

**THE STATE
OF ALABAMA**



**DEPARTMENT
OF
INSURANCE**

**LIFE, ANNUITY & HEALTH
FILING INFORMATION**

**MARCH 1, 2001
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THE STATE OF ALABAMA DEPARTMENT OF INSURANCE LIFE, ANNUITY AND HEALTH FILING INFORMATION

I. General Information

Alabama Insurance Law is Title 27 of the Code of Alabama 1975 (hereafter referred to as ‘the Code’) and can be accessed at <http://www.aldoi.gov/Legal/Title27.aspx>

The information contained herein is provided to assist insurers in submitting and Department personnel in reviewing filings and does not supersede the requirements of Alabama laws and regulations governing the business of insurance. Insurers are required to be aware of and comply with all Alabama laws, regulations and department bulletins which can be found in the Legal section of our website at www.aldoi.gov.

All filings must be submitted electronically via SERFF with EFT per Bulletin [#2010-07](#) dated May 17, 2010. (See General Instructions tab in SERFF for filing details)

The NAIC Uniform Life, Health, Annuity and Credit Coding Matrix may be accessed at the following site http://www.naic.org/documents/industry_pcm_lahac.pdf

Effective June 9, 2011, Alabama adopted the Interstate Insurance Product Regulation Compact, and thereby became a member of the Interstate Insurance Product Regulation Commission. See Chapter [27-60](#) of the Code for details.

All filings must be submitted in their final versions.

Third party filers must attach a copy of the authorization letter from the insurance company to file on their behalf.

Filing and approval of forms authority is found in Section [27-14-8](#) of the Code.

General policy content requirements are found in Section [27-14-11](#) of the Code.

General policy filing requirements are found in Regulation Chapter [482-1-024](#). Filing fee information is found in our Bulletin [#2010-07](#) dated May 17, 2010.

All policies containing arbitration agreements must comply with our Departmental guidelines and requirements Bulletin of [March 5, 1998](#).

An Alabama-specific fraud warning must be included on all applications or one of the other documents listed in Section [27-12A-20](#) of the Code.

II. Life Insurance Filing Requirements

All life insurance filings must include a signed actuarial memorandum describing the policy and the reserve and nonforfeiture value methodology and must comply with [Sections 27-15-72 through 82 of the Code](#).

For all policies with non-guaranteed elements, a statement that the policy will be illustrated or non-illustrated must be made at the time of filing. If illustrated, the requirements of Regulation Chapter [482-1-114](#) apply, including actuarial certification.

For all policies with an accelerated benefit provision, the requirements of Regulation Chapter [482-1-113](#) apply, including a disclosure form and actuarial memorandum.

An accidental death benefit provision may only require that the accident causing the death of the insured occur while the policy is in force, and that death occur not less than 90 days after the accident per our Bulletin of [October 26, 1998](#).

All flexible/universal/interest sensitive life policies should contain a provision that the current values of the contract will be furnished to the owner or insured at least annually.

No rate filings are requested for life insurance submissions. The Department should be notified of changes to non-guaranteed COI rates and premium schedules as they occur.

All life insurance advertisements must comply with Regulation Chapter [482-1-132](#).

All life insurance replacements must comply with Regulation Chapter [482-1-133](#).

All life insurance solicitations must comply with Regulation Chapter [482-1-131](#).

A. Individual Life

All individual life insurance policies must contain in substance all of the following provisions except those not applicable to single premium or term policies:

1. A grace period of not less than 30 days (60 days for flexible premium UL policies) per Section [27-15-3](#) of the Code.
2. A two-year incontestability provision per Section [27-15-4](#) of the Code.
3. An entire contract and statements deemed representations provision per Section [27-15-5](#) of the Code.
4. A misstatement of age or sex provision per Section [27-15-6](#) of the Code.
5. A dividends provision for participating policies per Section [27-15-7](#) of the Code.
6. A policy loan provision for policies with cash values per Section [27-15-8](#) of the Code.
7. A loan interest rate provision for policies with cash values per Section [27-15-8.1](#) of the Code.
8. A table of values provision for policies with cash values per Section [27-15-9](#) of the Code.
9. A guaranteed installments table for policies that offer this option per Section [27-15-10](#) of the Code.
10. A reinstatement after premium default provision per Section [27-15-11](#) of the Code.

11. A payment of premium provision per Section [27-15-12](#) of the Code.
12. A settlement of death benefit provision per Section [27-15-13](#) of the Code.

All authorized receipts from an insurance company where the premium payment is made through an agent must include specific wording per our Regulation Chapter [482-1-078](#).

B. Group Life

All group life insurance policies must contain in substance all of the following provisions:

1. A grace period of not less than 30 days per Section [27-18-3](#) of the Code.
2. A two-year incontestability provision per Section [27-18-4](#) of the Code.
3. A copy of the application and statements deemed representations provision per Section [27-18-5](#) of the Code.
4. A provision setting forth evidence of insurability conditions, if any, per Section [27-18-6](#) of the Code.
5. A misstatement of age provision per Section [27-18-7](#) of the Code.
6. A coverage of debtors provision, if applicable, per Section [27-18-8](#) of the Code.
7. A benefits payable to the designated beneficiary provision per Section [27-18-9](#) of the Code.
8. An individual certificate issuance provision per Section [27-18-10](#) of the Code.
9. A conversion rights provision per Section [27-18-11](#) of the Code.
10. A policy termination provision per Section [27-18-12](#) of the Code.
11. A death during conversion period provision per Section [27-18-13](#) of the Code.
12. A notice of conversion rights provision per Section [27-18-14](#) of the Code.
13. An assignability provision per Section [27-18-16](#) of the Code.

C. Credit Life Insurance

All credit life insurance policies must comply with our Regulation Chapter [482-1-117](#).

All credit life insurance rates must comply with the State Banking Department's Regulation [155-2-2-.12](#).

An actuarial memorandum demonstrating equivalence to Banking Department prima facie rates must be filed with the policy.

III. Annuity Filing Requirements

All annuities, other than reversionary, survivorship or group annuities shall contain the following provisions except any provisions not applicable to single premium or flexible premium annuities:

1. A grace period of not less than 30 days per Section [27-15-17](#) of the Code.
2. A two-year incontestability provision per Section [27-15-18](#) of the Code.
3. An entire contract provision per Section [27-15-19](#) of the Code.
4. A misstatement of age or sex provision per Section [27-15-20](#) of the Code.
5. A dividend provision for participating contracts per Section [27-15-21](#) of the Code.
6. A reinstatement after premium default provision per Section [27-15-22](#) of the Code.

7. Reversionary annuities must include the required provisions of Section [27-15-23](#) of the Code.

All annuities providing for the payment, at the insurer's discretion, of interest in excess of the rate guaranteed in the policy should contain a provision that the current values of the contract will be furnished to the owner or insured at least annually.

All annuity filings must include a signed actuarial memorandum describing the contract, values, reserves and surrender charges and demonstrate the compliance of policy values with the standard nonforfeiture law for individual deferred annuities as found in Section [27-15-28.2](#) of the Code.

All annuity advertisements must comply with Regulation Chapter [482-1-132](#).

All annuity replacements must comply with Regulation Chapter [482-1-133](#).

All annuity solicitations must comply with Regulation Chapters [482-1-129](#) and [482-1-137](#).

IV. Health Insurance Filing Requirements

All health insurance policies filed for use in Alabama must comply with all federal health insurance requirements including the Patient Protection and Affordable Care Act as enacted March 23, 2010, and all related regulations and guidance. See Bulletins of [June 23, 2000](#), [2010-08](#) and [2016-03](#).

