

# Washington State SERFF Life and Disability Form Filing General Instructions

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These instructions apply to all form filings for disability products, life insurance, annuities, Medicare supplement plans, prescription drug plans which supplement a Medicare Part D employer group waiver plan (EGWP), long term care insurance, credit life insurance, and life settlements.

Please see the Washington State SERFF Life, Health and Disability Rate Filing General Instructions and the Washington State SERFF Health and Disability Form Filing General Instructions for filings of any of the following: health plans, stand-alone dental plans, stand-alone vision plans, short-term limited duration medical plans, student health plans, and provider agreements.

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# **I. General Life and Disability Form Filings**

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Scope of Section by Type of Insurance (TOI) in SERFF: A01, A02G, A02I, A02.1G, A02.1I, A03G, A03I, A05G, A05I, A06G, A06I, A06.1G, A06.1I, A07G, A07I, A08G, A10, A11, H02G, H02I, H03G, H03I, H04, H05, H06, H07G, H07I, H08G, H08I, H09G, H11G, H11I, H14G, H14I, H15G, H15I, H17G, H17I, H18G, H18I, H19G, H19I, H23G, H23I, L01, L02G, L02I, L03G, L03I, L04G, L04I, L06G, L06I, L07G, L07I, L08, L09G, L09I, or LS01

## **(a) Form filing submission requirements:**

- (a) If both a rate filing and form filing are required:
  - (i) All of the applicable filings must be submitted concurrently.  
Note: Rates for out-of-state group health plans, dental only, or vision only plans are not required to be filed.
  - (ii) The Corresponding Filing Tracking Number field must include the appropriate tracking numbers for each filing.
- (b) If only a form filing is required, you must state the reason you are not providing a corresponding rate filing, in the filing description.
- (c) Under [RCW 48.18.100](#), all forms that are part of the insurance contract must be filed. This includes the application, policy forms and jackets, endorsements, and specifications pages (completed in John Doe fashion). You may attach supporting documentation (side by side or markup) for a specific form under the Supporting Documentation tab.
- (d) Except for [Credit Life and Credit Accident and Health Insurance](#), you do not have to file notices to policyholders unless they amend policy provisions.
- (e) You must list all filed forms on the Form Schedule tab and enter form numbers correctly.
- (f) Each form must have a unique identifying number and a way to distinguish it from new forms.
- (g) [Disability forms](#) must be in not less than 10-point type.
- (h) Out-of-State Groups [WAC 284-30-600].
  - (i) Must file as a new submission. You may not request to re-open a previously approved form or rate filing to modify its contents or to have it apply to new groups.
  - (ii) Must file for approval all certificates providing coverage in the state of Washington. A complete submission includes: applications, riders, or endorsements for approval on the Form Schedule tab.
    - 1. If previously approved applications, riders, or endorsements are to be used with the new certificate, they must be attached to the Supporting Documentation tab and be described in the filing description or cover letter.
    - 2. Single case format means group specific language with no bracketing or variability. Bracketing or variability may be used relative to amounts of

