

Memo

To: Kirstin L. Breiner, Legislative Regulation Review Committee
From: Kristin Campanelli
Phone: 860-297-3947
Date: February 17, 2015
Re: Supplement Pages – Life and Health Insurance Regulations

The Connecticut Insurance Department (“Department”) is submitting the attached substitute pages for the above-referenced regulations in accordance with the rule of the Legislative Regulation Review Committee.

The overall intent of the changes as provided and summarized below are to correct an omission in one of the sections. These changes do not alter the original intent or statement of purpose.

The changes are as follows:

Pages 20-21: In sections 38a-430-3, 38a-481-3, and 38a-640-3 of the proposed regulations, we had amended the regulations to change the process for submission of filings through SERFF which included new time requirements, but omitted the same changes in section 38a-651-3. We have amended the time frames in 38a-651-3 to reflect the same proposed changes in the other three sections.

Thank you for your consideration. If there are any questions, please contact me at 860-297-3947 or at kristin.campanelli@ct.gov.

Sincerely,



Kristin M. Campanelli
Counsel

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 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)] 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) 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.