

**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**

Sections 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] Sections 38a-430-1 to 38a-430-4, inclusive, of the Regulations of Connecticut State Agencies:

- (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 the National Association of Insurance Commissioners 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 shall be done electronically through SERFF or any subsequent corresponding system adopted by the National Associate of Insurance Commissioners or the Commissioner. All fields in SERFF shall 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,

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 policy 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] shall 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

software known as the System for Electronic Rate and Form Filing (SERFF), Version 2.0 or higher, 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 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 of the Regulations of Connecticut State Agencies:

(a) “Accelerated Benefits” [mean] means 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.

Sections 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] Definitions

As used in [section] Sections 38a-458-1 to 38a-458-12, inclusive of the Regulations of Connecticut State Agencies:

(a) “Long-term care benefits” mean benefits payable under a life insurance policy or annuity contract:

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] Sections 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 38a-478(2)] Section 38a-478 of the Connecticut General Statutes;
- (4) "Managed care plan" means "managed care plan" as defined in [section 38a-478(3)] Section 38a-478 of the Connecticut General Statutes;
- (5) "Provider" means "provider" as defined in [section 38a-478(4)] Section 38a-478 of the Connecticut General Statutes; and
- (6) "Utilization review" means "utilization review" as defined in [section 38a-226] Section 38a-591a of the Connecticut General Statutes.

**Sec. 6.**

Sections 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] Sections 38a-481-1 to 38a-481-4, inclusive, of the Regulations of Connecticut State Agencies:

- (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 National Association of Insurance Commissioners 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 shall be done electronically through SERFF or any subsequent corresponding system adopted by the National Associate of Insurance Commissioners or the Commissioner. All fields in SERFF shall 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).

(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] shall 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)] and larger fees upon Connecticut's domestic

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 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 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] Sections 38a-501-8 to 38a-501-24, inclusive, of the Regulations of Connecticut State Agencies.

(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 of the Regulations of Connecticut State Agencies.

(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 [idemnify] 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)] (A) loss which is caused by declared or undeclared war or any act thereof; [(ii)] (B) loss which is caused by mental disease or disorder without demonstrable organic disease; [(iii)] (C) loss which is caused by suicide or any attempt thereof (while sane or insane), or intentionally self-inflicted injury; [(iv)] (D) confinement in a government institution unless a charge is made which the covered person is obligated to pay; [(v)] (E) confinement due to alcoholism or drug addiction; [(vi)] (F) confinement in a hospital; [or (vii)]

(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] or therapeutic services, or both, 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.**

Sections 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] Sections 38a-640-1 to 38a-640-4, inclusive, of the Regulations of Connecticut State Agencies:

- (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 National Association of Insurance Commissioners 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 shall be done electronically through SERFF or any subsequent corresponding system adopted by the National Associate of Insurance Commissioners or the Commissioner. All fields in SERFF shall be filled out appropriately and accurately for each filing.

(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.)

(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] shall 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)] and larger fees upon Connecticut's domestic societies. Accordingly, each society domiciled in any other state which requires such fees shall remit the

Commissioners or the Commissioner. All such filings shall include the information required in 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.

Sections 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] Sections 38a-651-1 to 38a-651-4, inclusive, of the Regulations of Connecticut State Agencies:

(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 National Association of Insurance Commissioners 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 shall be done electronically through SERFF or any subsequent corresponding system adopted by the National Associate of Insurance Commissioners or the Commissioner. All fields in SERFF shall 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) and the Department’s file number, if [known]] known.

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

(A) A list of the documents submitted therewith;

(B) A brief outline of proposed changes;

(C) The approval sought;

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.)

(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)] 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

**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.

**CERTIFICATION**

*This certification statement must be completed in full.*

**I hereby certify that the above Regulation(s)**

1) is/are (check all that apply)  adopted  amended  repealed by this agency pursuant to the following authority(ies): (complete all that apply)

- a. **Connecticut General Statutes** section(s) §38a-430; 38a-457; 38a-458; 38a-478; 38a-481; 38a-501; 38a-640; 38a-651.
- b. **Public Act Number(s)** NA.  
(Provide public act number(s) if the authorizing act has not yet been codified in the Connecticut General Statutes.)

**And I further certify**

- 2) that **Notice of Intent** to adopt, amend or repeal said regulation(s) was electronically submitted to the Secretary of the State on October 30, 2014, and posted to the Secretary's regulations website on November 4, 2014; (insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)
- 3) and that a public hearing regarding the proposed regulation(s) was held on \_\_\_\_\_ or  that no public hearing was held; (insert date(s) of mandatory public hearing(s) held pursuant to CGS 4-168(a), as amended, or other applicable statute, and/or voluntary hearing, or if no hearing was held, check the box for that statement.)
- 4) and that notice of **Decision to Take Action** on said regulations was electronically submitted to the Secretary of the State on December 17, 2014, and posted to the Secretary's regulations website on December 22, 2014; (insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)
- 5) and that said regulation(s) is/are **EFFECTIVE** (check one, and complete as applicable)  
 When posted online by the Secretary of the State.

OR  on (insert date) \_\_\_\_\_

6) SIGNED (Head of Board, Agency or Commission) <i>[Signature]</i>	OFFICIAL TITLE, DULY AUTHORIZED Deputy Commissioner	DATE 12/22/14
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APPROVED by the Attorney General as to legal sufficiency in accordance with CGS Section 4-169, as amended.

DATE 1/30/2015	SIGNED (Attorney General or AG's designated representative) <i>[Signature]</i>	OFFICIAL TITLE, DULY AUTHORIZED Deputy ATTORNEY GENERAL
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Proposed regulations are **DEEMED APPROVED** by the Attorney General in accordance with CGS Section 4-169, as amended, if the Attorney General fails to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.

(For Regulation Review Committee Use ONLY)

- APPROVED  in WHOLE or WITH  technical corrections  deletions  substitute pages
- DEEMED APPROVED, pursuant CGS 4-170(c), as amended.
- Rejected without Prejudice  Disapproved, pursuant to CGS 4-170(c), as amended.

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE 3-24-15	SIGNED (Administrative Legislative Regulation Review Committee) <i>[Signature]</i>
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In accordance with CGS Section 4-172, as amended by PA 13-247 and PA 13-274, one certified paper copy and one electronic copy with agency head certification statement received on the date(s) specified below.

DATE	SIGNED (Secretary of the State)	BY
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(For Secretary of the State Use ONLY)

Date Posted to SOTS Regulations Website:

Date Electronic Copy Forwarded to the

SOTS file stamp: