

# FLORIDA OFFICE OF INSURANCE REGULATION

## Life and Health Product Review Filing Requirements

The Office is committed to reviewing form filings as expeditiously and carefully as possible. Please ensure you submit the requirements listed below to assist us toward that end.

### Individual Health

- Readability
- Cover Letter
- Universal Standard Data Letter
- Forms Checklist
- Outline of Coverage
- Policy
- Application
- Riders/Endorsements/Amendments
- Rates
- Actuarial Memorandum
- Authorization to represent the company, if applicable

### Group Health

- Readability
- Cover Letter
- Universal Standard Data Letter
- Forms Checklist
- Group Policy
- Group Certificate
- Master Application
- Enrollment Form
- Riders/Endorsements/Amendments
- Rates (for small group only)
- Actuarial Memorandum
- Authorization to represent the company, if applicable

### Out-of-State Group Life and Health

- Readability
- Cover Letter
- Universal Standard Data Letter
- Master Policy
- Group Certificate
- Actuarial Memorandum and rates if group formed for purpose other than insurance.
- Certification of Compliance with Section 627.6515(5), F.S. (Health)
- Certification of Compliance with Section 627.5515(5), F.S. (Life)
- Certification that a Florida licensed agent will service the contract.
- Authorization to represent the company, if applicable

### Individual Life & Annuity

- Readability
- Cover Letter
- Universal Standard Data Letter
- Forms Checklist
- Policy
- Application
- Riders/Endorsements/Amendments
- Actuarial Memorandum
- Certification for Valuation Standards (optional)
- Certification of Nonforfeiture Standards (optional)
- Policy/Contract Summary
- Authorization to represent the company, if applicable

### Group Life & Annuity

- Readability
- Cover Letter
- Universal Standard Data Letter
- Forms Checklist
- Group Policy
- Group Certificate
- Master Application
- Enrollment form
- Riders/Endorsements/Amendments
- Actuarial Memorandum
- Certification for Valuation Standards (optional)
- Certification of Nonforfeiture Standards (optional)
- Policy/Contract Summary
- Authorization to represent the company, if applicable

### Advertisements: Long-Term Care, Medicare

#### Supplement and Small Group

- Readability
- Cover Letter
- Universal Standard Data Letter
- Forms Checklist
- All advertisements to be reviewed

### Foreign Language Filings

- Readability
- In addition to the previous requirements, submit the following for any forms that will be used in a language other than English. All forms must contain a disclaimer stating the English language version will prevail if there is a discrepancy with the translated version.
  - Translation certification (Section 627.4145, F.S.)
  - Translated version of the form
  - Florida filing number of the approved English version

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## Life and Health Product Review Filing Requirements

### Cover Letter: Rule 690-149.021, F.A.C.

#### **A. Type of Filing/Coverage:**

1. Provide a description of the type of filing, state the title of the submitted forms(s) and explain any feature(s) or benefit(s).
2. State whether the filing is new or a resubmission. If this is a re-submission, please explain why the original filing was not approved and provide the Florida filing number of the previous submission.
3. State whether the form(s) replace any previously approved form(s). If so, clearly identify the form(s) being replaced, the Florida filing number in which the previous version of the form was approved and explain all revisions/updates.
4. State whether the form(s) will be used with any other form(s). Provide a list of all forms to be used with the submitted form(s). Include the dates of approval and the Florida filing number(s).
5. If a group life or annuity filing, include the type of group, pursuant to Rule 690-149.021(1)(b), FAC.

#### **B. Target Population:**

1. List the type of individual or group to be solicited. If marketing to groups, please identify the type of group(s) with the corresponding statutory authority.
2. Provide target age limit and details of any age cancellation requirements.

#### **C. Marketing Methods/Distribution:**

1. State how the form(s) will be used or sold.
2. If sold by an agent in a face-to-face setting, please provide details of agent processes.
3. If sold by direct mail, please provide details of direct mail processes.
4. If sold via the Internet or other electronic means:
  - Provide the online application and/or enrollment forms;
  - Certify compliance with the Uniform Electronic Transaction Act (UETA), Section 668.50(5) and (8), F.S.;
  - Explain how compliance with the Licensed Agent statute is achieved, Section 624.428, F.S.; and
  - Explain how replacement is handled and how the company ensures compliance, if applicable.

#### **D. Other Cover Letter Requirements:**

1. Florida does not allow the "war" exclusion to include acts of terrorism. Please certify that the definition of the "war" exclusion does not include acts of terrorism.
2. Statement of Variability: Bracket all variable material and for each provide an explanation of variability that states all language possibilities, ranges of dates, time frames and benefit amounts.
3. Foreign Travel for Life policies: Certify compliance with Section 626.9541(1)(dd), F.S.
4. Provide details of any style changes on the form(s) and certify the font size will never be less than 10 points, pursuant to Sections 627.602 and 627.452(4), F.S.
5. If a third party is filing for the company, provide a currently dated certification by a company officer that the third party is authorized to submit the filing on the company's behalf.
6. Include an actuarial memorandum, signed by an actuary, with all filings, including those with no rate impact.