Notices of rate increases and rate filings in general, accompanied by a signed actuarial memorandum, are requested to be filed on an informational basis per our Regulation Chapter [482-1-024-.03\(6\)](#). The following rates and rate increases are to be filed for prior approval:

- Long-Term care per our Regulation Chapter [482-1-091-.29 & .30](#)
- Medicare supplement per our Regulation Chapter [482-1-071-.15](#)
- All ACA plans per Collaborative Enforcement Agreement with CMS on April 18, 2016.

Health benefit claim payments must comply with Section [27-1-17](#) of the Code (Prompt Pay Law).

Any health benefit plan that offers prescription drug benefits must comply with Sections [27-1-21](#) and [27-1-22](#) and Section [27-45-1](#), et seq. of the Code.

All health policies providing coverage on an expense-incurred basis shall provide benefits for newborn children per Section [27-19-38](#) of the Code.

Every health insurance benefit plan which provides coverage for surgical services for a mastectomy must comply with Section [27-50-1](#), et seq. of the Code and the Women's Health and Cancer Rights Act of 1998.

Every health insurance benefit plan that provides maternity coverage must comply with Section [27-48-1](#), et seq. of the Code and the Newborn's and Mother's Health Protection Act of 1996.

Certain health benefit plans shall offer to include coverage for annual screening for the early detection of prostate cancer in men over age 40 per Section [27-58-1](#), et seq. of the Code.

Certain health benefit plans shall offer to cover chiropractic services per Section [27-59-1](#), et seq. of the Code.

A. Individual Health

All individual health policies must contain in substance the following provisions except those inapplicable or inconsistent with the coverage provided by a particular form of policy:

1. An entire contract clause and change in policy clause per Section [27-19-4](#) of the Code.
2. A time limit on defenses provision per Section [27-19-5](#) of the Code.
3. A grace period provision per Section [27-19-6](#) of the Code.
4. A reinstatement provision per Section [27-19-7](#) of the Code.
5. A notice of claim provision per Section [27-19-8](#) of the Code.
6. A claim forms for filing proof of loss provision per Section [27-19-9](#) of the Code.
7. A proof of loss provision per Section [27-19-10](#) of the Code.
8. A time of payment of claims provision per Section [27-19-11](#) of the Code.
9. A payment of claims provision per Section [27-19-12](#) of the Code.
10. A physical examination and autopsy provision per Section [27-19-13](#) of the Code.
11. A legal actions provision per Section [27-19-14](#) of the Code.
12. A change of beneficiary provision per Section [27-19-15](#) of the Code.
13. An inspection of policy (free look) statement giving the insured 10 days from delivery to return the policy for a premium refund per Section [27-19-32](#) of the Code.

Only the following optional provisions may be included in individual health policies:

1. A change of occupation provision per Section [27-19-17](#) of the Code.
2. A misstatement of age provision per Section [27-19-18](#) of the Code.
3. An other insurance with same insurer provision per Section [27-19-19](#) of the Code.
4. An insurance with other insurers: expense incurred provision per Section [27-19-20](#) of the Code.
5. An other insurance: other benefits provision per Section [27-19-21](#) of the Code.
6. A relation of earnings to insurance provision per Section [27-19-22](#) of the Code.
7. An unpaid premiums provision per Section [27-19-23](#) of the Code.
8. A conformity with state statutes provision per Section [27-19-24](#) of the Code.
9. An illegal occupation provision per Section [27-19-25](#) of the Code.
10. An intoxicants and narcotics provision per Section [27-19-26](#) of the Code.

For non-ACA (excepted benefit) plans only: The pre-existing condition definition (look-back) period should not exceed 5 years prior to the effective date of the policy and the pre-existing condition exclusion (look-forward) period should not exceed 2 years from the effective date of the policy.

