

SECTION 2: REGULATION with STATEMENT OF PURPOSE

IMPORTANT: Use this form (REGS-1) to submit permanent regulations to the Legislative Regulation Review Committee. **For emergency regulations, use form REGS-1-E instead.**
For non-substantive technical amendments and repeals proposed without prior notice or hearing as permitted by subsection (g) of CGS 4-168, as amended by PA 13-247 and PA 13-274, use form REGS-1-T instead.

Please read the additional instructions on the back of the last page (Certification Page) before completing this form. Failure to comply with the instructions may cause disapproval of proposed regulations.

State of Connecticut
REGULATION
of the

NAME OF AGENCY:
Insurance Department

Concerning

SUBJECT MATTER OF REGULATION:
Amendments to life and health regulations including policy form approval and electronic filing

Section 1

Section 38a-430-1 to 38a-430-3, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 38a-430-1. Definitions

As used in this regulation:

- (a) "Commissioner" means the Insurance Commissioner of the State of Connecticut [this state].
- (b) "Form" means a life insurance or annuity policy or contract, or application, certificate, rider or endorsement used in connection therewith.
- (c) "Insurer" means an insurance company licensed by the Commissioner to write life insurance or annuities.
- (d) "SERFF" means System for Electronic Rate and Form Filing.

Sec. 38a-430-2. Filing procedure

Any insurer required pursuant to Section 38a-430 of the Connecticut General Statutes to file a copy of a form with the Commissioner for approval, shall comply with the following standards:

- (a) **Filing [Transmittal Letter].**
 - (1) [The filing transmittal letter should be sent to the attention of the Life and Health Division of the Insurance Department]. Filing should be done electronically through SERFF. All fields in SERFF are required to be filled out appropriately and accurately for each filing.
 - (2) If one or more elements within a filing vary by member company within a group of companies, the filer shall file separately [send a separate filing transmittal letter] for each insurer within the group.
 - (3) [The filer shall enclose a return copy of the transmittal letter(s) along with a stamped self-addressed return envelope of a size sufficient to return the duplicate copies of the filing to the insurer, and one letter size self-addressed stamped envelope to provide the notice required by Section 38a-430-3 (a).
 - (4) The electronic filing [transmittal letter] shall contain a descriptive caption. [The caption shall identify the insurer when the insurer is a member of an affiliated group of

insurers using generic letterhead.] The caption shall [also] include a brief description of the type of filing, and any applicable form identification number. All subsequent correspondence to the Insurance Department on the filing shall include the caption in the identical format as it was displayed in the original electronic filing and a reference to the previous filing's state tracking number [transmittal letter], in addition to the date of the original filing transmittal document [letter (and the Department's file number, if known)].

[(5)] (4) All SERFF submissions shall include the following information in the filing description:

- list of the documents submitted therewith
- brief outline of proposed changes
- approval sought
- the proposed effective date.
- when the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes

[The body of the filing transmittal letter shall list the documents submitted therewith, briefly outline proposed changes, the approval sought, and specify the proposed effective date. When the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the General Statutes, the filing transmittal letter shall disclose such fact.

(6) The insurer shall provide in the filing transmittal letter, a telephone number, for readily contacting the person responsible for submitting the filing.

(b) All forms filed with the Insurance Department in accordance with this section shall be filed in duplicate. All such filings must be submitted in a clearly legible condition.

(c) All form filings shall include a separate document for the disclosure of the intended use of the form and the method it will be marketed. Such disclosure document, which will delimit the scope of the Commissioner's approval of the form, shall contain in numerical sequence the following:

- (1) Information on exactly how the form will be marketed (i.e. individual basis, mass merchandised, association membership, union membership etc.);
- (2) The market for which the form is intended (especially note markets such as over age 65, key men, professionals, etc.);
- (3) The underwriting basis used, note especially any deviation from standard underwriting rules (medical, non-medical, guaranteed issue, simplified application, etc.);
- (4) Any limitation of the use of the form by certain agents or brokers;
- (5) An explanation of any change in benefits which occur while the contract is in force with a reference to the contract provisions which relate to the benefit change;
- (6) For individual forms, disclosure of whether the commissions and gross premium rates are consistent with those of the company's individual policies. If the assumptions underlying the premium rates differ from the insurer's regular individual policies, an explanation shall be given of the difference, and the reason that use of the form does not result in unfair discrimination;
- (7) A notation and explanation of any deviation from the insurer's usual retention; and
- (8) Any additional information which may be necessary to completely understand the form and its use in this state.

(d)] (b) Every form filing shall be completed in "John Doe" fashion.

[(e)] (c) (1) Every form filing subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes, shall be accompanied with a certificate signed by an officer of the insurer, that the form complies with the Insurance Plain Language Act

(2) The certificate required by subdivision (1) of this subsection shall be in the following form:

(NAME OF COMPANY)

(COMPANY ADDRESS)

This is to certify that the forms listed below are in compliance with Chapter 699a of the Connecticut General Statutes.

A. Option Selected

- _____ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
- _____ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Form	Form Number	Flesch Score
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B. Test Option Selected

- _____ 1. Test was applied to entire form(s)
- _____ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- _____ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- _____ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- _____ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- _____ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- _____ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- _____ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsement or riders.
- _____ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

(COMPANY NAME)

_____ By: _____
(Date) (Title)

[(f)] (d) Each form filing other than those involving group life, group annuities and group accident and health insurance, shall be accompanied with the rates that will be used in connection with such form.

[(g)] (e) When an insurer makes reference to another document in its filing, it must include a copy or provide the tracking number for [and fully disclose] the referenced document.

[(h)] (f) The Insurance Department is obligated to collect, pursuant to Section 12-211 of the Connecticut General Statutes, form filing fees from foreign or alien insurers, if the state or foreign country in which they are domiciled imposes such (and larger) fees upon Connecticut's domestic insurers. Accordingly, each insurer domiciled in any other state or jurisdiction which requires such fees shall remit the equivalent filing fee

(in the form of a check made payable to the Treasurer, State of Connecticut or electronically through SERFF) together with each such filing submitted. The insurer shall also represent and certify that the fee payment remitted is the same amount required by its domiciliary state or jurisdiction.

