



**Department of Insurance**  
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*Life & Health Division*  
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## **LIFE AND HEALTH DIVISION**

### **FORMS FILING INSTRUCTIONS**

#### **FOR HEALTH CARE SERVICES ORGANIZATIONS, PREPAID DENTAL PLANS AND HOSPITAL, MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATIONS**

In an effort to provide you with better service and an expeditious review of your filings, we have prepared the following list of instructions.

**NOTE:** We urge companies to review all Arizona statutes, regulations and circular letters which are pertinent to their filings prior to submission. It is our expectation that companies submit policy forms that are in compliance with Arizona statutes and regulations.

#### **A. FILING INSTRUCTIONS**

Each submission must be accompanied by a properly completed Transmittal and Certification Form. It is important that you complete the form in its entirety. It will improve the filing review process and serve as a permanent record.

**IMPORTANT:** Improperly completed Transmittal and Certification Forms may result in the return of the entire filing. The Transmittal and Certification Form must be used for both new and resubmitted filings and must contain the form number of each form included in your submission for which you are requesting approval/filing by the Department.

After a form has been approved/disapproved/filed, a copy of the Transmittal and Certification will be returned to you stamped "Approved", "Disapproved" or "Filed", showing the date that this action was effective.

**ALL FILINGS SHOULD INCLUDE THESE ITEMS IN THE FOLLOWING ORDER:**

1. A properly completed Transmittal and Certification Form including an **original signature from an insurance company officer. No rubber stamp, copy or facsimile will be accepted.** Blue ink is preferable for the signature. The Transmittal and Certification Form should be on top of the filing as the first sheet of the filing.
2. A cover letter which includes:
  - a. A brief description of the function of the form.
  - b. If the form is related to a previously filed form, an explanation of the relationship of the referenced forms and a copy of the previously approved Transmittal and Certification Form.
3. Readability Certification (Form P-123) required by A.A.C. R20-6-213, including an **original signature from an insurance company officer. No rubber stamp, copy or facsimile will be accepted.** This form is only required for contracts/certificates issued by Hospital, Medical, Dental and Optometric Service Corporations.
4. One specimen copy of the form(s) in final print completed in “John Doe” fashion, in the following order: Contract/Certificate, Riders and Application.
5. Authenticated actuarial memorandum with a Certification of Qualified Actuary (Form P-124, which is only required for individual products offered by Hospital, Medical, Dental and Optometric Service Corporations.
6. A duplicate copy of the Transmittal and Certification Form and a stamped, self-addressed envelope (to return the annotated copy of the Transmittal and Certification Form) must be included. Do not send duplicate copies of other materials as they will not be returned and therefore should not be submitted.

#### **B. GENERAL:**

1. Filings received without all materials necessary to complete the review of the form(s) will be determined as incomplete and returned to the company without review. The statutory 45-day (30-day, if applicable) review period begins when a complete filing is received. Each new filing should be accompanied by all items enumerated in these filing instructions.
2. Each new form filing should include any applicable endorsements, riders, amendments and applications.
3. Forms printed in a foreign language should include the translation or the English version of the form, along with a certification that the translation accurately reflects the English equivalent.

#### **C. RESUBMISSION FILINGS:**

1. If a previously “Disapproved” form is being resubmitted, you must include a newly completed Transmittal and Certification Form, and include all other materials required with a new filing, as the Department’s file on the original disapproved filing has been permanently closed. The box marked “Resubmission” on the Transmittal Form should be checked.

2. Each resubmission should include a copy of the disapproval letter from the analyst. Failure to include a copy of the disapproval letter may result in delays.
3. If you have changed a form number, you should include both the old (replaced) and new form numbers on the Transmittal and Certification Form.

**D. RATE FILINGS:**

A.A.C. R20-6-607 states that "Every individual policy form, rider or endorsement form affecting benefits which is submitted for approval shall be accompanied by a rate filing unless such rider or endorsement form does not require a change in the rate. Any subsequent addition to or change in rates...shall be filed." This requirement only applies to individual products offered by Hospital, Medical, Dental and Optometric Service Corporations.

**NOTE:** Separate Rate Filing Instructions identify the requirements for such filings. If your company does not have a set of these instructions, you may request a copy of these instructions.

Should you have questions regarding filing procedures, please call (602) 364-2393. Please note: All filings and correspondence should be sent to the address on the first page, to the attention of the **Life and Health Division**.

**IMPORTANT NOTE:** These Forms Filing Instructions supersede and replace all previous instructions from the State of Arizona. Please use only the instructions and forms included with these mailings, beginning immediately.