



Transmittal Checklist for HMO Rate and Form Filings

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

Individual Group

2. Select the product being submitted

A. State-Mandated Plan Point of Service Select one:

Consumer Choice Limited Service

Dental Vision

Other Please describe

B. Select as applicable

Access Plan Group Agreement Evidence of Coverage

Rider Provider Contract Rate Filing

Amendment Written Plan Description or Member Handbook

Insert Page Matrix Filing

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. Continue the list of form numbers on a separate page, if needed. Refer to [28 TAC §11.301](#).

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.

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:

- For Approval, under [TIC §843.080](#) or [§1271.101](#); [28 TAC §§11.301\(4\)](#), [11.501](#), or [11.1607](#) (Complete 7)
- For Information, under [TIC §843.080](#); [28 TAC §11.301\(5\)](#) (Complete 7)

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. Certification

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.

- APPROVAL** - [28 TAC §11.301\(4\)](#), [§11.501](#) or [§11.1607](#)
- INFORMATION** - [28 TAC §11.301\(5\)](#) Filing is submitted for informational purposes only and is not subject to approval.

- RESUBMISSION OF A PREVIOUSLY DISAPPROVED FORM - [28 TAC §11.301\(4\)](#)** 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

- SUBSTANTIALLY SIMILAR TO A PREVIOUSLY APPROVED FORM - [28 TAC §11.301\(2\)\(B\)](#)** 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

- 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