Sec. 38a-430-3. Policy form approval

(a) [Within fifteen (15) days of receipt of a form filed with the Commissioner for approval pursuant to Section 38a-430 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the insurer regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for filing for review as of the date of its receipt. For purposes of this section, a form filing is complete upon agency determination that it is in compliance with Section 38a-430-2.] Each filing shall be state specific. Only filings with state specific language will be approved.

(2) [The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance Department may notify the insurer, in any manner, of problems with the form.

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner for approval pursuant to Section 38a-430 of the Connecticut General Statutes in the order in which they are received by the Department; provided, however, that in appropriate circumstances the Commissioner may waive this requirement and direct the immediate review of a form filing. The Department shall employ a chronological logging system to facilitate the chronological review of such forms.

[(c)] (b) Within [seventy-five (75)] ninety (90) days after a form is accepted for review, the Insurance Department shall review the form and either approve it or disapprove it. If, upon such review of the form, the Insurance Department determines that additional information from the insurer is necessary in order to ascertain whether the form is contrary to law or is unfair, deceptive or may encourage misrepresentation of the policy, the Department shall make such request to the insurer. The insurer will then have [thirty (30)] ten (10) days from the date of the request to provide the Department with the additional information; provided that during such time, the insurer may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed [sixty (60)] thirty (30) days. The request for extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance Department's request for information, the [seventy-five (75)] ninety (90) day period for Department action shall be tolled. If the insurer fails to comply with such request within the allotted time, the insurer shall be deemed to have voluntarily withdrawn its filing and the Department shall close its file without further action.

[(d)] (c) The Commissioner shall [issue an order disapproving] issue a decision disapproving the use of any such form if it does not comply with the requirements of law, or if it contains a provision or provisions which are unfair or deceptive or which encourage misrepresentation of the policy. Any such [order] decision shall specify the reason for disapproval of the form.

[(e)] (d) Forms that are approved by the Commissioner shall have the form [and the extra copy of the filing transmittal letter stamped] labeled "Approved," together with the name and signature of the staff member who acted upon the filing and the date of the approval.

Sec. 38a-430-3a. Electronic filing

(a) Any insurer filing a copy of a form with the [commissioner] Commissioner in accordance

with [section] Section 38a-430-2 of the Regulations of Connecticut State Agencies [may] shall submit such form electronically using [software known as the System for Electronic Rate and Form Filing (SERFF), Version 2.0 or higher,] SERFF or any subsequent corresponding system, adopted by the National Association of Insurance Commissioners or the Commissioner. All such filings shall include the information required in [section] Section 38a-430-2 of the Regulations of Connecticut State Agencies.

(b) Filings made electronically shall be considered received by the [commissioner] Commissioner when received at the Insurance Department. Filings received on a weekend or legal holiday shall be deemed received on the next business day. An electronic communication from the Insurance Department concerning a filing shall be deemed received by the person to whom the communication is addressed when the communication is sent to that person.

Sec. 2.

Section 38a-457-1, of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 38a-457-1. Definitions

As used in Sections 38a-457-1 to 38a-457-11, inclusive:

(a) “Accelerated Benefits” mean benefits payable under a life insurance policy sold in this state:

(1) during the lifetime of the insured, in a lump sum or in periodic payments, as specified in the policy, provided upon the occurrence of a qualifying event as defined in subdivision (3) of subsection (c) of this section, no such benefits shall be payable in periodic payments;

(2) upon the occurrence of a qualifying event, as specified in the policy, and certified by a physician who is licensed under the laws of a state or territory of the United States, or such other foreign or domestic jurisdiction as the Commissioner may approve; and

(3) which reduce the death benefits otherwise payable under the life insurance Policy.

(b) “Commissioner” means the Insurance Commissioner of the State of Connecticut.

[(b)] (c) “Insurance policy” or “policy” means an insurance policy or certificate or rider or endorsement thereto.

[(c)] (d) “Qualifying event” means:

(1) a medically determinable condition suffered by the insured which can be expected to result in death in a relatively short period of time, such as twelve (12) months and may include, but is not limited to, coronary artery disease, myocardial infarction, stroke, kidney failure or liver disease; or

(2) a medical condition which would, in the absence of extensive or extraordinary medical treatment, result in death in a relatively short period of time, such as twelve (12) months; or

(3) a medically determinable condition suffered by the insured which has caused the insured to be confined for at least six months in the insured’s place of residence or in an institution which provides necessary care or treatment of an injury, illness or loss of functional capacity rendered by a certified or licensed health care provider in a setting other than an acute care hospital, and it has been medically determined that such insured is expected to remain confined in such institution or place of residence until death.

[(d)] “Commissioner” means the Insurance Commissioner of the State of Connecticut.]

Sec. 3.

Section 38a-458-1 and 38a-458-2, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 38a-458-1. Definition

As used in [section] Section 38a-458-1 to 38a-458-12, inclusive:

(a) “Long-term care benefits” mean benefits payable under a life insurance

Policy or annuity contract:

(1) to a policyowner or [certificateholder] certificate holder, during the lifetime of the insured upon

the occurrence of confinement in a long-term care facility,

(2) which reduce the death benefit otherwise payable under the life insurance

Policy or the account value under the annuity contract, and

(3) which are payable in periodic payments upon confinement.

(b) “Insurance policy” or “policy” means an insurance policy, annuity contract, or certificate or rider or endorsement thereto.

Sec. 38a-458-2. Type of product

The risks insured under long-term care benefits riders and life insurance policies and annuity contracts with long-term care benefits provisions shall be considered primarily mortality risks rather than morbidity risks; therefore, such riders and policies are considered to provide life insurance benefits. In the absence of a contractual provision within the policy that payment of long-term care benefits will cease upon the termination of the policy, the long-term care benefits shall continue to be paid.

Sec. 4.

