

**State of Delaware Insurance Department  
Filing Instructions Document  
Life & Health**

**Effective November 1, 2007, all filings must be submitted through SERFF.  
Hardcopy filings will no longer be accepted.**

**1. Filing Authority/Scope of Authority:**

Forms are filed in accordance with Title 18, Del. C., Chapter 2712. See Department website for filing documents: <http://www.delawareinsurance.gov/formapps.htm#Life>.

**2. Filing Basis:0**

Delaware is a file and use state with the authority to disapprove. If you elect to DEEM a filing per Title 18, Del. C., Chapter 2712(b), **please notify the analyst at 302-674-7375.**

**3. Status in Domicile:**

Approval from state of domicile is not required, but status may be requested.

**4. Fee information:**

- a. Filing fees are \$50 per *form*, per company. *Revised rates* are \$50 per affected forms. *Advertising* submissions are \$50 per filing per company. Fraternal organizations do not require a filing fee.
- b. For Med Supp., \$50 per Rate Plan is required.
- c. Filings outsourced for actuarial review per Title 18 Del. C. Chapter 7 §714 will incur additional cost.
- d. Informational letters without policy forms are accepted without a fee.
- e. Previously filed policy forms that are modified are considered as “new” filings and will require a fee.
- f. For tracking purposes, filings that do not require a fee should submit a completed filing fee form.
- g. Problem Reports not responded to within 30 days will be closed and fees will not be refunded.

**5. Required Filing Documents and Information:**

- a. LTC: Cost Disclosure Form is required

**6. Attachment information and file formats for SERFF filings:**

- a. Funding agreements and indexed life and annuity products must be clearly identified under the “General Information” tab and on the filing fee form.
- b. As health rate filings, indexed life or annuity products, and funding agreements may be outsourced for actuarial review, notify analyst (see #2 above) when these type filings are submitted.

**7. Contact Information:**

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## DELAWARE LIFE & HEALTH PRODUCT GUIDELINES

All citations refer to Title 18, Delaware Code, unless otherwise indicated. Please follow specific guidelines within laws and regulations cited. Note: The Delaware Department has adopted the NAIC position on **Terrorism Exclusions** for Life and Health products. At this time the Delaware Department is not accepting filings that contain terrorism exclusions that provide no benefit for any loss due to terrorism.

### LIFE

**Comprising:** All Life and Annuity Products

**Forms:** Indexed life and annuity, and funding agreement products must be identified. As these products may be outsourced for actuarial review per §714, please notify analyst at 302-674-7375 upon submission of filing. Outsourced filings will incur additional cost to filer.

**Rates:** Not required for life products. § 2502(b).

**Equity Indexed Products -** Please provide the following:

1. Marketing and cost disclosure brochures
2. Spec Page with available options
3. Actuarial Memorandum indicating surrender charges and minimum values
4. Guaranteed minimum and maximum rates to include participation, caps, spread, other
5. Reserve basis and compliance with appropriate actuarial guidelines.
6. Hedging strategy including counterparties and NAIC, Moody's and S & P rating
7. Guidelines on determining actual subsequent rates
8. Periodic reports (quarterly) giving details on new business, any change in minimum/maximum rates, surrenders (account value and net amount actually paid)

For items involving calculations, e.g. minimum guaranteed values, compliance with reserve sample/actuarial guidelines, retrospective and prospective demonstrations, please provide in an Excel file.

**Guaranteed Living Benefits-** Please provide the following:

1. Copy of affected form (if not with filing)
2. Actuarial memorandum signed by qualified actuary
3. Actuarial memorandum must describe reserve methodology for guaranteed living benefit
4. Copy or description of investment/risk management strategy to support living benefits signed by an actuarial or investment professional with relevant experience
5. Signed opinion by company's appointed actuary that investments for living benefits are appropriate to cover liabilities
6. Copy of prospectus
7. Copy of marketing and sales materials

### **Life, Annuity - Chapter 29: Variable Life - Regulations 1201 and 1205**

1. Actuarial memorandum
2. For applicable products, per Regulation 1210 Section 5A, indicate if policies will be illustrated. If not illustrated, provide a Summary of Cost & Benefit.

