



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

UNIVERSAL STANDARDIZED DATA LETTER INSTRUCTIONS

ALL SUBMISSIONS

- I. Review this section for applicable filing requirements.
- II. Provide the requested information about the company and identify a person to be contacted regarding the filing.
- III. General Information: This form needs to be filled out for all filings
- IV. Provide type of filing information (i.e. life or annuity, group, in-state, etc.) – See more detail under rates portion

The complete filing should be sent to: **Bureau of L & H Forms & Rates**
Office of Insurance Regulation
 Submitted through <https://iportal.fldfs.com>

FORMS PORTION

- IX. An officer of the company must certify as to the readability of the forms.
- X. An officer of the company or a designated compliance person must certify that all the information provided is correct.
- XI. Title is the name of the product, for example "Trendsetter 20." Type of form is the type of insurance policy, such as "Term Life Insurance Policy." New Form number is the form number you have at the time of filing. Replaced Form number is the number of the form, which will be discontinued for future sales that you are replacing, if applicable. This does not mean individual insureds are having their coverage cancelled and replaced. Office of Insurance Regulation File Number is for form replaced.

ADDITIONAL FORMS INFORMATION:

- 1. A letter of transmittal explaining the type and nature of the filing (see Rules 69O-149.021(1)(b)1., and 69O-149.023(4), F.A.C.)
- 2. Do not include filings for more than one company with each submission.
- 3. Complete the appropriate checklist for each filing.
- 4. A certification that the representative making the filing, if someone other than a company employee, has been authorized to do so by an officer of the company.
- 5. Advertisements should be submitted as a separate filing and not as part of a form filing.
- 6. When responding to Office correspondence regarding a filing, please correspond directly with the analyst, referencing our filing number.

RATES PORTION

- III. General Information:
This form needs to be filled out for all filings, including Annual Rate Filing Certifications.

IV.C. <u>Group Policy Characteristics:</u>	Life groups defined in:	Health groups defined in:
Employee Groups	Section 627.552, F.S.	Section 627.653, F.S.
Labor Union Groups	Section 627.554, F.S.	Section 627.654, F.S.
Debtor Groups	Section 627.553, F.S.	Section 627.655, F.S.
Association Groups	Section 627.5567, F.S.	Section 627.654, F.S.
Additional Groups	Section 627.5565, F.S.	Section 627.656, F.S.
Blanket Health Insurance	not applicable	Section 627.659, F.S.
Franchise Health Insurance	not applicable	Section 627.663, F.S.

- IV.D. Optionally Renewable:
Renewal can be declined at the option of the insurance company.



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Conditionally Renewable:

Renewal can be declined by class, by geographic area or for stated reasons other than the deterioration of health.

Guaranteed Renewable:

The insurance company cannot be declined renewal for any reason. Yet, the insurance company can revise rates on a class basis. (See also Sections 627.6425 & 627.6571, F.S.)

Non-Cancelable:

Renewal cannot be declined and the insurance company cannot revise the rates.

Non-Renewable:

There is a contractual provision that prevents a policy duration of more than one year.

V. RATE FILING HISTORY - To be completed for all policies whose rates are subject to regulatory authority.

This section is for Florida experience only on the total of forms combined for this filing. Please provide the information for the current filing and the two most recent rate revision filings if applicable:

- (1) Rate change requested - the percentage increase in the average annualized premium. The average annualized premium should be calculated on the basis of the inforce distribution.
- (2) Total Annualized Premium Volume - Total premium volume, on an annualized premium basis, for the inforce policies at the time of the related filing.
- (3) Number of Certificates/Subscribers or Policies - For group coverage, provide the number of certificates/subscribers in force, and the number of policies for individual.
- (4) Average Rate Change- The amount of rate revision requested, or for prior filings, the amount of rate revision approved, expressed as the percentage increase in the average annual premium.
- (5) Maximum Rate Change Approved - The largest increase due to the filing affecting any specific policyholder/subscriber.
- (6) Date Change Approved - The Office's date of approval of the rate revision filing.
- (7) Florida Filing Number – the Florida filing number, i.e. FLR 98-1234, which identifies the filing

VI. RATE REQUEST BY FORM - To be completed for all policies whose rates are subject to regulatory authority. New forms should submit the form number in (1).

This section is for Florida experience only.

- (1) Form Number - The form number of the form being filed.
- (2) Rate change requested - the percentage increase in the average annual premium. The average annual premium should be calculated on the basis of the inforce distribution.
- (3) Total Annualized Premium Volume - Total premium volume, on an annualized premium basis, for the inforce policies at the time of the related filing.
- (4) Number of Certificates or Policies - For group coverage, provide the number of certificates in force, and the number of policies for individual.

VII. ADDITIONAL DATA - To be completed for all policies whose rates are subject to regulatory authority. (Do Not Reference Attachments)



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- A. Number of Certificates/Subscribers or Individual Policies Affected - For group coverage, provide the number of individual certificates or subscribers in force, and the number of policies for individual.
- B. Average Number of Certificates or Subscribers Per Policy - If group. ($A \div B$ should yield the number of groups)
- C. Annualized Premium - Premium volume, on an annualized premium basis, for the current inforce policies.
- D. Average Annual Premium - The average annualized premium based on the inforce age/sex/area, etc. distribution of inforce policies. The average annualized premium anticipated for a new policy form should be included here.
- E. Anticipated Loss Ratio – The present values of future claims, divided by the present value of future earned premiums on the proposed rate basis over the block of business. This should also be included for new form filings. Current is before any rate change.
- F. Lifetime Loss Ratio – The present values of incurred claims, past and expected future, divided by the present value of earned premiums, past and expected future, on both the current and proposed rate basis. Current is before any rate change.
- G. The originally filed loss ratio standard for the form. If the standard has been increased in prior rate filings due to certification of a higher standard, this should reflect this higher standard.
- H. Total Past Incurred Loss Ratio Without Reserve Increases – The accumulated value of past incurred claims divided by the accumulated value of the past earned premiums.
- I. Current Year Loss Ratio for Policies 3 Years and Older (for Medicare Supplement) without Policy Reserves.