Section 38a-458-5 of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 38a-458-5. Disclosures

(a) **Descriptive title.** The face of a policy providing long-term care benefits shall contain the following:

(1) a description of coverage which uses the terminology “long-term care benefits”;

(2) the following statement: “Benefits as specified under this life insurance policy or annuity contract will be reduced upon receipt of long-term care benefits.”

(b) **Tax consequences.** Disclosure is required, at the time of application and at the time the long-term care benefits payment request is submitted, of the potential tax implications of receiving this payout. The disclosure statement shall indicate the extent to which the receipt of long-term care benefits may be taxable and that the insured should seek assistance from his personal tax advisor. Such disclosure shall be prominently displayed in bold-face type [and contrasting color] on the first page of the policy or rider and any other related documents.

(c) **Solicitations.** (1) Prior to or concurrently with the application, the applicant shall be given a written disclosure including, but not necessarily limited to, a brief description of the long-term care benefits and an explanation of any effect of the payment of the benefits on the policy’s cash value, accumulation account, death benefit, premium, policy loans and policy liens. In the event of direct mail solicitations, the disclosure shall be made upon acceptance of the application.

(2) In addition, if there is a premium or cost of insurance charge, the applicant shall also be given a generic illustration numerically demonstrating any effect the payment of benefits will have on the policy’s cash value, accumulation account, death benefit, premium, policy loans and policy liens. In the event of direct mail solicitations, the disclosure shall be made at the time of solicitation or upon acceptance of the application.

(d) **Effect of the benefits payment.** When a policyowner or certificateholder requests long-term care benefits, the insurer shall send a statement to the policyowner, [certificateholder] certificate holder, assignee and irrevocable beneficiary showing any effect that the payment of the long-term care benefits will have on the policy’s cash value, accumulation account, death benefit, premium,

policy loans and policy liens. The statement shall disclose what adverse affect, if any, the actual or constructive receipt of the long-term care benefits payments may have on the recipient's eligibility for Medicaid or other government benefits or entitlements. When a previous disclosure statement becomes invalid as a result of a long-term care benefits payment, the insurer shall send a revised disclosure statement to the policyowner, [certificateholder] certificate holder, assignee and irrevocable beneficiary. When the insurer agrees to pay long-term care benefits, the insurer shall issue a new or amended schedule page to the policy to reflect any new, reduced in-force face amount of the contract.

Sec. 5.

Section 38a-478u-2, of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 38a-478u-2. Definitions

As used in [section] Section 38a-478u-1 to 38a-478u-7, inclusive, of the Regulations of Connecticut State Agencies:

- (1) "Commissioner" means the Insurance Commissioner of the State of Connecticut;
- (2) "Enrollee" means a person who has contracted for or who participates in a managed care plan for himself or his eligible dependents who participate in a managed care plan;
- (3) "Managed care organization" means "managed care organization" as defined in [section] Section 38a-478(2) of the Connecticut General Statutes;
- (4) "Managed care plan" means "managed care plan" as defined in [section] Section 38a-478(3) of the Connecticut General Statutes;
- (5) "Provider" means "provider" as defined in [section] Section 38a-478(4) of the Connecticut General Statutes; and
- (6) "Utilization review" means "utilization review" as defined in [section] Section 38a-[226] 591a of the Connecticut General Statutes.

Sec. 6.

Section 38a-481-1 to 38a-481-3a, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 38a-481-1. Definitions

As used in this regulation:

- (a) "Commissioner" means the Insurance Commissioner of [this state] the State of Connecticut.
- (b) "Form" means a policy of insurance against loss or expense from sickness, or from bodily injury or death by accident, or application, rider or endorsement used in connection therewith.
- (c) "Insurer" means an insurance company licensed by the Commissioner to write accident and health insurance.
- (d) "SERFF" means System for Electronic Rate and Form Filing.

Sec. 38a-481-2. Filing procedure

Any insurer required pursuant to Section 38a-481 of the Connecticut General Statutes to file a copy of a form with the Commissioner for approval, shall comply with the following standards:

- (a) **Filing [Transmittal Letter].**
 - (1) [The filing transmittal letter should be sent to the attention of the Life and Health Division of the Insurance Department]. Filing should be done electronically through SERFF. All fields in SERFF are required to be filled out appropriately and accurately for each filing.
 - (2) If one or more elements within a filing vary by member company within a group of companies, the filer shall file separately [send a separate filing transmittal letter] for each

insurer within the group.

(3) [The filer shall enclose a return copy of the transmittal letter(s) along with a stamped self-addressed return envelope of a size sufficient to return the duplicate copies of the filing to the insurer, and one letter size self-addressed stamped envelope to provide the notice required by Section 38a-430-3 (a).

(4) The electronic filing [transmittal letter] shall contain a descriptive caption. [The caption shall identify the insurer when the insurer is a member of an affiliated group of insurers using generic letterhead.] The caption shall [also] include a brief description of the type of filing, and any applicable form identification number. All subsequent correspondence to the Insurance Department on the filing shall include the caption in the identical format as it was displayed in the original electronic filing and a reference to the previous filing's SERFF tracking number [transmittal letter], in addition to the date of the original filing transmittal document [letter (and the Department's file number, if known)].

[(5)] (4) All SERFF submissions shall include the following information in the filing description:

- list of the documents submitted therewith

-brief outline of proposed changes

- approval sought

- the proposed effective date.

-when the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes

[The body of the filing transmittal letter shall list the documents submitted therewith, briefly outline proposed changes, the approval sought, and specify the

proposed effective date. When the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the General Statutes, the filing transmittal letter shall disclose such fact.

(6) The insurer shall provide in the filing transmittal document [letter] a contact name, a telephone number, and email address for readily contacting the person responsible for submitting the filing.

(b) All forms filed with the Insurance Department in accordance with this section shall be filed in duplicate. All such filings must be submitted in a clearly legible condition.