## **2001 CSO Mortality Table Compliance**

1. New policy form (endorsements are not acceptable)
2. Spec page
3. Actuarial Memorandum which indicates reserve basis and compliance with standard valuation and non-forfeiture laws, appropriate actuarial guidelines, and IRS Section 7702/7702A
4. Policy forms should contain new SNFL tables if they are to be included in the policy

Actuarial Memorandum should specifically include tables of surrender charges or minimum cash values and no-lapse premiums. An example (calculation) for issue age, say 35, showing minimum cash values, SNFL values and algorithms for WL/ISWL policies should be provided.

For non-forfeiture, compliance for UL surrender charges and WL/ISWL minimum cash values should be verified. Guaranteed cost of insurance (COI) charges should be verified to make sure they do not exceed the 2001 valuation table.

## **Group Life – Chapter 31**

Must meet group requirements of §3102 through §3109.

## **Accelerated Benefits**

Individual Life products accelerating benefits for Long-Term Care must comply with Chapter 7105(i) through (k).

## **Riders**

Cost for Rider should be captioned. Include actuarial memorandum and rates, if applicable.

## **Credit Life and Health - Chapter 37, Regulation 1701**

Level/decreasing life and disability rates per Regulation 1701, Section II, A and B. Contracts should contain disclosure and other requirements of §3706.

## **Applications - Life and Health**

Where medical questions concerning HIV/AIDS are included in the Application and the Company will perform testing, an HIV Consent Form is required to be filed with the Department following guidelines of Chapter 74 and Forms & Rates Bulletin No. 4. The HIV Consent Form is a one-time filing. Amendments to the Form must be re-filed.

# **HEALTH**

**Comprising:** All health insurance products.

## **Premium Rate Requirements & Guide per Chapter 2504**

Rates are required to be filed per Chapter 2504.

1. Health rate filings require an actuarial memorandum.
2. Health rate filings outsourced for actuarial review will incur additional cost to filer.
3. Provide rate information requested in Life, Accident & Health Filing State Specifics Form.
4. Individual health rate filings must include rates and classification of risks per Chapter 33. Consult Regulation 1303, “Individual Health Loss Ratio Standards”.
5. Group health rate filings - consult Regulation 1305, “Loss Ratio Filing Procedures for Health Insurers, Health Service Corporations for Medical and Hospital Expense Incurred Policies and Plans.”
6. Actuarial Certification is required for Small Employer rate filings. See rating guidelines for SE below.

### **Individual Health Forms - Chapters 33 and 36, Regulation 1304**

1. Benefit Standards, Outline of Coverage Requirements (Regulation 1304, Sections 7 and 8).
2. Health Benefit Plan mandated benefits (Chapter 33).

### **Medicare Supplement - Chapter 34, Regulation 1501**

1. Rates per Chapters 25 and 34; Regulation 1501 Section 15.3
2. Advertising, approval for use, per Regulation 1501 Section 19.
3. ALL other requirements as contained in Chapter 34 and Regulation 1501.

### **Long Term Care - Chapter 71, Regulation 1404**

Delaware has adopted the NAIC Model Regulation, with variations thereto.

1. Advertising, approval for use, per Regulation 1404 Section 23.
2. Rates per Regulation 1404 Section 20. Filed rates must correspond with Cost Disclosure requirements of Regulation 1404 Section 6.1.4.
3. ALL other requirements of the Regulation must be in compliance.

### **Small Employer - Chapter 72, Regulation 1308; Forms & Rates Bulletins Nos. 11-13**

1. Follow prescribed format in Regulation for Schedule of Benefits and Exclusions for Basic and Standard Plans per Appendices A & B.
2. Health mandates of Chapter 35 for Large Group & Blanket Health are applicable to Small Employer Standard Plan (see §7213), and for all other Small Employer Plans.
3. Rate Restrictions - Regulation 1308 Section 6 and §7205.

### **Group & Blanket Health – Chapter 35, Forms & Rates Bulletin 17**

1. Mandated health benefits of Chapter 35 apply to all health benefit plans. Please ‘Bookmark’ their location in Policy/Certificate for ease of review.
2. Out-of-state trusts & associations, follow Chapter 35, §3506 and §3509, and Forms & Rates Bulletin 17.