

Arizona General Instructions Document Annuities, Credit Insurance, Health Insurance, Life Insurance, Long Term Care Insurance, Medicare Supplement Insurance, and Rate Filings

1. Filing Authority/Scope of Authority:

Forms must be filed according to submission requirements. Attach all policy forms, riders, endorsements, applications, rate information/revisions, Readability Certification (P-123), Certification of Qualified Actuary, (p-124), Actuarial Memorandum, advertising forms, Transmittal Form (P-107), etc. necessary for the filing.

Arizona Department of Insurance Web Address:

<http://www.id.state.az.us/>

Arizona Revised Statutes Web Address:

<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

Arizona Administrative Code Web Address:

http://www.azsos.gov/public_services/table_of_contents.htm

2. Filing Basis:

a. Product Review:

The submission will be considered received on the date it was submitted. The Department will determine within 15 days of receipt of a policy form submission if it is an administratively complete filing. After determining that a submission is an administratively complete filing, the Department shall complete a substantive review of the filing within 30 days, plus any extension period. Within 30 days, plus any extension period, the Department may notify the filer that either:

1. The filing is approved or disapproved; or
2. The filing will be disapproved unless the filer corrects deficiencies listed in the objection letter and files with the Department, additional or corrected information that is complete and responsive to the Department's request before the end of the substantive review period.

Life or Disability Insurance Policy Forms:

Pursuant to ARS §20-1110(C), every filing shall be made not less than thirty days in advance of any delivery. The form is approved thirty days after filing unless the director has, within the thirty day period, issued an order affirmatively approving or disapproving the form. The Department may extend the review period by not more than an additional fifteen days.

Long Term Care Insurance Rates and Forms:

Pursuant to ARS § 20-1691.08(A), a person shall not deliver or issue for delivery any long-term care insurance policy or rate unless the person has first filed the form or rate, and it has been approved.

b. Advertising Form Review:

The submission will be considered received on the date it was submitted. When received, an advertising form filing will be reviewed to determine if the Transmittal Form (P-107) has been fully completed, contains a dated signature of the insurer's officer, that the advertising form(s) shown on the Transmittal Form and Form Schedule are attached and that the form number(s) shown on the form(s) themselves match exactly what is listed on the Transmittal Form and Form Schedule. The Department will review all advertising form filings to determine if they are in compliance with all requirements established by statute, rule or other law. If the advertising material is determined to be compliant, the form(s) will be filed as of the date received. If the advertising material is determined to be non-compliant, an objection letter will be submitted, outlining the non-compliance issue(s) and requesting revision necessary to bring the advertising form(s) into compliance.

If no response is received within 60 days of the objection letter being submitted, advertising material that is "Pending Industry Response" will be filed as of the date received, and closed for administrative purposes. If after the filing is closed, the advertising material is corrected as requested in the objection letter, it must be submitted as a new filing. When submitting the corrected material, please reference the original SERFF Tracking Number or our State Tracking Number, and tell us that the new advertising material is replacing advertising material that was previously filed with the Department.

Life or Disability Insurance Advertising Material:

Pursuant to ARS §20-1110(E), advertising and sales material shall not be issued or delivered until it has been filed. Advertising material is considered "filed" when received by the Department. Prior approval is not required to issue or deliver the advertising or sales material.

c. Rate Filing Review:

Disability Rate Filings:

The submission will be considered received on the date it was submitted. The Department will determine within 15 days of receipt of a rate filing submission if it is an administratively complete filing. After determining that a submission is an administratively complete filing, the Department shall complete a review of the filing. The Department may notify the filer that either:

1. The filing has been filed; or
2. The filing contains deficiencies that need to be corrected, as listed in the objection letter and files with the Department, additional or corrected information that is complete and responsive to the Department's request.

Long Term Care Insurance Rate Filings:

The submission will be considered received on the date it was submitted. The Department will determine within 15 days of receipt of a Long Term Care Insurance rate submission if it is an administratively complete filing. After determining that a submission is an administratively complete filing, the Department shall complete a substantive review of the filing within 30 days, plus any extension period. Within 30 days, plus any extension period, the Department may notify the filer that either:

1. The filing is approved or disapproved; or
2. The filing will be disapproved unless the filer corrects deficiencies listed in the objection letter and files with the Department, additional or corrected information that is complete and responsive to the Department's request before the end of the substantive review period.

For all Long Term Care Insurance rate increase requests, in addition to PDF format, we require that Nationwide and Arizona Experience Data be submitted in Excel Spreadsheet format. The format for these spreadsheets can be found in 'Requirements'.

3. Attachment Information and File Formats accepted:

a. File Formats: The final version of policy and advertising forms, and documents requiring a signature must be submitted in PDF format.

b. Multiple Forms and/or companies:

We do not accept multiple company filings. If the same document is to be filed for more than one company, the filing should be submitted as a separate filing for each company.

For multiple form filings, each form should be submitted as a separate line item on the Form Schedule.

The Cover Letter, Transmittal Form, Checklist, Readability Certification (P-123), Certification of Qualified Actuary (P-124), Actuarial Memorandum, Explanation of Variability, previously approved forms, etc. should be attached under Supporting Documentation.

Policy forms and advertising material must be submitted as two separate filings, and will be rejected if they are submitted together within the same filing.

4. Public Record Policy: All forms that are filed or approved are made public record at the time of submitting the disposition for the filing.