- coverage such as the death benefit and/or coverage provisions, such as AD & D on a group life policy where the AD & D is either included or not included based upon the requirements of the policyholder.
3. Single case submissions must indicate in the "Group Market Type" field whether it is an Association or Trust.
  4. Single case format does not apply to employer groups as defined in RCW 48.24.020 or Union Groups as defined in RCW 48.24.050. For an "Employer Group" and/or "Union Group" to be exempted from the single case filing requirements, "Employer Group" and/or "Union Group" and only these terms can be specified in the "Group Market Type" field.
- (iii) Trust or Association submissions must file copies of the original, executed trust documents or articles of incorporation and include revised, amended or restated documents on the Supporting Documentation tab.
  - (iv) Must file disclosure statement for approval on the Form Schedule tab [WAC 284.30.610] when Producer solicitation is allowed.
  - (v) Must disclose in the Filing Description field this is an Out-Of-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements. Groups would use: Out of State Group [ABC Company]; Association or Trusts would use: Out of State [ABC Association]. [ABC Company] and [ABC Association] mean the specific group, trust, association, etc.
- (i) Association, Trust, or Employer Groups domiciled in Washington State
    - (i) Must file for approval the policy, association and trust certificates in single case format (does not apply to Employer Groups or Union Groups), applications, riders, or endorsements on the Form Schedule tab.
      1. If previously approved applications, riders, or endorsements are to be used with the new policy or certificate, they must be attached to the Supporting Documentation tab and be described in the filing description or cover letter.
      2. Single case format means group specific language with no bracketing or variability (does not apply to Employer Groups or Union Groups).
      3. Indicate in the "Group Market Type" field whether it is an Association or Trust.
    - (ii) Must file copies of the original trust documents or articles of incorporation and include revised, amended or restated documents on the Supporting Documentation tab (does not apply to Employer Groups or Union Groups).
      1. If the group is an association, a copy of the initial association bylaws must be provided on the Supporting Documentation tab.
        - 1.1 Must include a copy of the Industry Classifications comprising the eligible groups in the association; or
        - 1.2 An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.

- (iii) Must disclose in the Filing Description field this is an In-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements. Groups would use: In State Group [ABC Company]; Association or Trust would use: In State [ABC Association]. [ABC Company] and [ABC Association] mean the specific group, trust, association, etc.
- (j) Discretionary Groups under RCW 48.21.010(2) for Accident Only, Disability Income or CHAMPVA and Discretionary Groups under RCW 48.24.027(1) for group life and group annuities.
  - (i) Must file a new form filing with a concurrent new rate filing for each discretionary group, regardless of whether the group is an out-of-state group or not. Previously approved form or rate filings cannot be re-opened to modify contents.
  - (ii) Must file in compliance with the provisions under RCW 48.21.010(2)(a) and (b) or RCW 48.24.027(1), (2) and (3) and all applicable filing instructions of rate and form filings.
  - (iii) The product name in SERFF must use the following naming convention: "Discretionary Group - [Group Name]." Replace [Group Name] with the group's name.
  - (iv) Must disclose in the Filing Description field that you are filing for a discretionary group under the requirements of RCW 48.21.010(2) or RCW 48.24.027(1).
- (k) Additional Submission Requirements for Carriers Adding a New Group with Implementation Credits Per RCW 48.30.140 and RCW 48.30.150.
  - (i) This section applies to carriers issuing payment to offset documented expenses incurred by a group policyholder in changing coverages from one insurer to another.
  - (ii) You must submit a single case (large) group form filing.
  - (iii) The rate filing and corresponding form filing must be filed concurrently.
  - (iv) The SERFF Product Name field must include the wording "[Employer/Group Name] – New group with implementation credits."
  - (v) Policy language addressing the implementation credit must comply with RCW 48.30.140, RCW 48.30.150 and WAC 284-30-320.
  - (vi) Except for the items mentioned above, you must follow the instructions in the specific section of this document that is applicable to the single case form filing based on its TOI.
- (l) Additional Submission Requirements for Carriers Adding Performance Standards to a Group Disability filing per Substitute House Bill 1052 (2022 Regular Session).
  - (i) This section applies to carriers including a "performance standard," which means, per SHB 1052 (2022), "a contractual provision in a group insurance contract that establishes a specific standard for the insurer's or health carrier's performance of an obligation in the contract, and under which the carrier is required to remit a penalty payment, based on a percentage of the premium or a set dollar amount,

to the group policyholder for the next policy term if the carrier fails to comply with the standard.”

