

State of Utah
Administrative Rule Analysis
Revised June 2022

NOTICE OF PROPOSED RULE

TYPE OF RULE: New ___; Amendment ___; Repeal ___; Repeal and Reenact x

Title No. - Rule No. - Section No.

Rule or Section Number:

R590-228

Filing ID: Office Use Only

Agency Information

1. Department:	Insurance	
Agency:	Administration	
Room number:	Suite 2300	
Building:	Taylorsville State Office Building	
Street address:	4315 S. 2700 W.	
City, state and zip:	Taylorsville, UT 84129	
Mailing address:	PO Box 146901	
City, state and zip:	Salt Lake City, UT 84114-6901	
Contact persons:		
Name:	Phone:	Email:
Steve Gooch	801-957-9322	sgooch@utah.gov

Please address questions regarding information on this notice to the agency.

General Information

2. Rule or section catchline:

R590-228. Submitting Credit Life and Credit Accident and Health Insurance Filings

3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):

The rule is being changed in compliance with Executive Order 2021-12. During the review of this rule, the department discovered a number of minor issues that needed to be amended.

4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):

The majority of the changes are being done to fix style issues to bring the rule text more in line with current rulewriting standards. Other changes make the language of the rule more clear, remove the Penalties and Enforcement Date sections, and update the Severability section to use the department's current language. The changes do not add, remove, or change any regulations or requirements.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

There is no anticipated cost or savings to the state budget. The changes are largely clerical in nature, and will not change how the department functions.

B) Local governments:

There is no anticipated cost or savings to local governments. The changes are largely clerical in nature, and will not affect local governments.

C) Small businesses ("small business" means a business employing 1-49 persons):

There is no anticipated cost or savings to small businesses. The changes are largely clerical in nature, and will not affect small businesses.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

There is no anticipated cost or savings to non-small businesses. The changes are largely clerical in nature, and will not affect non-small businesses.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an *agency*):

There is no anticipated cost or savings to any other persons. The changes are largely clerical in nature.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

There are no compliance costs for any affected persons. The changes are largely clerical in nature.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	FY2023	FY2024	FY2025
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits	FY2023	FY2024	FY2025
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Commissioner of Insurance, Jonathan T. Pike, has reviewed and approved this regulatory impact analysis.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 31A-2-201	Section 31A-2-201.1	

Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	

Issue Date	
Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)		
A) Comments will be accepted until:	04/14/2023	
B) A public hearing (optional) will be held:		
On (mm/dd/yyyy):	At (hh:mm AM/PM):	At (place):

9. This rule change MAY become effective on:	04/21/2023
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the <i>Utah State Bulletin</i> and delaying the first possible effective date.			
Agency head or designee and title:	Steve Gooch, Public Information Officer	Date:	02/27/2023

R590. Insurance, Administration.

~~**R590-228. Submission of Credit Life and Credit Accident and Health Insurance Form and Rate Filings.**~~

~~**R590-228-1. Authority.**~~

~~_____ This rule is promulgated by the insurance commissioner pursuant to Subsection 31A-2-201(3), 31A-2-201.1, 31A-2-202(2), 31A-22-807.~~

~~**R590-228-2. Purpose and Scope.**~~

- ~~_____ (1) The purpose of this rule is to set forth the procedures for submitting:~~
- ~~_____ (a) Credit life and credit accident and health insurance filings required by Section 31A-21-201;~~
 - ~~_____ (b) Credit life and credit accident and health insurance rate filings required by Section 31A-22-807, R590-91; and~~
 - ~~_____ (c) report filings as required.~~
- ~~_____ (2) This rule applies to all credit life insurance and credit accident and health insurance including group contracts issued to nonresident policyholders, including trusts, when Utah residents are provided coverage by certificates of insurance.~~

