

Department of Consumer & Business Services  
**Oregon Division of Financial Regulation – 5**

350 Winter St. NE  
Salem, Oregon 97301-3883  
Phone (503) 947-7983

**TRANSMITTAL AND CHECKLIST FOR CREDIT LIFE AND HEALTH RATE DEVIATIONS**  
**Filing for Prior Approval under ORS 742.005(6)(c), ORS 743.015 and OAR 836-060-0043**

Date: \_\_\_\_\_ NAIC no.: \_\_\_\_\_

Insurer name: \_\_\_\_\_

Filing entity (if not insurer): \_\_\_\_\_  
If filing entity is not the insurer, a letter of authorization must be included in the filing.

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street \_\_\_\_\_

\_\_\_\_\_ City State ZIP

**Toll-free/collect** phone no.: \_\_\_\_\_

Fax no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Requested effective date: \_\_\_\_\_

Oregon filing number for approved policy forms issued to this account: \_\_\_\_\_

**Department action:**

Approved;  
limitations: \_\_\_\_\_

Withdrawn

Disapproved;  
reason: \_\_\_\_\_

Action Date: \_\_\_\_\_

Effective date: \_\_\_\_\_  
if different from action date

Analyst: \_\_\_\_\_

Filing no \_\_\_\_\_

Instructions: In a cover letter, include a complete explanation for rate changes. Submit two sets of the entire filing with complete actuarial memorandum and support, and one large, self-addressed stamped envelope. The certification of compliance must be signed by an authorized person and all relevant filing information must be included.

Account name filed for a deviation: \_\_\_\_\_

Check one:  Credit life rates  Credit health (disability) rates

State rate deviation requested as a percentage of prima facie rates: \_\_\_\_\_% Increase \_\_\_\_\_% Decrease

Account's actual three-year loss ratio experience: \_\_\_\_\_

Company's three-year loss ratio experience: \_\_\_\_\_ (If loss ratio is less than 57 percent, do not file for a deviation.)

**Type of coverage issued to account filed for a deviation:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Single premium (213) | <input type="checkbox"/> Gross coverage (501) | <input type="checkbox"/> Truncated (507)       |
| <input type="checkbox"/> MOB Open-end (504)   | <input type="checkbox"/> Net coverage (502)   | <input type="checkbox"/> Critical period (524) |
| <input type="checkbox"/> Closed-end (516)     |   |  |

**Type of rates approved:**

- |   |   |
|---|---|
| <input type="checkbox"/> Non-underwritten             | <input type="checkbox"/> Underwritten                     |
| <input type="checkbox"/> Closed-end level rates (517) | <input type="checkbox"/> Other actuarial consistent rates |

*Instructions: This checklist must be submitted with your filing. The standards, in some cases, are summaries. Review of the entire statute or rule may be necessary. By each statement, check the box to verify compliance. Any "No" answers must be explained in the cover letter. If a statement does not apply to this filing, mark "N/A" as not applicable. Any "No" or "N/A" responses on items that are applicable may result in disapproval of the filing. Check to confirm diligent consideration has been given to each item and is certified by the signature on the certificate of compliance form.*

**General references:** ORS 742.005(6)(c), ORS 743.015, ORS 743.342, ORS 743.371 to 743.380 and OAR 836-060-0000 to 836-060-0060 Exhibits and Tables

	Requirement	Reference	Comment	Confirmation
<b>I. Filing Requirements</b>				
1	Filing submission requirements	As required on SERFF or on our website	Required forms are located on SERFF or on our website: <a href="http://dfc.oregon.gov/rates-forms/health/Pages/health.aspx">http://dfc.oregon.gov/rates-forms/health/Pages/health.aspx</a> . These requirements must be submitted for your filing to be accepted as complete: 1. This transmittal form and checklist of standards 2. Cover letter (see instructions on the transmittal form) 3. Certification of compliance form 4. Schedule of rates (See Section II of this document) 5. For mail filings, two self-addressed stamped envelopes, one large enough for return of the approved forms.	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Experience report	OAR 836-060-0041	The Oregon-specific Credit Insurance Experience Exhibit is submitted to NAIC each year. In addition, by June 1 of each year, using the same NAIC form, a report is submitted to Oregon for credit business that is underwritten.	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3	Report on creditors	OAR 836-060-0046	The insurer shall review its creditors' activities, write a report, and make this report available to the Division of Financial Regulation upon request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4	Inducements	ORS 746.035, OAR 836-060-0055(1)(a)	If this account was approved with incentives or marketing allowances given to this account or affiliated organizations, the actuarial demonstration filed for this account is included and the time period remaining on the agreement is identified. (If an incentive or marketing allowance, including sponsorships and endorsement fees, was part of the agreement with this account and has not been filed with the Insurance Division, before a rate deviation can be considered you will need to file the incentives and actuarial requirements for this account as required on the Credit Life and Health Standards.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5	Conflict of interest	ORS 746.160(3)	All other business arrangements still in effect for this account are explained in the cover letter including an explanation of the agreement in relation to the issuance of this policy. A copy of the information filed for approval for this account is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>II. Actuarial Information</b>						
6	Experience	OAR 836-060-0021(2)	Loss-ratio data for each of the past three years and the average for the three-year period are included. Data includes actual and prima facie experience, the earned premiums, incurred claims and loss ratio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7			The formula used to calculate the deviation is included. The NAIC recommended formula is used or an explanation of how the formula differs from the NAIC formula is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8	Underwriting	OAR 836-060-0005(8)	A statement indicating whether or not the account is underwritten is included. If the account is not underwritten, state if it will be renewed with underwritten questions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9			An explanation of any changes to the medical questions on the application made within the past three years is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10			If the underwritten questions require the use of reduced rates based on the extent of the underwritten questions, a copy of the approved rates is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
11	Rate structure		Any change in the rate structure or formula used for this account during the past three years is included.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12	Age	OAR 836-060-0025(2)(b) and 836-060-0031(2)(d)	The maximum eligibility age is stated; any changes in the past three years is indicated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
13	Joint rates	OAR 836-060-0025(1)(d)	Specific data for the joint rates is included, which indicates the effect on the overall loss ratio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>