



Transmittal Checklist for Life/Health Miscellaneous Documents

Insurance Company Name

Address

City, State, Zip Code

Contact Person

Phone Number

Fax Number

E-mail Address

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

Filing Type (check the appropriate boxes)

Group Individual

Life Illustration

Chapter 26 Certifications

Provider Health Benefit Plan Directories

LAHR330 (Figure 40)

Preferred Provider Service Area or Geographic Descriptions

LAHR331 (Figure 42)

Annual Reports

LAHR332 (Figure 43)

Medicare Select Grievance Report

LAHR337 (Figure 50)

Medicare Rate Report

Long Term Care Rate Report

Multiple Medicare Policy Report