~~**R590-228-3. Definitions.**~~

- ~~_____ In addition to the definitions of Section 31A-1-301, the following definitions shall apply for the purpose of this rule:~~
- ~~_____ (1) "Certification" means a statement that the filing being submitted is in compliance with Utah laws and rules.~~
 - ~~_____ (2) "Data page" means the page or pages in a policy and certificate that provide the specific data for the insured detailing the coverage provided and may be titled by the insurer as schedule page, schedule of benefits and premiums, etc.~~
 - ~~_____ (3) "Electronic Filing" means a filing submitted via the Internet by using the System for Electronic Rate and Form Filing, SERFF.~~
 - ~~_____ (4) "Eligible group" means a group that meets the definitions in Sections 31A-22-502 through 31A-22-508.~~
 - ~~_____ (5) "Endorsement" means a written agreement attached to a life insurance policy that alters a provision of the policy. An example is a company change of name.~~
 - ~~_____ (6) "File and Use" means a filing can be used, sold, or offered for sale after it has been filed with the department.~~
 - ~~_____ (7) "File for Approval" means a filing can be used, sold, or offered for sale after it has been filed and the filer has received written confirmation that the filing was approved.~~
 - ~~_____ (8) "Filer" means a person who submits a filing.~~
 - ~~_____ (9) "Filing," when used as a noun, means an item required to be filed with the department including:~~
 - ~~_____ (a) a policy;~~
 - ~~_____ (b) a rate, rate methodologies;~~
 - ~~_____ (c) a form;~~
 - ~~_____ (d) a document;~~

- _____ (e) an application;
- _____ (f) a report;
- _____ (g) a certificate;
- _____ (h) an endorsement;
- _____ (i) a rider; and
- _____ (j) an actuarial memorandum, demonstration, and certification.
- _____ (10) "Filing Objection Letter" means a letter issued by the commissioner when a review has determined the filing fails to comply with Utah law and rules. The filing objection letter, in addition to requiring correction of non-compliant items, may request clarification or additional information pertaining to the filing.
- _____ (11) "Filing status information" means a list of the states to which the filing was submitted, the date submitted, and the states' actions, including their responses
- _____ (12) "Issue Ages" means the range of minimum and maximum ages for which a policy or certificate will be issued.
- _____ (13) "Letter of Authorization" means a letter signed by an officer of the licensee on whose behalf the filing is submitted that designates filing authority to the filer.
- _____ (14) "Market type" means the type of policy that indicates the targeted market such as individual or group.
- _____ (15) "Order to Prohibit Use" means an order issued by the commissioner that prohibits the use of a filing.
- _____ (16) "Rejected" means a filing is:
 - _____ (a) not submitted in accordance with applicable laws or rules;
 - _____ (b) returned to the licensee by the department with the reasons for rejection; and
 - _____ (c) not considered filed with the department.
- _____ (17) "Rider" means a written agreement attached to a life insurance policy or certificate that adds a benefit. An example is a credit accident and health insurance rider.
- _____ (18) "Type of insurance" means a specific credit life and credit accident and health insurance product, as defined in the NAIC Coding Matrix, including, but not limited to, gross decreasing term, net decreasing term, level term, or truncated coverage.
- _____ (19) "Utah Filing Date" means the date provided to a filer by the Utah Insurance Department that indicates a filing has been accepted.

R590-228-4. General Filing Information.

- _____ (1) Each filing submitted must be accurate, consistent, and complete and contain all required documents in order for the filing to be processed in a timely and efficient manner. The commissioner may request any additional information deemed necessary.
- _____ (2) Licensee and filer are responsible for assuring that a filing is in compliance with Utah laws and rules. A filing not in compliance with Utah laws and rules is subject to regulatory action under Section 31A-2-308.
- _____ (3) A filing that does not comply with this rule will be rejected and returned to the filer. A rejected filing:
 - _____ (a) is not considered filed with the department;
 - _____ (b) must be submitted as a new filing; and
 - _____ (c) will not be reopened for purposes of resubmission.
- _____ (4) A prior filing will not be researched to determine the purpose of the current filing.
- _____ (5) The department does not review or proofread every filing.
 - _____ (a) A filing may be reviewed:
 - _____ (i) when submitted;
 - _____ (ii) as a result of a complaint;
 - _____ (iii) during a regulatory examination or investigation; or
 - _____ (iv) at any other time the department deems necessary.
 - _____ (b) If a filing is reviewed and is not in compliance with Utah laws and rules, a Filing Objection Letter or an Order to Prohibit Use will be issued to the filer. The commissioner may require the filer to disclose deficiencies in forms or rating practices to affected insureds.
- _____ (6) Filing Correction.
 - _____ (a) Filing corrections are considered informational.
 - _____ (b) Filing corrections must be submitted within 15 days of the date the original filing was submitted to the department.
 - _____ (c) A new filing is required if a filing correction is made more than 15 days after the date the original filing was submitted to the department. The filer must reference the original filing in the filing description.
- _____ (7) If responding to a Filing Objection Letter or an Order to Prohibit Use, refer to R590-228-11 for instructions.
- _____ (8) Filing withdrawal. A filer must notify the department when withdrawing a previously filed form, rate, or supplementary information.