- (ii) The filing must be submitted in a single case format (single case format means group-specific language with no bracketing or variability). A corresponding rate filing must be filed concurrently.
  - (iii) The SERFF Product Name field must include the wording: “[Large Group Negotiated Form Filing – [Group Name] – with Performance Standards].”
    - (a) If the filing is for a new group for which you are also including implementation credits, the Product Name field must include the wording: “[Large Group Negotiated Form Filing – [Group Name] – New Group with Implementation Credits and Performance Standards].”
  - (iv) Include the following statement in the form (for example, in the policy contract): “Remittance of a performance payment to the group policyholder is not a return premium for purposes of RCW 48.14.020 and 48.14.0201.”
- (m) Small Business Retirement System filings (ESSB 5826): For consideration under this program, the filing must contain:
- (i) A life insurance or annuity form that complies with chapter 48 RCW and chapter 284 WAC.
  - (ii) A certification, submitted as supporting documentation, from an executive officer as defined in WAC 284-18-340(2) that the form:
    - 1. Is intended for the Washington small business retirement marketplace.
    - 2. Will not charge enrollees more than 100 basis points in total annual fees.
    - 3. Will not charge the participating employer an administrative fee.
    - 4. Will allow enrollees to roll pretax contributions into a different individual retirement account or another eligible retirement plan after the enrollees cease participation in the retirement plan offered on the Washington small business retirement marketplace.
    - 5. Is designed for retirement purposes and receives favorable federal tax treatment pursuant to the Internal Revenue Code.
- (n) Life Insurance and Charitable Gift Annuity Forms
- (i) Life Settlement filings must be submitted on Type of Insurance (TOI) code LS01
  - (ii) Charitable Gift Annuity contract filings must be submitted on Type of Insurance (TOI) code A10. Filers must attach filed contracts and application forms to the Form Schedule tab. You must attach all other documents (such as cover letters, explanatory memorandums, side-by-sides or marked-up forms) to the Supporting Documentation tab. You must submit a completed compliance checklist under the Supporting Documentation tab for each new contract. See WAC 284-38-030(5).
- (o) Life Illustrations Information Filings
- 1. Life illustration information is no longer accepted via email and must be submitted through SERFF. Life illustration information is not considered received until successfully submitted through SERFF.

2. For information regarding Speed to Market Tools for Life Illustrations, see the document named "STM – Life Illustrations."
  - 2.1 STM documents provide detailed guidance about these filings.
  - 2.2 This STM tool and related documents are provided on the [OIC's website](#).
3. Submission requirements:
  - 3.1 Use the "Form" filing type in SERFF and TOI: L08.000 "Life-Other."
  - 3.2 The insurer shall identify in writing those forms and whether or not an illustration will be used with them. For policy forms filed after January 1, 1998, the identification shall be made at the time of filing. Any previous identification may be changed by notice to the commissioner. [RCW 48.23A.020(1)]
  - 3.3 Companies not illustrating any policy forms in Washington State [RCW 48.23A.020(1) and RCW 48.23A.080(4)]
    - 3.3.1 The illustration actuary shall file a certification with the board of directors and with the commissioner...Before a new policy form is illustrated. [RCW 48.23A.080(4)(a)]. See section VII.D.3.5 below for details.
    - 3.3.2 On the General Information tab in SERFF, use the SERFF Product Name naming convention: "Life Illustrations – No Illustrations Used in WA"
    - 3.3.3 On the Supporting Documentation tab in SERFF, submit a letter stating that the company does not illustrate any forms. [RCW 48.23A.020(1) and RCW 48.23A.080(4) and (5)]
  - 3.4 Companies illustrating some or all policy forms in Washington State [RCW 48.23A.080(4)]
    - 3.4.1 The illustration actuary shall file a certification with the board of directors and with the commissioner: (i) Annually for all policy forms for which illustrations are used; and (ii) Before a new policy form is illustrated. [RCW 48.23A.080(4)]
    - 3.4.2 The annual certifications shall be provided to the commissioner each year by a date determined by the insurer. [RCW 48.23A.080(7)]
    - 3.4.3 If an illustration actuary is unable to certify the scale for any policy form illustration the insurer intends to use, the actuary shall notify the board of directors of the insurer and the commissioner promptly of his or her inability to certify. Please contact the OIC Rates & Forms Help Desk promptly (contact information stated below). [RCW 48.23A.080(5)]
    - 3.4.4 On the General Information tab in SERFF, use the SERFF Product Name naming convention: "Life Illustrations – Annual Certifications"