(c) All form filings shall include a separate document for the disclosure of the intended use of the form and the method it will be marketed. Such disclosure document, which will delimit the scope of the Commissioner's approval of the form, shall contain in numerical sequence the following:

(1) Information on exactly how the form will be marketed (i.e. individual basis, mass merchandised, association membership, union membership etc.);

(2) The market for which the form is intended (especially note markets such as over age 65, key men, professionals, etc.);

(3) The underwriting basis used, noting especially any deviation from standard underwriting rules (medical, non-medical, guaranteed issue, simplified application, etc.);

(4) Any limitation of the use of the form by certain agents or brokers;

(5) An explanation of any change in benefits which occur while the contract is in force with a reference to the contract provisions which relate to the benefit change;

(6) Disclosure of whether the commissions and gross premium rates are consistent with those of the company's individual policies. If the assumptions underlying the premium rates differ from the insurer's regular individual policies, an explanation shall be given of the difference, and the reason that use of the form does not result in unfair discrimination;

(7) A notation and explanation of any deviation from the insurer's usual retention; and

(8) Any additional information which may be necessary to completely understand

the form and its use in this state.

(d)] (b) Every form filing shall be completed in “John Doe” fashion.

[(e)] (c) (1) Every form filing subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes, shall be accompanied with a certificate signed by an officer of the insurer, that the form complies with the Insurance Plain Language Act

(2) The certificate required by subdivision (1) of this subsection shall be in the following form:

(NAME OF COMPANY)

(COMPANY ADDRESS)

This is to certify that the forms listed below are in compliance with Chapter 699a of the Connecticut General Statutes.

A. Option Selected

_____ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.

_____ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Form	Form Number	Flesch Score
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B. Test Option Selected

_____ 1. Test was applied to entire form(s)

_____ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

_____ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

_____ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)

_____ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

_____ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.

_____ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

_____ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsement or riders.

_____ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

(COMPANY NAME)

(Date)

By: _____
(Title)

[(f)] (d) Each form filing other than those involving group accident and health insurance, shall be [accompanied] filed separately in coordination with the classification of risks and the premium rates,

or in the case of cooperatives or assessment companies, the estimated cost that will be used in connection with such form.

[(g)] (e) When an insurer makes reference to another document in its filing, it must include a copy or provide the tracking number for [and fully disclose] the referenced document.

[(h)] (f) The Insurance Department is obligated to collect, pursuant to Section 12-211 of the Connecticut General Statutes, form filing fees from foreign or alien insurers, if the state in which they are domiciled imposes such [(and larger)] fees upon Connecticut's domestic insurers. Accordingly, each insurer domiciled in any other state or jurisdiction which requires such fees shall remit the equivalent filing fee (in the form of a check made payable to the Treasurer, State of Connecticut or electronically through SERFF) together with each such filing submitted. The insurer shall also represent and certify that the fee payment remitted is the same amount required by its domiciliary state or jurisdiction.

Sec. 38a-481-3. Policy form approval

(a) [Within fifteen (15) days of receipt of a form filed with the Commissioner for approval pursuant to Section 38a-481 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the insurer regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for filing for review as of the date of its receipt. For purposes of this section, a form filing is complete upon agency determination that it is in compliance with Section 38a-481-2.] Each filing shall be state specific. Only filings with state specific language will be approved.

[(2) The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance Department may notify the insurer, in any manner, of problems with the form.]

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner for approval pursuant to Section 38a-481 of the Connecticut General Statutes in the order in which they are received by the Department; provided, however, that in appropriate circumstances the Commissioner may waive this requirement and direct the immediate review of a form filing. The Department shall employ a chronological logging system to facilitate the chronological review.

(c) Within [seventy-five (75)] ninety (90) days after a form is accepted for review, the Insurance Department shall review the form and either approve it or disapprove it. If, upon such review of the form, the Insurance Department determines that additional information from the insurer is necessary in order to ascertain whether the form is contrary to law or is unfair, deceptive or may encourage misrepresentation of the policy, the Department shall make such request to the insurer. The insurer will then have [thirty (30)] ten (10) days from the date of the request to provide the Department with the additional information; provided that during such time, the insurer may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed [sixty (60) days] thirty (30). The request for extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance department's request for information, the [seventy-five (75)] ninety (90) day period for Department action shall be tolled. If the insurer fails to comply with such request within the allotted time, such applicant shall be deemed to have voluntarily withdrawn its filing and the Department shall close its file without further action.

(d) The Commissioner shall [issue an order disapproving] issue a decision disapproving the use of any such form if it does not comply with the requirements of law, or if it contains a provision or provisions which are unfair or deceptive or which encourage misrepresentation of the policy. Any such order shall specify the reason for disapproval of the form.

(e) Forms that are approved by the Commissioner shall have the form [and the extra copy of the filing transmittal letter stamped] labeled “Approved,” together with the name and signature of the staff member who acted upon the filing and the date of the approval.

Sec. 38a-481-3a. Electronic filing

(a) Any insurer filing a copy of a form with the [commissioner] Commissioner in accordance with [section] Section 38a-481-2 of the Regulations of Connecticut State Agencies [may] shall submit such form electronically using [software known as the System for Electronic Rate and Form Filing (SERFF), Version 2.0 or higher,] SERFF or any subsequent corresponding system, adopted by the National Association of Insurance Commissioners or the Commissioner. All such filings shall include the information required in [section] Section 38a-481-2 of the Regulations of Connecticut State Agencies.

(b) Filings made electronically shall be considered received by the [commissioner] Commissioner when received at the Insurance Department. Filings received on a weekend or legal holiday shall be deemed received on the next business day. An electronic communication from the Insurance Department concerning a filing shall be deemed received by the person to whom the communication is addressed when the communication is sent to that person.

Sec. 7.

Section 38a-501-11, inclusive, of the Regulations of Connecticut State Agencies is amended to read as follows:

Sec. 38a-501-11. Minimum standards

No individual insurance policy or subscriber contract shall be advertised, solicited or issued for delivery in this state as a long-term care policy which does not meet the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards. These standards are in addition to all other requirements of this regulation.

(a) **Renewability.** The terms “guaranteed renewable” and “noncancellable” shall not be used in any individual long-term care insurance policy without further explanatory language in accordance with the disclosure requirements of Section 38a-501-13.

(1) No individual long-term care policy shall contain renewal provisions other than “guaranteed renewable” or “noncancellable.”