R590-228-5. Filing Submission Requirements.

- _____ (1) All filings must be submitted as an electronic filing.
 - _____ (a) All filers must use SERFF to submit a filing.
 - _____ (b) All filings must comply with The "NAIC Uniform Life, Accident and Health, Annuity, and Credit Coding Matrix," dated January 1, 2009, and incorporated by reference. This form is available on the department's website, www.insurance.utah.gov.
- _____ (2) A filings must be submitted by market type and type of insurance.
- _____ (3) A filing may not include more than one type of insurance; or request filing for more than one licensee.

~~_____ (4) SERFF Filings.~~

~~_____ (a) Filing Description. Do not submit a cover letter. On the General Information tab, complete the Filing Description section with the following information, presented in the order shown below.~~

~~_____ (i) Provide a description of the filing including:~~

~~_____ (A) the intent of the filing; and~~

~~_____ (B) the purpose of each document within the filing.~~

~~_____ (ii) Indicate if the filing:~~

~~_____ (A) is new;~~

~~_____ (B) is replacing or modifying a previous submission; if so, describe the changes made, if previously rejected the reasons for rejection, and the previous Utah Filed Date;~~

~~_____ (C) includes documents for informational purposes; if so, provide the Utah Filed Date; or~~

~~_____ (D) does not include the base policy; if so, provide the Utah Filed Date of the base policy and describe the effect on the base policy.~~

~~_____ (iii) Identify if any of the provisions are unusual, controversial, or have been previously objected to, or prohibited, and explain why the provision is included in the filing.~~

~~_____ (iv) Explain any change in benefits or premiums that may occur while the contract is in force.~~

~~_____ (v) List the types of coverage to be provided, such as gross, net, full term, truncated and critical period.~~

~~_____ (vi) Indicate whether the insurer has a Rating and Benefits Plan on file with the department.~~

~~_____ (vii) List the issue ages, which means the range of minimum and maximum ages for which a policy will be issued.~~

~~_____ (viii) Identify the intended market~~

~~_____ (ix) Identify the types and durations of loans to be insured.~~

~~_____ (x) Describe the methods of premium charge.~~

~~_____ (b) Certification. The filer must certify that a filing has been properly completed AND is in compliance with Utah laws and rules. The "Utah Credit Life and Credit Accident and Health Filing Certification" must be properly completed, signed, and attached to the Supporting Documentation tab. A false certification may subject the licensee to administrative action.~~

~~_____ (c) Domiciliary Approval and Filing Status Information. All filings for a foreign licensee must include on the Supporting Documentation tab:~~

~~_____ (i) copy of domicile approval for the exact same filing; or~~

~~_____ (ii) filing status information which includes:~~

~~_____ (A) a list of the states to which the filing was submitted;~~

~~_____ (B) the date submitted; and~~

~~_____ (C) summary of the states' actions and their responses; or~~

~~_____ (iii) if the filing is specific to Utah and only filed in Utah, then state, "UTAH SPECIFIC NOT SUBMITTED TO ANY OTHER STATE."~~

~~_____ (d) Letter of Authorization.~~

~~_____ (i) When the filer is not the licensee, a letter of authorization from the licensee must be attached to the Supporting Documentation tab.~~

~~_____ (ii) The licensee remains responsible for the filing being in compliance with Utah laws and rules.~~

~~_____ (e) Statement of Variability.~~

~~_____ (i) A statement of variability must be attached to the Supporting documentation tab and certify:~~

~~_____ (A) the final form will not contain brackets denoting variable data;~~

~~_____ (B) the use of variable data will be administered in a uniform and non discriminatory manner and will not result in unfair discrimination;~~

~~_____ (C) the variable data included in this statement will be used on the referenced forms;~~

~~_____ (D) any changes to variable data will be submitted prior to implementation.~~

~~_____ (ii) Variable data are denoted in brackets and are defined, either by imbedding in the form, or by a separate form identified by its own form number and edition date. Variable data submitted as a separate form must be in a manner that follows the construction of the form, by page and paragraph, or page and footnote.~~

~~_____ (iii) Variable data must be reasonable, appropriate and compliant.~~

~~_____ (iv) Use of unauthorized variable data is prohibited.~~

~~_____ (f) Items being submitted for filing.~~

~~_____ (i) All forms must be attached to the form schedule tab.~~

~~_____ (ii) All rating documentation, including actuarial memorandums and rate schedules, must be attached to the Rate/Rule Schedule tab.~~

~~_____ (iii) Actuarial Memorandum, Demonstration, and Certification of Compliance. An actuarial memorandum and demonstration with sample rate calculations and a certification of compliance with Utah law are required in each filing. The memorandum must be currently dated and signed by the actuary.~~

~~_____ (5) Refer to each applicable Section of this rule for additional procedures on how to submit forms, rates, and reports.~~

R590-228-6. Procedures for Filings.