B. Group and Blanket Health

Each group health insurance policy shall contain in substance the following provisions:

1. A copy of the application and statements deemed representations provision per Section [27-20-2 \(1\)](#) of the Code.
2. A provision that the insurer will furnish to the policyholder for delivery to each employee in summary form a statement (certificate) of the essential features of the coverage per Section [27-20-2 \(2\)](#) of the Code.
3. A provision that the original group insurance may add eligible new employees, or members or dependents in accordance with the terms of the policy per Section [27-20-2 \(3\)](#) of the Code.
4. Any legal action provision in a group health policy (except for blanket health forms) must comply with our Bulletin of [September 4, 2007](#), and Section [6-2-34](#) of the Code to have a minimum time of 60 days and maximum time of 6 years for commencement of legal action.

Group blanket disability policies shall contain in substance the following provisions:

1. An entire contract provision per Section [27-20-5\(1\)](#) of the Code.
2. A notice of claim provision per Section [27-20-5\(2\)](#) of the Code.
3. A claim forms for filing proof of loss provision per Section [27-20-5\(3\)](#) of the Code.
4. A claim forms for filing proof of loss for disability provision per Section [27-20-5\(3\)](#) of the Code.
5. A payment of claims provision per Section [27-20-5\(4\)](#) of the Code.
6. A physical examination and autopsy provision per Section [27-20-5\(6\)](#) of the Code.
7. A legal actions provision per Section [27-20-5\(7\)](#) of the Code.

For non-ACA (excepted benefit) plans only: The pre-existing condition definition (look-back) period should not exceed 1 year prior to the effective date of the policy and the pre-existing condition exclusion (look-forward) period should not exceed 2 years from the effective date of the policy.

Any group health plan that provides coverage on an expense incurred basis must offer to provide benefits for expenses incurred in connection with the treatment of alcoholism per Section [27-20A-1](#), et seq. of the Code.

All small employer group insurance coverage must comply with Regulation Chapter [482-1-116](#) and filings should include a signed actuarial memorandum demonstrating compliance with the rating requirements of that Regulation.

Certain large group (51+ members) insurance coverage must offer to cover mental illness under terms and conditions that are no less extensive than physical illness per Section [27-54-1](#), et seq. of the Code and also comply with the Mental Health Parity and Addiction Act of 2008.

Certain group health benefit plans must offer to include colorectal cancer examinations within the coverage per Section [27-57-1](#), et seq. of the Code.

C. Credit Disability Insurance

All credit disability insurance must comply with our Regulation Chapter [482-1-117](#).

All credit disability insurance rates must comply with the State Banking Department's Regulation [155-2-2-.12](#)

An actuarial memorandum demonstrating equivalence to Banking Department prima facie rates must be filed with the policy.

D. Long Term Care Insurance

All long term care insurance coverage must comply with the Alabama long term care insurance policy minimum standards act found in Article 3 of Section [27-19-102](#), et seq. of the Code and Regulation Chapter [482-1-091](#), and additionally for Partnership Plans, Bulletin No. [2009-01](#), dated February 12, 2009.

E. Medicare Supplement Insurance

All Medicare supplement insurance policies must comply with the Alabama Medicare supplement minimum standards act found in Article 2 of Section [27-19-50](#), et seq. of the Code and Regulation Chapter [482-1-071](#).

F. Health Maintenance Organizations (HMO's)

All HMO forms and rates must be filed with this Department and comply with Section [27-21A-1](#), et seq. of the Code and Regulation Chapter [482-1-079](#).

G. Dental Service Corporations

All Dental Service plans must comply with [Article 12, Chapter 21, Title 22 of the Code](#).

H. Advertising

All health insurance advertisements must comply with Regulation Chapter [482-1-013](#).

All long term care insurance advertisements must be filed with this Department per our Regulation Chapter [482-1-091-.21](#).

All Medicare supplement insurance advertisements must be filed for prior approval with this Department per our Regulation Chapter [482-1-071-.19](#).

All life and annuity advertisements must comply with Regulation Chapter [482-1-132](#).