(2) The term “guaranteed renewable” shall be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums and when the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that rates may be revised by the insurer on a class basis.

(3) The term “noncancellable” shall be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally make any change in any provision of the insurance or in the premium rate.

(b) A long-term care policy shall not deny a claim for loss which occurs or confinement which begins more than six (6) months from the effective date of the policy for a pre-existing condition. The policy or subscriber contract shall not define

a pre-existing condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.

(c) A long-term care policy shall not indemnify against losses resulting from sickness on a different basis from losses resulting from accidents.

(d) **Limitations and Exclusions.** An individual long-term care insurance policy shall not include limitations or exclusions which are more restrictive than the following:

(1) **PRE-EXISTING CONDITIONS LIMITATION** - This policy does not pay benefits for loss which occurs or confinement which begins within six (6) months after the effective date of the policy as a result of a pre-existing condition.

(2) **OTHER EXCLUSIONS** - This policy does not cover: (i) loss which is caused by declared or undeclared war or any act thereof; (ii) loss which is caused by mental disease or disorder without demonstrable organic disease; (iii) loss which is caused by suicide or any attempt thereof (while sane or insane), or intentionally self-inflicted injury; (iv) confinement in a government institution unless a charge is made which the covered person is obligated to pay; (v) confinement due to alcoholism or drug addiction; (vi) confinement in a hospital; [or] (vii) confinement or care received outside of the United States[.];(viii) loss which is caused by participation in a felony, riot or insurrection; (ix) services for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; (x) services provided by your immediate family, unless a benefit specifically states that a member of your immediate family can provide covered care; (xi) services for which no charge is normally made in the absence of insurance; (xii) medications, whether prescription or non-prescription; or (xiii) loss that occurs while this policy is not in force.

(3) A policy may provide that its benefits shall not duplicate benefits payable by Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

(e) No long-term care policy shall use waivers to exclude, limit or reduce coverage or benefits for specifically named or described pre-existing diseases or physical conditions.

(f) **Long-term care policies shall make reasonable provision for waiver of premium.** As to benefits for institutional confinement, this requirement is met if the policy provides for a waiver of premium after benefits have been paid for ninety (90) consecutive days and thereafter during the continuance of the consecutive days for which benefits are paid.

(g) Long-term care policies, other than those issued pursuant to direct response solicitation, shall have a notice prominently printed on the first page of the policy or attached thereto stating in substance that the policyholder shall have the right to return the policy to the insurer or its agent within thirty (30) days of its delivery and to have the premium refunded if, after examination of the policy, the insured person is not satisfied for any reason. Long-term care policies issued pursuant to a direct response solicitation shall have a notice prominently printed on the first page or attached thereto stating in substance that the policyholder shall have the right to return the policy to the insurer within thirty (30) days of its delivery and to have the premium refunded if after examination the insured person is not satisfied for any reason.

(h) Long-term care policies shall not condition benefits upon prior hospitalization or institutionalization.

(i) Long-term care policies shall include a provision which states that upon

notification to the company of a person's death, the company will refund on a pro-rata basis any part of a periodic premium paid by that person which applies to the period after death.

(j) Long-term care policies shall not have an elimination period greater than one hundred (100) days of confinement.

(k) Long-term care policies shall include a provision that the policy shall be incontestable, except for nonpayment of premium, after it has been in force for two (2) years from its date of issue.

(l) **Extension of Benefits.** Termination of long-term care insurance shall be without prejudice to any benefits payable for institutionalization if such institutionalization began while the long-term care insurance was in force and continues without interruption after termination. Such extension of benefits beyond the period the long-term care insurance was in force may be limited to the duration of the benefit period, if any, or to payment of the maximum benefits and may be subject to any policy waiting period, and all other applicable provisions of the policy.

(m) The premiums charged to an insured for long-term care insurance shall not increase due solely to either the increasing age of the insured at ages beyond sixty-five (65) or the duration the insured has been covered under the policy.

(n) The requirement that a long-term care insurance policy provide benefits for at least one (1) year of confinement after a reasonable elimination period shall be met by providing benefits solely for confinement in a nursing home, solely for confinement at home, or for confinement either in a nursing home or at home.

(o) **Payment of Benefits.** A long-term care policy which provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import shall include a definition of such terms and an explanation of such terms in its accompanying outline of coverage.

(p) Long-term care policies which only provide benefits for confinement in the insured's own home shall include a statement to that effect on the first page of the policy in bold print.

(q) A long-term care insurance policy that provides benefits for home health care, shall not limit or exclude such benefits (1) by requiring that the insured would need skilled care in a skilled nursing facility if home care services were not provided; (2) by requiring that the insured first or simultaneously receive nursing and/or therapeutic services in a home, community or institutional setting before home health care services are covered; (3) by limiting eligible services to services provided by registered nurses or licensed practical nurses; (4) by requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other home care worker acting within the scope of his or her licensure or certification; (5) by excluding coverage for personal care services provided by a home health aide; (6) by requiring that the provision of home health care services be at a level of certification or licensure greater than that required by the eligible service; (7) by requiring that the insured have an acute condition before home health care services are covered; (8) by limiting benefits to services provided by Medicare-certified agencies or providers; (9) by excluding coverage for adult day care, hospice care, skilled nursing care, or physical, occupational, respiratory or speech therapy.

(r) The application for every individual long-term care policy shall include a section inviting the applicant to give the name of an individual who is to receive notice of lapse concurrently with any such notice sent to the policyholder. Along with space for the name and address of such individual, this section shall include a notice to the applicant as follows (or in substantially similar language): YOU WILL

RECEIVE NOTICE IF YOUR POLICY IS ABOUT TO LAPSE (TERMINATE) BECAUSE YOU HAVE NOT PAID PREMIUMS. WE WILL BE GLAD TO SEND A COPY OF THIS NOTICE TO ANOTHER PERSON, IF YOU WOULD LIKE. THAT PERSON WILL NOT BE RESPONSIBLE FOR PAYMENT OF THE PREMIUM, AND YOU WILL ALWAYS RECEIVE YOUR OWN COPY OF THE NOTICE. IF YOU WANT AN EXTRA COPY SENT TO ANOTHER PERSON, PLEASE GIVE US THAT PERSON'S NAME AND ADDRESS.