~~_____ (1) Forms in General.~~

- _____ (a) Forms are "File and Use" filings.
- _____ (b) Each form must be identified by a unique form number. The form number may not be variable.
- _____ (c) Forms must contain a descriptive title on the cover page.
- _____ (d) Forms must be in final printed form or printer's proof format. Drafts may not be submitted.
- _____ (e) Blank spaces within the forms must be completed in John Doe fashion to accurately represent the intended market, purpose, and use.
- _____ (f) All John Doe data in the forms, including the data page, premium rates and benefits, must be accurate and consistent with the actuarial memorandum and rate schedule.
- _____ (2) Policy Filings.
- _____ (a) Each type of insurance must be filed separately.
- _____ (b) A policy filing consists of one policy form, including its related forms, including the application, enrollment form, certificate, actuarial memorandum, certification, and rate schedule.
- _____ (c) Only one policy filing for a single type of insurance may be filed.
- _____ (3) Rider or Endorsement Filings.
- _____ (a) Related riders or endorsements may be filed together.
- _____ (b) A single rider or endorsement that affects multiple forms may be filed in the Filing Description and references all affected forms.
- _____ (c) The filing must include:
 - _____ (i) a listing of the base policy form number, title and Utah Filed Dates;
 - _____ (ii) a description of how each rider or endorsement affects the base policy; and
 - _____ (iii) appropriate actuarial memorandum and rate schedule.
- _____ (4) Application Filings.
- _____ (a) Each application or enrollment form may be submitted as a separate filing or filed with its related policy or certificate filing.
- _____ (b) If an application has been previously filed or is filed separately, an informational copy of the application must be included with a policy or certificate filing.
- _____ (5) Rates. Rates are considered "File for Approval".

R590-228-7. Additional Procedures for Credit Life and Credit Accident and Health Form and Rate Filings.

- _____ (1) A Licensee filing Credit Life and Credit Accident and Health are advised to review the following code sections and rules prior to submitting a filing:
 - _____ (a) Section 31A-21 Part III, "Specific Clauses in Contracts;"
 - _____ (b) Section 31A-22 Part IV, "Life insurance and Annuities;"
 - _____ (c) Section 31A-22 Part V, "Group Life Insurance;"
 - _____ (d) Section 31A-22 Part VI, "Accident and Health Insurance;"
 - _____ (e) Section 31A-22 Part VIII, "Credit Life and Accident and Health;"
 - _____ (f) R590-91, "Credit Life and Disability;" and
 - _____ (g) R590-191, "Unfair Life Insurance Claims Settlement Practice;"
 - _____ (h) R590-192, "Unfair Health and Disability Claims Settlement Practices."
- _____ (2) A policy must be included with each certificate filing along with a master application and enrollment form.
- _____ (3) Actuarial Memorandum, Demonstration and Certification of Compliance. Each form and rate filing must include an actuarial memorandum, demonstration, and certification of compliance with Utah laws, signed and dated by the actuary representing the insurer.
 - _____ (a) Actuarial memorandum must include a description of the following:
 - _____ (i) types of coverage, such as gross or net decreasing, single or joint life, full term or truncated, critical period;
 - _____ (ii) types of loans to be insured, such as open end, closed end;
 - _____ (iii) types of premium charge: single premium, monthly outstanding balance, or other method explained in detail;
 - _____ (iv) durations of loans and durations of coverage. Refer to 31A-22-801(2)(a);
 - _____ (v) rates per unit, rating and premium methodologies including:
 - _____ (A) formulas used for each type of coverage and premium method; and
 - _____ (B) sample calculations for each type of coverage and premium method;
 - _____ (vi) an explanation of whether the company has a Rating and Benefits Plan on file and if so, whether the submitted rates are consistent with the filed plan;
 - _____ (vii) demonstration of compliance with applicable code and rules;
 - _____ (viii) refund methods and calculation including formulas for each type of coverage; and
 - _____ (ix) reserve bases including methods used.
 - _____ (b) The actuarial certification must include certification of compliance that formulas and methods used produce rates that are in compliance with applicable Utah laws and rules for each type of coverage and duration in the filing.
- _____ (4) Rate Schedules.
- _____ (a) Rate schedules must be included for each type of coverage and for representative durations.
- _____ (b) Rates must be identified as prima facie rates, rates previously filed for compliance with the Rating and Benefits Plan required in R590-91-10, or deviated rates submitted pursuant to 31A-22-807, or rates on nonstandard coverage pursuant to R590-91-5.
- _____ (5) All benefits must be reasonable in relation to the premium charge. Insurers filing for approval of a rate higher than prima facie

rates must comply with the requirements of 31A-22-807 and R590-91-10. Include a demonstration that the rates are reasonable in relation to the benefits.