3.4.5 On the Supporting Documentation tab in SERFF:

- 3.4.5.1 See the speed to market tools referenced above for more information regarding supporting documentation.
- 3.4.5.2 Provide a separate filing deadline letter. [RCW 48.23A.080(7)]
- 3.4.5.3 Provide a separate document that lists all policy forms to which the law applies. [RCW 48.23A.080(4)]
- 3.4.5.4 Provide a separate document for the Illustration Actuary's certification [RCW 48.23A.080(4)(a)]
- 3.4.5.5 If the company's life illustrations require more than one Certification, state the applicable lines or partitions of business in the actuary's certification.
- 3.4.5.6 Provide a separate document for the Responsible Officer's illustration certification [RCW 48.23A.080(6)]
- 3.4.5.7 If life illustrations require more than one Certification, state the applicable lines or partitions of business in the officer's certification.

3.5 Illustrating a New Form or Changing from not-illustrating to illustrating policy forms [RCW 48.23A.080(4)(a)(ii)]

3.5.1 You must file life illustration certifications before a policy form is illustrated in Washington State. [RCW 48.23A.080(4)(a)(ii)]

3.5.2 For new forms:

- 3.5.2.1 If the new form is submitted to OIC through SERFF, identification shall be made at the time of filing. [RCW 48.23A.020(1)]
- 3.5.2.2 Otherwise, submit the life illustration notification to OIC separately in SERFF using the instructions below. [RCW 48.23A.080(4)(a)(ii)]

3.5.3 On the General Information tab in SERFF:

- 3.5.3.1 Use the SERFF Product Name naming convention: "Life Illustrations – [[New Form Illustrations] or [Changing Illustrating Status]]"
- 3.5.3.2 Choose "New Form Illustrations" or "Changing Illustrating Status," but not both, in the above naming conventions.

3.5.4 On the Supporting Documentation tab in SERFF, see the speed to market tools for information regarding supporting documentation.

3.6 Changing from illustrating to not illustrating policy forms in Washington State

3.6.1 Submit a filing in SERFF to notify us of the change. [RCW 48.23A.020(1)]

3.6.2 On the General Information tab in SERFF use the SERFF Product

Name naming convention: "Life Illustrations – Annual Certifications – Not illustrating in WA"

3.6.3 On the Supporting Docs tab in SERFF, submit a letter that states the company is not illustrating any policy forms and include an effective date for the change. [RCW 48.23A.020(1) and RCW 48.23A.080(4) and (5)]

### 3.7 New or changing illustration actuary

3.7.1 If an insurer changes the illustration actuary responsible for all or a portion of the company's policy forms, the insurer shall notify the commissioner of that fact promptly per instructions below. [RCW 48.23A.080(8)]

3.7.2 On the General Information tab in SERFF, use the following SERFF Product Name naming convention: "Life Illustrations – Illustration Actuary Change"

3.7.3 On the Supporting Documentation tab in SERFF:

3.7.3.1 Submit documentation regarding the new Illustration Actuary's appointment by the board and the effective date. [RCW 48.23A.080(1)]

3.7.3.2 Submit a letter that states the reason for the change. [RCW 48.23A.080(8)]

## II. Long Term Care Forms

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- (a) Long Term Care advertising must be submitted on an LTC06-Other TOI code.
- (b) Requirements for Long-term Care Partnership Filings
  - (a) You must file your LTC partnership forms under the proper LTC Partnership Sub-TOI code. Please refer to the NAIC's Product Coding Matrix for the proper code.
  - (b) If a partnership certification form is to apply to multiple partnership Sub-TOIs, then a separate Partnership Certification form must be filed under the Form Schedule tab for each Sub-TOI. If the Partnership Certification form will be used with an Interstate Compact approved policy form, you must submit a copy of the Compact approved policy under the Supporting Documentation tab.
  - (c) A long-term care partnership policy certification form must be completed for each policy or certificate and submitted under the Form Schedule Tab. In addition, filers must submit the partnership status disclosure notice and the partnership program notice which will be used with the policy or certificate. These should be submitted under the Form Schedule Tab and should include the word 'Partnership' in the Form Name field.