Sec. 8.

Section 38a-640-1 to 38a-640-3a, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 38a-640-1. Definitions

As used in this regulation:

- (a) "Commissioner" means the Insurance Commissioner of [this state] the State of Connecticut.
- (b) "Form" means a certificate or other evidence of a contract of accident insurance or health insurance or of a total and permanent disability contract, or application, rider or endorsement used in connection therewith.
- (c) "Society" means a fraternal benefit society as defined in Section 38a-595 of the Connecticut General Statutes.
- (d) "SERFF" means System for Electronic Rate and Form Filing.

Sec. 38a-640-2. Filing procedure

Any society required pursuant to Section 38a-640 of the Connecticut General Statutes to file a copy of a form with the Commissioner for approval, shall comply with the following standards:

(a) **Filing [Transmittal Letter].**

- (1) [The filing transmittal letter should be sent to the attention of the Life and Health Division of the Insurance Department]. Filing should be done electronically through SERFF. All fields in SERFF are required to be filled out appropriately and accurately for each filing.
- (2) [The filer shall enclose a return copy of the transmittal letter(s) along with a stamped self-addressed return envelope of a size sufficient to return the duplicate copies of the filing to the society, and one letter size self-addressed stamped envelope to provide the notice required by Section 38a-640-3 (a).
- (3) The electronic filing [transmittal letter] shall contain a descriptive caption. The caption shall identify the society and include a brief description of the type of filing, and any applicable form identification number. All subsequent correspondence to the Insurance Department on the filing shall include the caption in the identical format as it was displayed in the original electronic filing and a reference to the previous filing's SERFF tracking number [transmittal letter], in addition to the date of the original filing transmittal document [letter (and the Department's file number, if known)].

[(4)] (3) All SERFF submissions shall include the following information in the filing description:

- list of the documents submitted therewith
- brief outline of proposed changes
- approval sought
- the proposed effective date.
- when the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes

[The body of the filing transmittal letter shall list the documents submitted therewith, briefly outline proposed changes, the approval sought, and specify the

proposed effective date. When the form(s) sought to be approved by the Commissioner are not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the General Statutes, the filing transmittal letter shall disclose such fact.

(5) The society shall provide in the filing transmittal letter, a telephone number, for readily contacting the person responsible for submitting the filing.

(b) All forms filed with the Insurance Department in accordance with this section shall be filed in duplicate. All such filings must be submitted in a clearly legible condition.

(c) All form filings shall include a separate document for the disclosure of the intended use of the form and the method it will be marketed. Such disclosure document, which will delimit the scope of the Commissioner’s approval of the form, shall contain in numerical sequence the following:

- (1) Information on exactly how the form will be marketed;
- (2) The market for which the form is intended (such as markets consisting of individuals over age 65);
- (3) The underwriting basis used, note especially any deviation from standard underwriting rules (medical, non-medical, guaranteed issue, simplified application, etc.);
- (4) Any limitation of the use of the form by certain agents or brokers;
- (5) An explanation of any change in benefits which occur while the contract is in force with a reference to the contract provisions which relate to the benefit change;
- (6) For individual forms, disclosure of whether the commissions and gross premium rates are consistent with those of the society’s individual policies. If the assumptions underlying the premium rates differ from the society’s regular individual policies, an explanation shall be given of the difference, and the reason that use of the form does not result in unfair discrimination;
- (7) A notation and explanation of any deviation from the society’s usual retention; and
- (8) Any additional information which may be necessary to completely understand the form and its use in this state.

(d)] (b) Every form filing shall be completed in “John Doe” fashion.

[(e)] (c) (1) Every form filing subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes, shall be accompanied with a certificate signed by an officer of the society, that the form complies with the Insurance Plain Language Act.

(2) The certificate required by subdivision (1) of this subsection shall be in the following form:

(NAME OF COMPANY)

(COMPANY ADDRESS)

This is to certify that the forms listed below are in compliance with Chapter 699a of the Connecticut General Statutes.

A. Option Selected

- _____ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
 - _____ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:
- | | | |
|------|-------------|--------------|
| Form | Form Number | Flesch Score |
|------|-------------|--------------|

B. Test Option Selected

- _____ 1. Test was applied to entire form(s)
- _____ 2. Test was applied on sample basis. Form(s) contain(s) more than

10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- ____ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ____ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ____ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ____ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ____ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ____ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsement or riders.
- ____ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

(SOCIETY NAME)

_____ By: _____
 (Date) (Title)

[(f)] (d) Each form filing shall be accompanied with the schedule of premium rates that will be used in connection with such form.

[(g)] (e) When a society makes reference to another document in its filing, it must include a copy or provide the tracking number for [and fully disclose] the referenced document.

[(h)] (f) The Insurance Department is obligated to collect, pursuant to Section 38a-11

(b) of the Connecticut General Statutes, form filing fees from foreign or alien societies, if the state in which they are domiciled imposes such [(and larger)] fees upon Connecticut's domestic societies. Accordingly, each society domiciled in any other state which requires such fees shall remit the equivalent filing fee (in the form of a check made payable to the Treasurer, State of Connecticut or electronically through SERFF) together with each such filing submitted. The society shall also represent and certify that the fee payment remitted is the same amount required by its domiciliary state or jurisdiction.

Sec. 38a-640-3. Policy form approval

(a) [Within fifteen (15) days of receipt of a form filed with the Commissioner for approval pursuant to Section 38a-640 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the society regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for filing for review as of the date of its receipt. For purposes of this section, a form filing is complete upon agency determination that it is in compliance with Section 38a-640-2.] Each filing shall be state specific. Only filings with state specific language will be approved.

[(2) The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance

Department may notify the society, in any manner, of problems with the form.]

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner for approval pursuant to Section 38a-640 of the Connecticut General Statutes in the order in which they are received by the Department; provided, however, that in appropriate circumstances the Commissioner may waive this requirement and direct the immediate review of a form filing. The Department shall employ a chronological logging system to facilitate the chronological review of such forms.

(c) Within [seventy-five (75)] ninety (90) days after a form is accepted for review, the Insurance Department shall review the form and either approve it or disapprove it. If, upon such review of the form, the Insurance Department determines that additional information from the society is necessary in order to ascertain whether the form is contrary to law, the Department shall make such request to the society. The society will then have [thirty (30)] ten (10) days from the date of the request to provide the Department with the additional information; provided that during such time, the society may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed [sixty (60)] thirty (30) days. The request for extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance Department's request for information, the [seventy-five (75)] ninety (90) day period for Department action shall be tolled. If the society fails to comply with such request within the allotted time, the society shall be deemed to have voluntarily withdrawn its filing and the Department shall close its file without further action.

(d) The Commissioner shall issue [an order] a decision disapproving the use of any such form if it does not comply with the requirements of law. Any such [order] decision shall specify the reason for disapproval of the form.

(e) Forms that are approved by the Commissioner shall have the form [and the extra copy of the filing transmittal letter stamped] labeled "Approved," together with the name and signature of the staff member who acted upon the filing and the date of the approval.

Sec. 38a-640-3a. Electronic filing

(a) Any society filing a copy of a form with the [commissioner] Commissioner in accordance with [section] Section 38a-640-2 of the Regulations of Connecticut State Agencies [may] shall submit such form electronically using [software known as the System for Electronic Rate and Form Filing (SERFF), Version 2.0 or higher,] SERFF or any subsequent corresponding system, adopted by the National Association of Insurance Commissioners or the Commissioner. All such filings shall include the information required in [section] Section 38a-640-2 of the Regulations of Connecticut State Agencies.

(b) Filings made electronically shall be considered received by the [commissioner] Commissioner when received at the Insurance Department. Filings received on a weekend or legal holiday shall be deemed received on the next business day. An electronic communication from the Insurance Department concerning a filing shall be deemed received by the person to whom the communication is addressed when the communication is sent to that person.

Sec. 9.

Section 38a-651-1 to 38a-651-3a, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 38a-651-1. Definitions

As used in this regulation:

(a) "Commissioner" means the Insurance Commissioner of [this state] the State of Connecticut.

(b) “Form” means a credit life insurance or credit accident and health insurance, policy or application, certificate, notice of proposed insurance rider or endorsement used in connection therewith.

(c) “Insurer” means an insurance company licensed by the Commissioner to write credit life insurance or credit accident and health insurance.

(d) “SERFF” means System for Electronic Rate and Form Filing.

Sec. 38a-651-2. Filing procedure

Any insurer required pursuant to Section 38a-651 of the Connecticut General Statutes to file a copy of a form with the Commissioner for approval, shall comply with the following standards:

(a) **Filing [Transmittal Letter].**

(1) [The filing transmittal letter should be sent to the attention of the Life and Health Division of the Insurance Department]. Filing should be done electronically through SERFF. All fields in SERFF are required to be filled out appropriately and accurately for each filing.

(2) If one or more elements within a filing vary by member company within a group of companies, the filer shall file separately [send a separate filing transmittal letter] for each insurer within the group.

(3) [The filer shall enclose a return copy of the transmittal letter(s) along with a stamped self-addressed return envelope of a size sufficient to return the duplicate copies of the filing to the insurer, and one letter size self-addressed stamped envelope to provide the notice required by Section 38a-430-3 (a).

(4) (3) The electronic filing [transmittal letter] shall contain a descriptive caption. [The caption shall identify the insurer when the insurer is a member of an affiliated group of insurers using generic letterhead.] The caption shall [also] include a brief description of the type of filing, and any applicable form identification number. All subsequent correspondence to the Insurance Department on the filing shall include the caption in the identical format as it was displayed in the original electronic filing and a reference to the previous filing’s SERFF tracking number [transmittal letter], in addition to the date of the original filing transmittal document [letter (and the Department’s file number, if known)].

[(5)] (4) All SERFF submissions shall include the following information in the filing description:

- list of the documents submitted therewith

-brief outline of proposed changes

- approval sought

- the proposed effective date.

-when the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes

[The body of the filing transmittal letter shall list the documents submitted therewith, briefly outline proposed changes, the approval sought, and specify the proposed effective date. When the form sought to be approved by the Commissioner is not subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the General Statutes, the filing transmittal letter shall disclose such fact.

(6) The insurer shall provide in the filing transmittal letter, a telephone number for readily contacting the person responsible for submitting the filing.

(b) All forms filed with the Insurance Department in accordance with this section shall be filed in duplicate. All such filings must be submitted in a clearly legible condition.

(c) All form filings shall include a separate document for the disclosure of the intended use of the form and the method it will be marketed. Such disclosure document, which will delimit the scope of the Commissioner’s approval of the form, shall contain in numerical sequence the following:

(1) Information on exactly how the form will be marketed (i.e. individual basis, mass merchandised, association membership, union membership etc.);

(2) The market for which the form is intended (especially note markets such as over age 65, key men, professionals, etc.);

(3) The underwriting basis used, note especially any deviation from standard underwriting rules (medical, non-medical, guaranteed issue, simplified application, etc.);

(4) Any limitation of the use of the form by certain agents or brokers;

(5) An explanation of any change in benefits which occur while the contract is in force with a reference to the contract provisions which relate to the benefit change;

(6) For individual forms, disclosure of whether the commissions and gross premium rates are consistent with those of the company's individual policies. If the assumptions underlying the premium rates differ from the insurer's regular individual policies, an explanation shall be given of the difference, and the reason that use of the form does not result in unfair discrimination;

(7) A notation and explanation of any deviation from the insurer's usual retention; and

(8) Any additional information which may be necessary to completely understand the form and its use in this state.

(d)] (b) Every form filing shall be completed in "John Doe" fashion.

