



### Transmittal Checklist for Life/Health Rate and Form Filings

Insurance Company Name

Address

City, State, Zip Code

Contact Person

Phone Number

Fax Number

Email Address

If the contact person is someone other than the company, please attach a letter of authorization.

1. Select Individual or Group (Please fill in the [Chapter 1131](#) section for Life Groups or [Chapter 1251](#) section for Accident and Health Groups. See the Appendix on page 6.)

Individual     Group     Chapter 1131    Section

Chapter 1251    Section

2. Select the product being submitted

- A.  Accident and Health     Life, Accident and Health     EPO - Exclusive Provider Plan
- Life     Long Term Care     Life Settlement
- Annuity     Medicare Supplement     Nonprofit Prepaid Legal
- Credit     Medicare SELECT     Business Change (Name Change, Merger)

B. Select as applicable

Audit Revisions     Consumer Choice Health Benefit Plans     Prepaid Funeral

Rate Filing     Insert Page(s)     Written Plan Description EPO and PPO

Outline of Coverage     Matrix     Point of Service Select one:

Other Please describe

3. Complete the following regarding confidentiality:

**SERFF Filings.** It is the sole responsibility of the company for setting the Public Access to designate filings as Confidential in SERFF. TDI will not perform this function for the filer on SERFF filings. Please refer to the SERFF Filing Rules General Instructions for Texas regarding Public Access.

**Paper Filings.** Complete as applicable.

Entire Filing

Partial Filing      Note which documents

No Confidential Information

4. Complete the following:

A. List all form numbers submitted with this filing and give a brief description of the purpose coverage for each form. Please continue the list of form numbers on a separate page. Please refer to [28 TAC §3.2](#) and [§3.1740\(d\)\(3\)-\(6\)](#).

Form number and brief description

Form number and brief description

Form number and brief description

Form number and brief description

Form number and brief description

- B.
- 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 only be used with the following previously approved form(s). Complete below.
  - The form(s) will only be used with the following previously exempt form(s). Complete below.

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

**ATTENTION: Fees remitted for rejected filings will not be refunded or applied to future submissions.**

5. Forms are submitted as:

- [Chapter 1701.054](#) (File for Review and Approval) Complete 7.B.
- [Chapter 1701.005](#) (Exempt) Complete 7.B.
- [Chapter 1701.052](#) (File and Use) Complete 7.A.
- [Chapter 1251.054](#) and [Chapters 1131, 1151, and 1153](#) (Credit Insurance) Complete 7.B.
- [Chapter 260](#) and [Section 961.252, TIC](#); and [28 TAC Chapter 23](#) (Nonprofit Prepaid Legal) Complete 7.B.
- [Chapter 1111A](#) (Life Settlement) Complete 7.B.
  - [28 TAC 3.1740\(f\)\(1\)](#) (File for Review and Approval) Complete 7.A or 7.B. as applicable.
- [28 TAC §3.5\(b\)\(1\)](#) (Informational) Complete 7.B.

6. Rate Filings:

- Initial                     
  Subsequent                     
  Annual                     
  Informational

Increase                      Percentage

Decrease                      Percentage

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

**7. A. Please select Specific and File and Use**

**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 or 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\(a\)\(2\)](#) or [Chapter 1111A, TIC](#) and [28 TAC 3.1740\(f\)\(2\)](#)** - 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.

**7. B. For all other form filings, please select General and the appropriate section:**

**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 or her knowledge, information, and belief that the filed form(s) comply with the applicable statutes and regulations of this state.

**REVIEW AND APPROVAL - [28 TAC §3.5\(a\)\(1\)](#)**

**EXEMPT - [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](#).

**INFORMATIONAL - [28 TAC §3.5\(b\)\(1\)](#)** Filing is submitted for informational purposes only and is not subject to approval.

**SUBSTANTIALLY SIMILAR TO A PREVIOUSLY APPROVED FORM - [28 TAC §3.5\(b\)\(2\)](#) or [28 TAC 3.1740\(h\)\(3\)](#)** Filing is substantially similar to a form that was previously approved. 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 included in the filing.

Form Number and Approval Date

SERFF Filing Number

Company Name, if different

- EXACT COPY OF A PREVIOUSLY APPROVED FORM - [28 TAC §3.5\(b\)\(3\)](#) or [28 TAC 3.1740\(h\)\(4\)](#)** Except for the company's name, address, telephone number, or other similar identification information, the form is an exact copy of a form that was previously approved and is still compliant with current statutes and regulations.