R590-228-8. Insurer Annual Reports.

All licensee annual reports must be properly identified and must be filed separately from other filings. Each annual report must be submitted when requested.

R590-228-9. Classification of Documents.

(1) In accordance with Section 63G-2-305, the only information the commissioner may classify as protected is:

(a) information deemed to be a trade secret. Trade secret means information, including a formula, pattern, compilation, program, device, method, technique, or process that:

(i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and

(ii) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy; or

(b) commercial information and non-individual financial information obtained from a person if:

(i) disclosure of the information could reasonably be expected to result in unfair competitive injury to the person submitting the information or would impair the ability of the commissioner to obtain necessary information in the future; and

(ii) the person submitting the information has a greater interest in prohibiting access than the public has in obtaining access.

(2) The person submitting the information under Subsection (1)(a) or (b) and claiming that such is or should be protected shall provide the commissioner with the information in Subsection 63G-2-309(1)(a)(i).

(a) The filer shall request protected classification for the specific document the filer believes qualifies under Subsections 63G-2-305(1) or (2) when the filing is submitted; and

(b) the request shall include a written statement of reasons supporting the request that the information should be classified as protected.

(3) Once the filing has been received, the commissioner will review the documents the filer has requested to be classified as protected to determine if the request meets the requirements of Subsections 63G-2-305(1) or (2).

(a) If all the information in the document meets the requirements for being classified as protected and the required statement is included, the document will be classified as protected and the information will not be available to the public.

(b) If all the information in the document does not meet the requirements for being classified as protected, the commissioner will notify the filer of the denial, the reasons for the denial, and the filer's right to appeal the denial. The filer has 30 days to appeal the denial as allowed by Section 63G-2-401.

(c)(i) Despite the denial of protected classification, the commissioner shall treat the information as if it had been classified as protected until:

(A) the 30 day time limit for an appeal to the commissioner has expired; or

(B) the filer has exhausted all appeals available under Title 63G, Chapter 2, Part 4 and the document has been found to be a public document.

(ii) During the 30 day time limit to appeal or during the appeal process, the filer may withdraw:

(A) the filing; or

(B) the request for protected classification.

(d) If the filer combines, in a document, information it wishes to be classified as protected with information that is public, the document will be classified as public.

R590-228-10. Responses.

(1) Response to a Filing Objection Letter. When responding to a Filing Objection Letter a filer must:

(a) provide an explanation identifying all changes made;

(b) include an underline and strikeout version for each revised document;

(c) include a final version of revised documents that incorporates all changes; and

(d) for filing submitted in SERFF, attach the documents in Subsections R590-228-10(1)(b)(c) to appropriate Form Schedule or Rate/Rule Schedule tab.

(2) Response to an Order to Prohibit Use.

(a) An Order to Prohibit Use becomes final 15 days after the date of the Order.

(b) Use of the filing must be discontinued no later than the date specified in the Order.

(c) To contest an Order to Prohibit Use, the commissioner must receive a written request for a hearing no later than 15 days after the date of the Order.

(d) A new filing is required if the licensee chooses to make the requested changes addressed in the Filing Objection Letter. The new filing must reference the previously prohibited filing.

R590-228-11. Penalties.

Persons found, to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

R590-228-12. Enforcement Date.

The commissioner will begin enforcing the revised provisions of this rule upon 15 days from the effective date of this rule.

R590-228-13. Severability.

If any provision of this rule or its application to any person or situation is held to be invalid, that invalidity shall not affect any other provision or application of this rule which can be given effect without the invalid provision or application, and to this end the provisions of this rule are declared to be severable.]

R590-228. Submitting Credit Life and Credit Accident and Health Insurance Filings.

R590-228-1. Authority.

This rule is promulgated by the commissioner pursuant to Sections 31A-2-201 and 31A-2-201.1.

R590-228-2. Purpose and Scope.

