

Washington State SERFF Life and Disability Form Filing General Instructions

These instructions apply to all form filings for life insurance, annuities, Medicare supplement plans, long term care insurance, credit life insurance, life settlements, accidental death and dismemberment, and disability income.

Please see the Washington State SERFF Health and Disability Rate and Form Filing General Instructions for filings of any of the following: Medical plans including higher education student health plans, stand-alone dental and stand-alone vision plans, and provider agreements.

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I. Filing requirements for Life & Disability insurers

- A. Life and disability insurers must file in SERFF.
- B. If a rate filing is required, it must be submitted separate from but concurrent with any corresponding new form filing. **Please note: Life filings do not require rates to be filed.**
- C. For any rate filing (including single case filings under the same TOI), you may file one rate filing for multiple form filings provided you identify all forms by form number to which the rate filing is applicable. The form numbers must appear in the rate filing under the affected form numbers section of the Rate/Rule tab.
- D. Any proprietary information contained in a rate filing must be filed as a separate rate filing. You would then provide: 1 for-public rate filing, and 1 not-for-public rate filing.
 - 1. State clearly in the Filing Description: for-public rate filing, or not-for-public rate filing.

2. For-public rate filings should include any items for public inspection.
3. Not-for-public rate filings should include proprietary information pursuant to RCW 48.02.120(3).

E. Filing requirements for **Medicare Supplement** Filings.

1. You must provide the Medicare Supplement Filing Summary for the 2010 Medicare Supplement Plans.
2. If you plan on submitting more than one plan on a single filing you must use the new multi-plan codes from the NAIC's Product Coding Matrix.
3. Reports such as Refund Calculations, Multiple Policy Reports and Grievance Reports are not being accepted through SERFF. Please see the instructions for submitting these reports at <http://www.insurance.wa.gov/for-insurers/filing-instructions/file-medicare-supplement/medicare-supplement-annual-reports/>.
4. 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.
5. Medicare supplement advertising must be submitted on an MS06 or MS09 TOI code.
6. You must provide only one rate filing for all your individual pre-standardized Medicare Supplement plans.
7. Only rates should be on the rate/rule tab. All other documents should be placed on the supporting documentation tab.
8. When filing rate increases for the 2010 Medicare Supplement plans, follow these guidelines:
 - a. The experience for each plan should be combined with the same 1990 plan for rating purposes. (i.e. the experience for 2010 plan A should be combined with the experience of 1990 plan A).
 - b. If each plan is not credible, combine the experience of all 1990 and 2010 plans together.
 - c. Submit two separate rate filings.
 - i. The 1990 rates are placed on the Rate/Rule schedule under a filing using a 1990 TOI. In the filing description, state that the justification for the rate increase is filed in a separate filing and list the SERFF tracking number.
 - ii. Then under a separate filing using a 2010 TOI include the rates on the rate/rule schedule with the filing summary on the Supporting Documentation tab along with your justification for the rate increases for the 1990 and 2010 plans. In your supporting documentation, please provide us with the number of lives separately for each type of insurance.

- iii. If you separate the 1990 experience from the 2010 experience, file a detailed explanation.
9. Fill out the Company Rate information on the Rate/Rule Schedule tab. The data provided in the Company Rate Information should only be for Washington experience and for the TOI and company name submitted.
- F. You cannot file Life Illustration Certifications through SERFF.
- G. Filing Requirements for Long-term Care Partnership Filings.
1. 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.
 2. 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.
 3. 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.
 4. You must indicate in the Filing Description and the Product Name field this is a LTC Partnership filing.
- H. Long Term Care advertising must be submitted on an LTC06-Other TOI code.

II. General Requirements for Form Filings

- A. 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.
- B. Except for Credit Life and Credit Accident and Health Insurance, you do not have to file notices to policyholders unless they amend policy provisions.
- C. You must list all filed forms on the Form Schedule tab, and enter form numbers correctly.
- D. Each form must have a unique identifying number and a way to distinguish it from new forms.
- E. Disability forms must be in not less than 10-point type.