Form Number and Approval Date

SERFF Filing Number

Company Name, if different

- SUBSTITUTION OF A PREVIOUSLY APPROVED FORM OR EXEMPTED FORM THAT HAS NEVER BEEN ISSUED OR USED IN TEXAS - [28 TAC §3.5\(b\)\(4\)](#) or [28 TAC 3.1740\(h\)\(5\)](#)** A filing which substitutes a form previously approved or exempted by the department wherein the previously approved or exempted form has not been issued, or otherwise used in Texas, and will not be used in Texas at any time by the company. The form number must be the same as the originally approved form.

Form Number and Approval Date

SERFF Filing Number

- RESUBMISSION OF A PREVIOUSLY DISAPPROVED FORM - [28 TAC §3.5\(b\)\(6\)](#) or [28 TAC 3.1740\(h\)\(7\)](#)** A filing containing corrections to a form subsequent to the company receiving a disapproval letter from the department.

Form Number and Disapproval Date

SERFF Filing Number

- READABILITY - [28 TAC §3.602\(b\)](#)**, if applicable. I certify the form(s) in this filing meet or exceed a minimum score of 40.

8. Please include any additional information, summary of differences, statement of variability, actuarial memorandum, etc., with the filing.

Signature

Name

Title

Date

## Appendix: Group Types (Click link for definitions and requirements)

### Life Groups

<a href="#">TIC §1131.051</a>	EMPLOYERS
<a href="#">TIC §1131.052</a>	LABOR UNIONS
<a href="#">TIC §1131.053</a>	FUNDS ESTABLISHED BY EMPLOYERS OR LABOR UNIONS
<a href="#">TIC §1131.054</a>	GOVERNMENTAL ENTITIES OR ASSOCIATIONS OF PUBLIC EMPLOYEES
<a href="#">TIC §1131.055</a>	SPOUSES AND CHILDREN OF EMPLOYEES OF UNITED STATES GOVERNMENT
<a href="#">TIC §1131.056</a>	PRINCIPALS
<a href="#">TIC §1131.057</a>	CREDITORS
<a href="#">TIC §1131.058</a>	VETERANS' LAND BOARD
<a href="#">TIC §1131.059</a>	ASSOCIATIONS OR TRUSTS FOR PAYMENT OF FUNERAL EXPENSES
<a href="#">TIC §1131.060</a>	NONPROFIT ORGANIZATIONS OR ASSOCIATIONS
<a href="#">TIC §1131.064</a>	OTHER GROUPS
<a href="#">TIC §1131.065</a>	WHOLESALE, FRANCHISE, OR EMPLOYEE LIFE INSURANCE

### Accident and Health Groups

<a href="#">TIC §1251.051</a>	EMPLOYERS
<a href="#">TIC §1251.052</a>	ASSOCIATIONS
<a href="#">TIC §1251.053</a>	FUNDS ESTABLISHED BY EMPLOYERS, LABOR UNIONS, OR ASSOCIATIONS
<a href="#">TIC §1251.054</a>	ELIGIBILITY FOR GROUP LIFE INSURANCE
<a href="#">TIC §1251.055</a>	FUND FOR FORMER EMPLOYEES AND MEMBERS
<a href="#">TIC §1251.056</a>	OTHER GROUPS

### Blanket Accident and Health Groups

<a href="#">TIC §1251.351</a>	COMMON CARRIER OR MOTOR VEHICLE RENTAL OR LEASING COMPANY
<a href="#">TIC §1251.352</a>	EMPLOYERS
<a href="#">TIC §1251.353</a>	EDUCATIONAL INSTITUTIONS
<a href="#">TIC §1251.354</a>	RELIGIOUS, CHARITABLE, RECREATIONAL, EDUCATIONAL, OR CIVIC ORGANIZATION
<a href="#">TIC §1251.355</a>	SPORTS TEAM OR CAMP
<a href="#">TIC §1251.356</a>	GOVERNMENTAL OR VOLUNTEER EMERGENCY SERVICES ORGANIZATION
<a href="#">TIC §1251.357</a>	NEWSPAPER OR OTHER PUBLISHER
<a href="#">TIC §1251.358</a>	ASSOCIATION
<a href="#">TIC §1251.359</a>	COVERAGE FOR OTHER RISKS