



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**UNIVERSAL STANDARDIZED DATA LETTER**

**What is the purpose of this filing?**

(Check one)

- Forms Only
- Forms & Rates
- Rates Only
- Annual Rate Certification (no rate change)

**I. SUMMARY OF FILING REQUIREMENTS**

	<b>FORMS ONLY</b>	<b>FORMS &amp; RATES</b>	<b>RATES ONLY</b>	<b>ANNUAL RATE CERTIFICATION</b>
1. Standardized Data Letter	Required	Required	Required	Required
2. Policy Form	Required	Required	N/A	N/A
3. Policy Forms Checklist	Required	Required	N/A	N/A
4. Actuarial Demonstration	Certification that rates are not affected	Required See Rules 69O-149, 69O-191, 69O-203	Required See Rules 69O-149, 69O-191, 69O-203	See Rule 69O-149

**II. COMPANY INFORMATION**

FEIN \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ FAX # \_\_\_\_\_

Dr.  Mr.  Mrs.  Ms.  Miss \_\_\_\_\_ 800 # \_\_\_\_\_

Name \_\_\_\_\_ Professional Designation \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

\_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Company Filing Number \_\_\_\_\_

**III. GENERAL INFORMATION**

- A. Do you currently have in force business on this plan in Florida?  Yes  No
- B. Are you currently selling new business on this plan in Florida  Yes  No  
If no, date discontinued \_\_\_\_\_
- C. Are you currently selling this plan in other states?  Yes  No
- D. What market restrictions (such as available to military persons only), do you have on this form? \_\_\_\_\_



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IV. SELECT LINE OF BUSINESS Please review the attached instruction sheet prior to answering the following questions. Life & Annuity Filings - Complete Sections A, B, C and G only

A. Your filing type and associated Certificate of Authority Line of Business is (Check one)

- Accident & Health (450-General; 430-Fraternal; 455-MEWA)
Health Maintenance Organizations (718 HMO)
Prepaid Limited Health Services Organizations (451; 700; 712; 716; 744; 777; 781; 782; 783; 784 PLHSO)
Health Flex Plans (710)
Discount Medical Plan Organizations (709-DMPO)
Continuing Care Retirement Community (720-CCRC)
Annuity Products (400, 405, 410, 425)
Life Products (400, 410, 420, 425)
Credit Life and/or Disability Products (440, 441)
Viatical Settlements (708)
Health Advertisements (450-General; 430-Fraternal; 455-MEWA)
Long Term Care
Medicare Supplement
Small Group Major Medical
Periodic Data Filings (450-General; 430-Fraternal; 455-MEWA)
A&H Gross Annual Premiums & Enrollment (GAP)
A&H Employee Health Care Access Act Enrollment (SMG)
Medicare Supplement Refund Calculation (MSR)
HMO Gross Annual Premiums & Enrollment (GAP)
HMO Employee Health Care Access Act Enrollment (SMG)
Governmental Self Insurance Plan

B. Your policy or coverage is (Check one) Fraternal Individual Group

C. Group Policy Characteristics.

- 1) In-state Out-of-state
2) Large Group (51+ lives) Small Group (see section 627.6699, F.S.) (1-50 lives) Other Group (specify)
3) Employee Group Labor Union Group Debtor Group
Association Group Additional Group Other (specify)
4) Blanket Health Policy Franchise Health Policy

- A group to cover persons associated in any other common group, which common group is formed primarily for purposes other than providing insurance.
A group which is established primarily for the purpose of providing group insurance.
A group of insurance agents of an insurer, which insurer is the policyholder.
Other (specify)

D. Individual Policy Characteristics.

- Optionally Renewable Guaranteed Renewable Non-Renewable
Conditionally Renewable Non-Cancelable Other (specify)

E. Is your Policy or Coverage primarily for individuals over 65? yes no

F. If applicable, select Accident and Health Product Type:

- Accident Only Hospital Indemnity
AD&D Hospital/Surgical/Medical Expense
Blanket or Student Accident or Sickness Major Medical
Champus or Tricare Supplement Medicare Supplement
Dental Prescription Drug
Group Conversion Short Term Care
Disability Income Sickness Only
Dread or Specified Disease Vision
Excess or Stop Loss Other (specify)
Long Term Care

G. If applicable, select Life and Annuity Product Type:



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- Life – Assumption Agreement
- Life – Term
- Life – Variable
- Life – Other (specify) \_\_\_\_\_

- Life – Endowment
- Life – Universal
- Life – Whole

Annuities – Immediate Non-Variable Benefit

- Single Premium
- Other  (specify) \_\_\_\_\_

Annuities – Immediate Variable Benefit

- Single Premium
- Other  (specify) \_\_\_\_\_

Annuities – Deferred Non-Variable Benefit

- Fixed Premium
- Flexible Premium
- Single Premium
- Other  (specify) \_\_\_\_\_

Annuities – Deferred Variable Benefit

- Fixed Premium
- Flexible Premium
- Single Premium
- Other  (specify) \_\_\_\_\_

- Annuities – Other (specify) \_\_\_\_\_

**V. INSURANCE PRODUCT FILING RATE HISTORY – INCLUDING ANNUAL RATE CERTIFICATIONS**

(This section is for Florida experience only)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Rate Change Requested	Total Annualized Premium Volume	# of Certificates / Subscribers or Individual Policies	Average Rate Change	Maximum Rate Change	Date Change Approved or Acknowledged	Florida Filing Number
Current Filing	%	\$		%	%	N/A	N/A
1st Prior Filing	%	\$		%	%		
2nd Prior Filing	%	\$		%	%		

**VI. RATE REQUEST BY INSURANCE FORM – INCLUDING NEW FORM SUBMISSIONS** (To be completed for all filings which include pooled blocks - Florida experience only. Attach an additional page as necessary)

	(1)	(2)	(3)	(4)
	Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
Primary Form		%	\$	
Additional Forms		%	\$	
		%	\$	
		%	\$	

**VII. ADDITIONAL DATA FOR NEW FORM & RATE INSURANCE PRODUCT FILINGS** (Provide current data for the form(s) submitted)

	Florida Only		Nationwide	
A. Number of Certificates or Individual Policies Affected:				
B. If Group, Average Number of Certificates Per Policy/ Participating Unit (e.g. Employer Unit)				
C. Annualized Premium Volume	\$		\$	
D. Average Annual Premium(Current/proposed or new form)	\$	\$	\$	\$
E. <u>Anticipated</u> Loss Ratio(Current / Proposed Premium)	%	%	%	%
F. <u>Lifetime</u> Loss Ratio(Current / Proposed Premium)	%	%	%	%
G. Loss Ratio Standard for The Form (or pooled group/forms)			%	%
H. <u>Total Past</u> Incurred Loss Ratio Without Active Life Reserve Increases			%	%
I. Current Year Loss Ratio for Policies 3 Years & Older (For Med. Supp.) Without Policy Reserves:			%	%

