowledgment Form
<input type="checkbox"/> LHL365 Rev. 02/06	Life Settlement Consumer Acknowledgment Form

3. If the submitted form(s) will be used with previously approved forms, list the form number and approval date of the previously approved form(s) with which the submitted form(s) will be used and an explanation of when the form(s) will be used with the previously approved form(s) listed. (If necessary, a separate sheet of paper may be attached.) - 28 TAC §3.1706(c)(5):

Form #	Approval Date	Purpose / Use

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4. The form(s) are submitted under the following categories:

<p><input type="checkbox"/> File and Use – 28 TAC §3.1706(d)(1) – Provider/Provider representative/Broker 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 Section 6(a).)</p>
<p><input type="checkbox"/> Review and Approval Prior to Use – 28 TAC §3.1706(d)(2) – Provider/Provider representative/Broker submits filing to TDI 60 days prior to use. If the provider/provider representative/broker has not received an approval/disapproval notification by the end of the 60-day period, the provider/provider representative/broker has the option to begin using the form. (Must complete section 6(b).)</p>

5. Filing Types, check as applicable:

- New Filings -- 28 TAC §3.1706(e)(1)
- Informational filings – 28 TAC §3.1706(e)(2)
- Substantially similar to a form approved after May 1, 2001 – 28 TAC §3.1706(e)(3).
(Must complete items 7(a).)
- Exact copy of a form approved after May 1, 2001 – 28 TAC §3.1706(e)(4).
(Must complete items 7(b).)
- Substitution of a form approved after May 1, 2001 – 28 TAC §3.1706(e)(5).
(Must complete item 7(c).)
- Correction to a pending form – 28 TAC §3.1706(e)(6).
(Must complete item 7(d).)
- Resubmission of a previously disapproved form – 28 TAC §3.1706(e)(7).
(Must complete items 7(e).)

Certifications

This certification is on behalf of and is binding to _____ . The provider, provider representative, broker, a duly authorized representative, or attorney of the provider/provider representative/broker 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 regulations of this state and of the United States and that to the best of his/her knowledge and belief the filed form complies in all respects with the applicable statutes and regulations.

6. Required per Filing Category:

Insert Initials	Filing Category	Certification
	a. File and Use – 28 TAC §3.1706(d)(1)	<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 has been requested by the Department. • I certify that the form has not been previously disapproved.
	b. Review and approval – 28 TAC §3.1706(d)(2)	
	-- the filed form WILL NOT be used until the Department has reviewed and approved the filing.	<ul style="list-style-type: none"> • I certify that the form will not be used until approved by the Department. • If the provider/provider representative/broker later elects to use the filed form prior to the Department's approval or disapproval, then a certification of intent, in compliance with §3.1706(f)(3), must be filed with the Department prior to use.
	-- the filed form WILL BE USED after the 60 th day from receipt of such filing by the Department.	<ul style="list-style-type: none"> • I certify that no corrections to the forms have been requested by the Department. • I certify that the forms have not been previously disapproved.

Certifications - Continued

7. Required per Filing Type:

Insert Initials	Filing Category	Certification
	Substantially Similar to forms approved on or after May 1, 2001 – 28 TAC §3.1706(e)(3)	<p>The form is substantially similar to Form Number _____ (insert form number) for _____ for use (Insert provider/provider representative/broker name here, if different from the submitting provider/provider representative/broker) in the State of Texas, which was approved on _____ (insert date of approval).</p> <ul style="list-style-type: none"> • No changes have been made to this form other than those identified and marked with an underline. • A summary of changes, including a description of any deleted text, is attached.
	Exact copies of a form approved on or after May 1, 2001 – 28 TAC §3.1706(e)(4)	<p>The form is an exact copy of Form Number _____ (insert form number) for _____ for use (Insert provider/provider representative/broker name here, if different from the submitting provider/provider representative/broker) in the State of Texas, which was approved on _____ (insert date of approval).</p> <ul style="list-style-type: none"> • No changes have been made to this form other than the provider/provider representative/broker's name, address, telephone number, and other similar provider/provider representative/broker's identification information.
	Substitution of a form approved on or after May 1, 2001 – 28 TAC §3.1706(e)(5)	<p>The form is a substitution of Form Number _____ (insert form number) for _____ for use (Insert provider/provider representative/broker name here, if different from the submitting provider/provider representative/broker) in the State of Texas, which was approved on _____ (insert date of approval).</p> <ul style="list-style-type: none"> • No changes have been made to this form other than those identified and marked with an 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.

Certifications - Continued

Insert Initials	Filing Category	Certification
	Corrections to a pending form – 28 TAC §3.1706(e)(6)	<p>The form is a correction to Form Number _____ (insert form number) tracked under Tracking ID Number _____, (insert tracking ID number assigned by the Department) for which corrections were requested on _____ (insert date of notification) by _____. (insert specialist 's name)</p> <ul style="list-style-type: none"> • No changes have been made to this form other than those identified and marked with an underline. • A summary of changes, including a description of any deleted text, is attached.
	Resubmission of a previously disapproved form – 28 TAC §3.1706(e)(7)	<p>The form is a resubmission of Form Number _____ (insert form number) tracked under Tracking ID Number _____, (insert tracking ID number assigned by the Department) which was previously disapproved on _____ (insert disapproval date) by _____. (insert specialist's name)</p> <ul style="list-style-type: none"> • No changes have been made to this form other than those identified and marked with an underline. • A summary of changes, including a description of any deleted text, is attached.

8. Required for Combined Viatical and Life Settlement Filings:

Insert Initials	Filing Category	Certifications
	Combined Viatical and Life Settlement filings – 28 TAC §3.1706(g)	<p>This form is intended to be used for both viatical and life settlements.</p> <ul style="list-style-type: none"> • I certify that, to the best of my knowledge, when issuing the form to viators, life settlors, or owners, the form will clearly delineate which type of settlement is being effectuated.

Certifications - Continued

9. Required per Disclosure or Prototype Form:
 This certification is on behalf of and is binding to _____.

(insert provider/provider representative/broker name)

The provider, provider representative, broker, a duly authorized representative, or attorney of the provider/provider representative/broker certifies to use of the following prototype forms as indicated by his/her initials and understands that such prototype form may not be changed in any way and does not need to be submitted to the Department.

Insert Initials		Certifications
	Promulgated English/Spanish Disclosure Required for Viatical or Life Settlements Applications	I certify that the promulgated language for the English/Spanish Disclosure will be used as required by 28 TAC §3.1709(a) and that no changes have been or will be made to the language.
	Prototype form LHL362 Rev. 02/06 Viatical Settlement Consumer Disclosure Form	I certify that this prototype disclosure form will be used with the filing and that no changes have been or will be made to this form.
	Prototype form LHL363 Rev. 02/06 Life Settlement Consumer Disclosure Form	I certify that this prototype disclosure form will be used with the filing and that no changes have been or will be made to this form.
	Prototype form LHL364 Rev. 02/06 Viatical Settlement Consumer Acknowledgment Form	I certify that this prototype acknowledgment form will be used with the filing and that no changes have been or will be made to this form.
	Prototype form LHL365 Rev. 02/06 Life Settlement Consumer Acknowledgment Form	I certify that this prototype acknowledgment form will be used with the filing and that no changes have been or will be made to this form.

