



Transmittal Checklist for Advertising Filings

Company Name

Address

City, State, Zip Code

Contact Person

Phone Number

Fax Number

Email Address

Company Home Page Web site or URL

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

1. Select the product being submitted

Accident and Health

Medicare Supplement

Long Term Care

Life

Medicare SELECT

Property and Casualty

Annuity

Medicare HMO

Life Settlement

Other Please describe

2. 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

ATTENTION: There are no fees for advertising filings.

3. Complete the following:

A. List each form number, type of advertisement, and method or media used. Continue on a separate page, if necessary. Refer to [28 TAC §21.120\(a\)\(1\)\(2\) and \(4\)](#). Form number must appear in the lower left hand corner. Refer to [28 TAC §3.4\(c\)\(2\)\(A\) and \(B\)](#).

Form number	<input type="text"/>	Form number	<input type="text"/>
Type of Advertisement	<input type="text"/>	Type of Advertisement	<input type="text"/>
Method or Media Used	<input type="text"/>	Method or Media Used	<input type="text"/>
Form number	<input type="text"/>	Form number	<input type="text"/>
Type of Advertisement	<input type="text"/>	Type of Advertisement	<input type="text"/>
Method or Media Used	<input type="text"/>	Method or Media Used	<input type="text"/>
Form number	<input type="text"/>	Form number	<input type="text"/>
Type of Advertisement	<input type="text"/>	Type of Advertisement	<input type="text"/>
Method or Media Used	<input type="text"/>	Method or Media Used	<input type="text"/>
Form number	<input type="text"/>	Form number	<input type="text"/>
Type of Advertisement	<input type="text"/>	Type of Advertisement	<input type="text"/>
Method or Media Used	<input type="text"/>	Method or Media Used	<input type="text"/>
Form number	<input type="text"/>	Form number	<input type="text"/>
Type of Advertisement	<input type="text"/>	Type of Advertisement	<input type="text"/>
Method or Media Used	<input type="text"/>	Method or Media Used	<input type="text"/>

B. List each form number of the approved policy or rider forms advertised. Refer to [28 TAC §21.120\(a\)\(3\)](#).

Form Number and SERFF Filing Number	<input type="text"/>
Form Number and SERFF Filing Number	<input type="text"/>
Form Number and SERFF Filing Number	<input type="text"/>
Form Number and SERFF Filing Number	<input type="text"/>

C. Forms will only be used with the form in this submission, OR

List the form numbers of all other advertising material to be used with the advertisements being submitted. Refer to [28 TAC §21.120\(a\)\(5\)](#)

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

Form Number and SERFF Filing Number

4. Certifications

This 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.

Check below as applicable:

Resubmission of a previously filed form - I certify no changes to this form have been made other than those identified and marked with an underline. Attached is a summary of changes, including a description of any deleted text.

Form Number and Notice Date

SERFF Filing Number

Substantially similar to an advertisement previously reviewed and accepted by the Department - [28 TAC §21.120\(d\)](#) - The form(s) is(are) substantially similar to the below form(s) used in the State of Texas. Use separate page, if necessary. Also, please provide a statement to identify or illustrate the changes, including any deleted text.

Form Number and Approval Date

SERFF Filing Number

Company Name, if different

- Use of Statistics and Citations** - [28 TAC §21.108\(b\)](#) - Any source that is more than five years old is certified to be the most recent available.
- Paid Endorsement(s)** - [28 TAC §21.107\(g\)](#) - I hereby certify that no person has been compensated, directly or indirectly, for making a testimonial, endorsement, or appraisal in this advertisement(s).
- Premium or Rate Change** - [28 TAC §21.106\(f\)](#) - If “Invitation to Contract” advertisements contain specific or estimated costs of the coverage, the company must certify those costs will not change before the renewal of the policy.

Please include any additional information, summary of differences and statement of variability with the filing.

I hereby certify that the form(s) does not introduce any substantive content not previously reviewed, nor eliminate any content satisfying required disclosures or that would render the advertisement noncompliant with [28 TAC §21.112](#).

Signature

Name

Title

Date