[(e)] (c) (1) Every form filing subject to the requirements of the Insurance Plain Language Act, Chapter 699a of the Connecticut General Statutes, shall be accompanied with a certificate signed by an officer of the insurer that the form complies with the Insurance Plain Language Act.

(2) The certificate required by subdivision (1) of this subsection shall be in the following form:

(NAME OF COMPANY)
(COMPANY ADDRESS)

This is to certify that the forms listed below are in compliance with Chapter 699a of the Connecticut General Statutes.

A. Option Selected

_____ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.

_____ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Form	Form Number	Flesch Score
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B. Test Option Selected

_____ 1. Test was applied to entire form(s)

_____ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

_____ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

_____ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)

_____ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

_____ 4. The section titles are captioned in bold face type or otherwise stand

out significantly from the text.

____ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

____ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsement or riders.

____ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

(COMPANY NAME)

(Date) By: _____
(Title)

[(f)] (d) Each form filing shall be accompanied with the schedule of premium rates that will be used in connection with such form.

[(g)] (e) The Insurance Department is obligated to collect, pursuant to Section 12-211 of the Connecticut General Statutes, form filing fees from foreign or alien insurers, if the state or foreign country in which they are domiciled imposes such [(and larger)] fees upon Connecticut's domestic insurers. Accordingly, each insurer domiciled in any other state or jurisdiction which requires such fees shall remit the equivalent filing fee (in the form of a check made payable to the Treasurer, State of Connecticut or electronically through SERFF) together with each such filing submitted. The insurer shall also represent and certify that the fee payment remitted is the same amount required by its domiciliary state or jurisdiction.

Sec. 38a-651-3. Policy form approval

(a) [Within fifteen (15) days of receipt of a form filed with the Commissioner for approval pursuant to Section 38a-651 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the insurer regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for filing for review as of the date of its receipt. For purposes of this section, a form filing is complete upon agency determination that it is in compliance with Section 38a-651-2.] Each filing shall be state specific. Only filings with state specific language will be approved.

[(2) The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance Department may notify the insurer, in any manner, of problems with the form.]

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner for approval pursuant to Section 38a-651 of the Connecticut General Statutes in the order in which they are received by the Department; provided, however, that in appropriate circumstances the Commissioner may waive this requirement and direct the immediate review of a form filing. The Department shall employ a chronological logging system to facilitate the chronological review of such forms.

(c) Within seventy-five (75) days after a form is accepted for review, the Insurance Department shall review the form and either approve it or disapprove it. If, upon

such review of the form, the Insurance Department determines that additional information from the insurer is necessary in order to ascertain whether the form is contrary to law or is unfair, deceptive or may encourage misrepresentation of the policy, the Department shall make such request to the insurer. The insurer will then have thirty (30) days from the date of the request to provide the Department with the additional information; provided that during such time, the insurer may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed sixty (60) days. The request for extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance Department's request for information, the seventy-five (75) day period for Department action shall be tolled. If the insurer fails to comply with such request within the allotted time, the insurer shall be deemed to have voluntarily withdrawn its filing and the Department shall close its file without further action.

(d) The Commissioner shall ~~issue an order disapproving~~ issue a decision disapproving the use of any such form if the schedule of premium rates charged or to be charged is by reasonable assumptions excessive in relation to the benefits provided, or if it contains a provision or provisions which are unjust, unfair, inequitable, misleading, deceptive or which encourage misrepresentation of the coverage or which are contrary to any provision of the insurance laws or of any rule or regulation promulgated thereunder. Any such ~~order~~ decision shall specify the reason for disapproval of the form.

(e) Forms that are approved by the Commissioner shall have the form ~~and the extra copy of the filing transmittal letter stamped~~ labeled "Approved," together with the name and signature of the staff member who acted upon the filing and the date of the approval.

Sec. 38a-651-3a. Electronic filing

(a) Any insurer filing a copy of a form with the ~~commissioner~~ Commissioner in accordance with ~~section~~ Section 38a-651-2 of the Regulations of Connecticut State Agencies ~~may~~ shall submit such form electronically using ~~software known as the System for Electronic Rate and Form Filing (SERFF), Version 2.0 or higher,~~ SERFF or any subsequent corresponding system, adopted by the National Association of Insurance Commissioners or the Commissioner. All such filings shall include the information required in ~~section~~ Section 38a-651-2 of the Regulations of Connecticut State Agencies.

(b) Filings made electronically shall be considered received by the ~~commissioner~~ Commissioner when received at the Insurance Department. Filings received on a weekend or legal holiday shall be deemed received on the next business day. An electronic communication from the Insurance Department concerning a filing shall be deemed received by the person to whom the communication is addressed when the communication is sent to that person.

Statement of Purpose

Pursuant to CGS Section 4-170(b)(3), "Each proposed regulation shall have a statement of its purpose following the final section of the regulation." Enter the statement here.

The revisions are being made as a result of the Governor's Executive Order 37 review of regulations. All amendments reflect updates to existing regulations to conform to the current statutes and requirements.

A. The problems, issues or circumstances that the regulation proposes to address.

The revisions are being made as a result of the Governor's Executive Order 37 review of regulations. All amendments reflect updates to existing regulations to conform to the current statutes and requirements.

B. A summary of the main provisions of the regulation.

The updates include various changes: definition for SERFF computer system added in definition sections; various changes to reflect the changes in procedure due to updates in electronic filing including adding a contact name and email address; removal of time constraints on agency relating to filing forms; change wording from the commissioner issuing an order to issuing a decision on form filings; changes to life insurance providing long term care benefits including adding annuity policies; changes to accelerated death benefits of life insurance including updating the definition of qualifying event; and updating the definition of Utilization Review to use the newest statutory reference.

C. The legal effects of the regulation, including all ways that the regulation would change existing regulations or other laws.

No other laws or regulations will be affected.

D. Impact on small businesses

As required by Conn. Gen. Stat. § 4-168a, the Insurance Department considered the impact of the proposed amended regulations on small business, and in doing so, determined that the preparation of a regulatory flexibility analysis, as contemplated by this statute, was not needed. The amendments reflect activities to be undertaken by insurance companies offering life, health, and annuity products which are not small businesses.