- (d) You must indicate in the Filing Description and the Product Name field this is a LTC Partnership filing.

### III. Medicare Supplement Forms

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Scope of Section by Type of Insurance (TOI) in SERFF: MS02G, MS02I, MS04G, MS04I, MS05G, MS05I, MS07G, MS07I, MS08G, MS08I

- (a) Submission Requirements:
  - (a) If you are submitting more than one plan on a single filing you must use the multi-plan codes from the NAIC's Product Coding Matrix
  - (b) Notice of plan closures must be filed as a unique form filing. The document must include a form number in the lower left hand corner and be filed on the Form Schedule tab.
  - (c) Medicare supplement advertising must be submitted on an MS06 or MS09 TOI code

### IV. Medicare Supplement Reports

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All Medicare Supplement Reports are filed under TOI MS06

- (a) Starting May 1, 2021, all reports must be filed through SERFF. We will accept Medicare Supplement reports through SERFF before May 1, 2021 if issuers follow the instructions below.
- (b) Regardless of the type of Medicare Supplement plan separately filed in the rate and form filings, all Medicare Supplement reports must be filed under TOI MS06.
- (c) Form for Reporting Multiple Medicare Supplement Policies and Certificates due no later than March 1 of each year. [WAC 284-66-320]
  - (a) File this report only if you are issuing to an individual resident of Washington state with more than one Medicare Supplement policy or certificate in force.
  - (b) You must use Filing Type "Multiple Policy Report."
  - (c) Attach the report on the Supporting Documentation tab.
- (d) Grievance Report due no later than March 1 of each. [WAC 284-66-073 (11)(f)]
  - (a) File this report only if you have Medicare Select in force in Washington state.
  - (b) You must use Filing Type "Grievance Report."
  - (c) Attach the report on the Supporting Documentation tab.
- (e) Refund or Credit Calculation due no later than May 31 of each year [WAC 284-66-203(2) and WAC 284-66-220].

- (a) You must use Filing Type "Refund Calculation Report."
  - (b) Do not include any refund or credit calculations for policies where there were no policyholders in force during the previous year in Washington state.
  - (c) Data must be provided for each type in a standard Medicare benefit plan in the format found at WAC 284-66-232 and must be placed on the Supporting Documentation tab.
    - (i) If you have both group and individual plans, provide them in separate PDFs and state in the file name whether they are group or individual.
  - (d) Attach a document on the Supporting Documentation tab that contains the following information (if applicable):
    - (i) For The Past Years' Experience (all policy years)
      1. For each plan where the Earned Premium is different from the Total Experience submitted in the refund calculation for the previous year, provide an explanation.
      2. For each plan where the Incurred Claims is significantly different from the Total Experience in the refund calculation submitted for the previous year, provide an explanation.
    - (ii) A list of plans that need a refund and an explanation of how you plan to refund money to the consumers.
- (f)** Medicare Supplement Loss Ratio Experience due no later than June 30 of each year. [WAC 284-55-205]
- (a) You must use Filing Type "Experience Report."
  - (b) Product name must include "Medicare Supplement Loss Ratio Experience."
  - (c) Do not include any Medicare Supplement Loss Ratio Experience reports for policies where there were no policyholders in force during the previous year in Washington state.
  - (d) Experience must be provided in the format found at WAC 284-55-210 and must be provided on the Supporting Documentation tab.
    - (i) Separate data must be shown for each policy form number and for each policy duration of each form.
    - (ii) If you have both group and individual plans, please provide them in separate PDFs and state in the file name whether they are group or individual.
  - (e) On the Supporting Documentation tab, provide a separate PDF which

contains only the currently approved rates.

Note: If you want to submit rate changes for approval, do not file them with this experience report. You must follow the separate instructions for Medicare Supplement Rate Filings.

- (f) Provide a document on the Supporting Documentation page that contains the following information (if applicable):
  1. For each plan where the experience is significantly different from what is reported in the Refund or Credit Calculation, provide an explanation.
  2. List form numbers where there are no longer any policies in force.