5. Special Filing at a Glance Information:

We use ten different State Statuses, which are described as follows:

- a) Administratively Complete – the filing has been determined to be complete, as far as containing the proper forms, required signatures; the form numbers listed on the Form Schedule and Transmittal Form match exactly as they appear on the forms themselves, etc.
- b) Closed – a disposition has been made, and the filing has been closed.
- c) Disapproval Referral – the filing has undergone substantive review by the analyst, and has been recommended for disapproval, or it has been recommended to send the insurer a pending disapproval letter allowing them the opportunity to correct the non-compliance issue(s).
- d) Extended – an extension period of not more than an additional fifteen days has been made for review of the filing.
- e) Note to Filer – a note has been submitted to the filer, and the analyst is awaiting a response in order to proceed with review of the filing.
- f) Pending Disapproval – the filing has been determined to not satisfy all requirements established by statute, rule or other law, and an objection letter has been sent to the filer, along with a date that the filing will be disapproved if all requirements are not met prior to the disapproval date.
- g) Received – the filing has been received, and no review has been made.
- h) Sent Letter from Actuary – the rate filing has been sent to our Actuary for review, and the Actuary has written a letter that has been sent to the insurer, and we are awaiting response.
- i) To Actuary for Review – the filing has been sent to the Department's Actuary for review.
- j) Under Review – the filing is undergoing review by the assigned analyst.

Upon the filing being assigned to an analyst, a State Tracking Number is also assigned by which the filing may be identified and tracked at all times by both ADOI and the insurer. This tracking number is the easiest way for us to locate a filing. All form, rate and advertising filings are assigned a State Tracking Number. If your filing is for informational purposes only, it may not be assigned a State Tracking Number.

6. General Information tab:

a. Status in Domicile: Prior filing or approval of forms in the company's domicile is not required.

b. Filing Description: A cover letter, or filing description is required if there is something unusual or different about the filing, deviations from industry standards, etc. However, if that is not the case and all pertinent information concerning the filing is included within the filing, the cover letter requirement is waived.

7. Special Forms Schedule Handling:

Required fields are: Form Number, Form Type, Form Name, Action, Readability Score (may be included), and Attachments. Specific items that are needed on the Forms Schedule are: Forms, Policy, Contract, Endorsements, Riders, Certification, Schedules, Outline of Coverage, Declarations Page, Application, Advertising forms, etc. For multiple form submissions, use only one form per attachment and one attachment per line.

8. Special Rate/Rule Schedule Handling:

Fields required are: Document Name, Affected Form Numbers, Rate Action and Attach Document. For multiple form submissions, use only one form per attachment and one attachment per line.

9. Special Supporting Documentation Schedule Handling:

The Transmittal Form, Checklist, Readability Certification (P-123), Certification of Qualified Actuary (P-124), Actuarial Memorandum, Explanation of Variability, previously approved forms, etc. should be attached under Supporting Documentation.

10. Special Filing Fees tab Handling:

There are no filing fees.

11. Special Filing Correspondence tab Handling:

a. Response Letter: A response letter, along with any revised forms, must be received by the 'Respond By Date'. When responding to an objection letter, any revised forms should be attached as 'Revised' and not 'Added' as new forms.

b. General Amendment: When making an amendment to a filing, any revised forms should be attached as 'Revised' and not 'Added' as new forms.

c. Note to Reviewer: This field is not to be used in response to an objection letter. Note to Reviewer should only be used to ask a question about the filing, or to answer a question from the reviewer.

d. Note to Filer: The Department asks that insurers thoroughly review and respond to Notes to Filer to eliminate the need for additional correspondence in order to approve the filing.

e. Disposition:

We use eight different Disposition Statuses, which are described as follows:

- 1) Approved – the forms submitted for review have been approved for use in Arizona.
- 2) Disapproved – the forms submitted for review have been disapproved for use in Arizona.
- 3) Filed – the forms submitted have been filed for use in Arizona.
- 4) Filed Informational – information from the insurer has been filed.
- 5) Exempt – the forms submitted are exempt from filing.
- 6) Rejected – the filing is not administratively complete, as far as containing the proper forms, required signatures; the form numbers listed on the Form Schedule and Transmittal Form do not match exactly as they appear on the forms themselves, etc. If a filing is rejected, a new filing with the corrections will have to be resubmitted, as we cannot reopen a filing after it has been closed.
- 7) Withdrawn – the forms submitted have been withdrawn at the insurer's request.
- 8) Acknowledged Receipt – the information submitted has been acknowledged.

12. Additional General information/Other Special Information:

a. Orders: The Director has issued orders that may affect your filing. Some policy forms or advertising material may be exempt from Title 20 filing requirements. Please do not file a form that has been exempted from filing by the Director. The "Exempt Notice to Filers" has been included as an attachment to the General Instructions. Review the exempt order and instructions for submitting a list of all exempt forms/advertisements on a yearly basis.

b. Withdrawals: Any time during the review process and prior to the filing being closed, an insurer may withdraw a filing by submitting a letter or Note to Reviewer, requesting that the entire filing or a specific form within the filing, be withdrawn from review.

c. Confidentiality: A filing and supporting information shall be open to public inspection after the filing becomes effective. Filings should not be marked "confidential" or in any other manner qualify as being restricted from public review.

d. Electronic/Facsimile Signature: An electronic signature of a Company Officer may be used.

13. Contact Information:

Any questions regarding the information contained in this document should be directed to Karen Duffy, Life & Health Insurance Analyst, kduffy@azinsurance.gov.

Specific questions regarding:

Medicare Supplement and Long Term Care Insurance filings should be directed to Karen Duffy, Life & Health Insurance Analyst, kduffy@azinsurance.gov.

Individual Health Insurance filings should be directed to Tom Boston, Life & Health Insurance Analyst, tboston@azinsurance.gov.

Life and Annuity Insurance filings should be directed to Alexandra Shafer, Life & Health Assistant Director, ashafer@azinsurance.gov.

All may be reached by telephone at (602) 364-2393.