V. Contact Information

The State of Alabama Department of Insurance
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201 Monroe St.; Suite 502 (zip code for physical address is 36104)
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Questions relating to filings may be directed to:

- Darlene Geeter, Administrative Support Assistant III, at (334) 241-4174,
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BULLETIN NO. 2010-07

TO: All admitted insurers

FROM: Jim L. Ridling
Commissioner of Insurance *JLR*

DATE: May 17, 2010

EFFECTIVE: July 1, 2010

RE: Revision of SERFFSM filing fees and mandatory use of electronic funds transfer payments for SERFFSM filings

AMENDS: Bulletin dated April 1, 2007

RESCINDS: Bulletin dated April 30, 2003 (fees for property and casualty filings)
Bulletin dated November 1, 1994 (fees for life and disability/accident and health filings)

1. The Bulletin dated April 1, 2007, mandated use of SERFFSM (the System for Electronic Rate and Form Filings) for all rate and form filings in Alabama, effective November 1, 2007. That Bulletin strongly encouraged, but did not then mandate, use of electronic funds transfer (EFT) as a mode of paying filing fees. Since use of SERFFSM became mandatory, approximately 90% of the associated Alabama filing fees have been made by EFT. The Department of Insurance has determined that now requiring payment of fees by EFT will allow for faster review and disposition of filings, allow for more efficiency in the filing process, and will enhance the NAIC's Speed to Market initiatives in Alabama.

2. **Effective July 1, 2010, all fees relating to SERFFSM filings prescribed in the fee schedule set forth in paragraph (5) below must be made by EFT through SERFFSM and the Department will no longer accept fee payments by check or other non-EFT method.** Fee payment by EFT will remain optional and payment by check will be allowed through June 30, 2010.

3. Detailed information about implementing EFT, including an EFT Implementation Guide and the required agreement forms, is available at the SERFFSM Internet web-site (www.serff.com) or by contacting the SERFF Marketing Team at 816-783-8787 or by electronic mail at serffmktg@naic.org.

4. The requirements of the April 1, 2007, Bulletin remain in effect except to the extent specifically changed by this Bulletin.

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5. The fee schedules set forth in the Bulletins dated November 1, 1994 (fees for life and disability/accident and health filings), and April 30, 2003 (fees for property and casualty filings), remain effective until June 30, 2010. **Effective July 1, 2010, the Bulletins dated November 1, 1994, and April 30, 2003, are rescinded and the following minimum fees will be charged for examination of the indicated filings:**

Property & Casualty Filing Fees:

Any property, casualty, marine and surety RATE filing.....	\$85.00
Any property, casualty, marine and surety RULE filing.....	\$85.00
Any COMBINATION RATE and RULE filing.....	\$85.00
Any property, casualty, wet marine, marine and title FORM filing (per form).....	\$50.00
Risk Retention Group and Purchasing Group Annual Registration.....	\$100.00

There is a maximum fee of \$3,500.00 per SERFF™ submission.

Exceptions to filing fees: Special rated risks, "A" rated filings, non-adoption of rating organization filings, rating organization membership filings, and responses to pending filings.

All Life & Disability (Accident & Health) Advertisements, Riders, and Amendments Filing Fees:

Each individual policy contract including revisions.....	\$50.00
Each group master policy or contract including revisions.....	\$50.00
Each individual or group certificate including revisions.....	\$50.00
Each rider, endorsement, amendment, etc.....	\$50.00
Each application, questionnaire, etc. that is made part of the policy.....	\$50.00
Each separate advertisement.....	\$50.00
Each Medicare Select Network Certification.....	\$75.00
Each Medicare Supplement, HMO or Long Term Care Rate Filing.....	\$50.00
Each rate filing made for informational purposes.....	\$50.00
Each form filing made for informational purposes.....	\$25.00

There is a maximum fee of \$3,500.00 per SERFF™ submission.

JLR/JFM/bc