**(g)** Annual Filing of Premium Rates and Experience due no later than May 31 of each year. [WAC 284-66-203 (6)]

- (a) You must use Filing Type "Experience Report."
- (b) Product name must include "Annual Filing of Premium Rates and Experience."
- (c) Do not include any Annual Filing of Premium Rates and Experience reports for policies where there were no policyholders in force during the previous year in Washington state.
- (d) Experience must be provided in the format found at WAC 284-66-203(6) and must be provided on the Supporting Documentation tab.
  - (i) If you have both group and individual plans, please provide them in separate PDFs and state in the file name whether they are group or individual.
- (e) On the Supporting Documentation tab, provide a separate PDF which contains only the currently approved rates.

Note: If you want to submit rate changes for approval, do not file them with this experience report. You must follow the separate instructions for Medicare Supplement Rate Filings.

- (f) Provide a document on the Supporting Documentation page that contains the following information (if applicable):
  1. For each plan where the experience is significantly different from what is reported in the Refund or Credit Calculation, provide an explanation.
  2. List form numbers where there are no longer any policies in force.

## **V. Prescription Drug Plans That Supplement a Medicare Part D**

## Employer Group Waiver Plan

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- (a) Scope of Section: This section applies to stand-alone prescription drug plans which exclusively supplement a Medicare Part D coverage provided through an Employer Group Waiver Plan (EGWP) under federal social security act regulation 42 C.F.R. Sec. 423.458(c). See RCW 48.43.005(29)(n).
- (b) Plans that supplement a Medicare Part D Employer Group Waiver Plan must be filed under TOI H17G, and must be submitted on a single-case basis.
  - (i) The rate filing must be submitted concurrently with the corresponding form filing.
- (c) Submission Requirements:
  - (i) Under the General Information tab in SERFF:
    1. The SERFF Product Name field must include the wording "Stand-alone Prescription Drug Plan Supplement to Medicare Part D EGWP – [Employer/Group Name]"
    2. The Corresponding Filing Tracking Number field must include the corresponding rate filing SERFF tracking number
    3. In the Filing Description Field: Provide a brief description how the plan exclusively supplements the specific Medicare Part D plan provided through an Employer Group Waiver Plan.

## **VI. Your filing is incomplete and will be rejected if:**

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- (a) We cannot download your filing into our back office system. There are a number of reasons why we cannot download filings into our back office system. The most common reasons include:
- (b) Attachments are not formatted using a Distiller in PDF format.
- (c) An incorrect CoCode number is entered in the Filing Company Information, under the Companies and Contact tab.
  - (a) For insurers, the CoCode number is the same number as your company's 5-digit NAIC number.
  - (b) Life Settlement providers, associations, and charitable gift organizations must leave the CoCode field blank and enter their WAOIC number in the State ID number field.

- (d) You include an incorrect or incomplete Type of Insurance (TOI) or Sub-TOI as listed on the NAIC Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.
- (e) Documents in the filing are not machine readable.

## **VII. Rejected Filings will not be Re-Opened**

- (a) If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and General Instructions.

## **VIII. Notes Related to SERFF Objection Letter Response Requirements for Filings**

- (a) Unless instructed otherwise, all attachments to responses must be in PDF format.
- (b) When responding to an objection letter, you must use SERFF's Amend Filing function.
- (c) You must answer each objection individually, completely, and in a timely manner.
- (d) Never use a General Update to change a filing after it has been reviewed by an OIC analyst.

## **IX. After a Final Disposition by OIC Analyst**

After final disposition by an OIC Analyst you may not change or correct the filing. You must make a new filing in SERFF.

## **X. Contact Us**

For filing related questions, contact the Rates & Forms Help Desk:

(360) 725-7111

[rfhelpdesk@oic.wa.gov](mailto:rfhelpdesk@oic.wa.gov)

For feedback or suggestions, email us:

[RFHealthplan@oic.wa.gov](mailto:RFHealthplan@oic.wa.gov)