- F. Life Settlement filings must be submitted on Type of Insurance (TOI) code LS01.
- G. Single Case Filing submissions. You must file a completed and signed “Custom Enrollment/Application Certification” for each application submitted on the Supporting Documentation tab if you intend to use a unique group master application and/or group enrollment form.
- H. Out-of-State Groups Other than Health Benefit Plans [WAC 284-30-600]
1. 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.
 2. Must file for approval all certificates [in single case format], providing coverage in the state of Washington. A complete submission includes: applications, riders, or endorsements for approval on the Form Schedule tab.
 - a. If previously approved applications, riders, or endorsements are to be used with the new certificate, they must be attached to the Supporting Documents tab and be described in the filing description or cover letter.
 - b. 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.
 - c. Single case format does not apply to employer groups as defined in RCW 48.24.020. For an “Employer Group” to be exempted from the single case filing requirements, “Employer Group” and only “Employer Group” must be specified in the “Group Market Type” field.
 3. Trust or Association submissions must file copies of the original trust documents or articles of incorporation and include revised, amended or restated documents on the Supporting Documentation tab.
 4. Must file disclosure statement for approval on the Form Schedule tab [WAC 284-30-610] when Producer solicitation is allowed.
 5. 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.
- I. Association, Trust, or Employer Groups Other than Health Benefit Plans domiciled in Washington State
1. Must file for approval the policy, association and trust certificates in single case format [does not apply to Employer Groups], applications, riders, or endorsements on the Form Schedule tab.
 - a. If previously approved applications, riders, or endorsements are to be used with the new policy or certificate, they must be attached to the supporting documents tab and be described in the filing description or cover letter.
 - b. Single case format means group specific language with no bracketing or variability [does not apply to Employer Groups].

2. 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].
 - a. Major medical lines of business must include a copy of the bona fide association bylaws on the Supporting documentation tab.
 - i. Must include a copy of the Industry Classifications comprising the eligible groups in the association. Or;
 - ii. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 3. 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.
- J. 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).
- K. Small Business Retirement System filings (ESSB 5826) for consideration under this program, the filing must contain:
1. A life insurance or annuity form that complies with chapter 48 RCW and chapter 284 WAC.
 2. A certification, submitted as supporting documentation, from a company officer that the form:
 - a. is intended for the Washington small business retirement marketplace.
 - b. will not charge enrollees more than 100 basis points in total annual fees.
 - c. will not charge the participating employer an administrative fee.
 - d. 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.
 - e. is designed for retirement purposes and receives favorable federal tax treatment pursuant to the Internal Revenue Code.

III. Your Filing is Incomplete and will be rejected if:

- A. We cannot download your filing into our back office system. Common reasons filings cannot be downloaded into our back-office system include:
 - 1. Attachments are not formatted using a Distiller in PDF format.
 - 2. 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.
- B. You use an incorrect Type of Insurance (TOI) or Sub-TOI.
- C. You attach more than one form or document to a row in the Form Schedule tab.

NOTE: Rejected Filings will not be Re-Opened. 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.

IV. Rules for Responding to SERFF Objection Letters

- A. Unless instructed otherwise, all attachments to Responses must be in PDF format.
- B. When responding to an Objection Letter, you must:
 - 1. Amend Filing to respond to an objection. You must answer each objection individually with the appropriate revised form.
 - 2. Revise a Schedule Item to make changes to a form already submitted.
 - 3. Add a Schedule Item to add additional forms not previously submitted.

V. After a Final Disposition by OIC Analyst

- A. If you must submit a new attachment to make a change or correction to a closed filing, you must send a Note to Reviewer asking to re-open the filing. The analyst will review the filing and determine if you can make a change to the filing.
- B. If the analyst agrees to re-open the filing, you can make changes and corrections without making a new SERFF filing.
- C. If the analyst determines the filing cannot be re-opened, you must make a new filing in SERFF.

For questions related to SERFF filing procedures, contact:

Rates & Forms Help Desk
(360) 725-7111
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