(1) The purpose of this rule is to establish procedures for submitting a credit life insurance or credit accident and health insurance filing.

(2) This rule applies to an insurer offering credit life insurance or credit accident and health insurance, including group credit life insurance or group credit accident and health insurance issued to a nonresident policyholder, when a Utah resident is provided coverage under the policy.

R590-228-3. Definitions.

Terms used in this rule are defined in Sections 31A-1-301 and 31A-22-802. Additional terms are defined as follows:

(1) "Certification" means a statement that a submitted filing is compliant.

(2) "Compliant" means a filing that is complete and complies with Title 31A, Insurance Code, and Title R590, Administration.

(3) "Electronic filing" means a filing submitted using SERFF.

(4) "File and use" means a filing is used, sold, or offered for sale after it is filed with the department.

(5) "File for approval" means a filing is used, sold, or offered for sale after receiving written confirmation that the filing is approved.

(6) "Filing objection letter" means a letter issued by the commissioner when a review of the filing determines the filing is not compliant and may require:

(a) correction of non-compliant items;

(b) clarification; or

(c) additional information related to the filing.

(7) "Letter of authorization" means a letter signed by an officer of the insurer giving authority to a third-party to submit a filing on behalf of the insurer.

(8) "NAIC Product Coding Matrix" means a numerical coding system developed by the NAIC that provides uniform naming convention, uniform terminology, and uniform description for a type of insurance product in a filing.

(9) "Order to prohibit use" means an order issued by the commissioner prohibiting the use of a filing.

(10) "Qualified actuary" means an individual who is qualified to sign the applicable state of actuarial opinion in accordance with the American Academy of Actuaries qualification standards.

(11) "Rejected" means a filing is:

(a) not compliant;

(b) returned to the insurer stating the reason for rejection; and

(c) not considered filed with the department.

(12) "Resubmission" means a correction, modification, or replacement of a previously rejected, withdrawn, or prohibited filing.

(13) "SERFF" means the System for Electronic Rate and Form Filing.

(14) "Type of insurance" or "TOI" means:

(a) a specific credit life insurance or credit accident and health insurance product identified by the NAIC Product Coding Matrix including gross decreasing term, net decreasing term, level term, open end, closed end, single premium, or truncated coverage; and

(b) a TOI that can be selected in SERFF when submitting a filing in Utah.

(15) "Utah filing date" means the date the department indicates a paper filing is accepted.

R590-228-4. General Filing Information.

(1)(a) A filing shall be accurate, consistent, complete, and contain all required documents.

(b) The commissioner may request additional information, as necessary.

(2)(a) An insurer is responsible for assuring that any document in a filing is compliant.

(b) A filing that is not compliant is subject to regulatory action.

(3)(a) A filing that is not compliant may be rejected.

(b) A rejected filing:

(i) may be resubmitted under a new filing; and

(ii) may not be reopened for purposes of resubmission.

- (4) A prior filing will not be researched to determine the purpose of the current filing.
- (5) The department does not review every filing.
- (a) A filing may be reviewed:
 - (i) when submitted;
 - (ii) when a complaint is received;
 - (iii) during a regulatory examination or investigation; or
 - (iv) when the department considers a review necessary.
- (b) If a filing is reviewed and is found not compliant, the commissioner:
 - (i) shall issue a filing objection letter or an order to prohibit use; and
 - (ii) may require the insurer to disclose deficiencies in a form or a rating practice to each affected insured.
- (6)(a) A correction to a filing that is in an open status may be made at any time.
- (b) A correction to a filing that is in a closed status:
 - (i) may not be made;
 - (ii) requires a new filing; and
 - (iii) shall reference the original filing in the filing description.
- (7) An insurer shall notify the department when discontinuing or withdrawing a previously filed form, rate, or supplementary information.
- (8) If the Utah filed date is used for compliance with this rule, a complete copy with all subsequent amendments, including the Utah filed date, shall be attached as a supporting document.

R590-228-5. Filing Submission Requirements.

- (1) General Filing Requirements.
- (a) A filing shall be submitted:
 - (i) electronically through SERFF; and
 - (ii) using the NAIC Product Coding Matrix, including the:
 - (A) TOI; and
 - (B) sub-TOI.
- (b) A filing may not include more than one:
 - (i) TOI; or
 - (ii) insurer.
- (c) A cover letter may not be submitted with a filing.
- (2) SERFF Filing.
- (a) Filing Description. The filing description on the general information tab shall contain the following information, in the sequence listed.
 - (i) Provide a summary, including:
 - (A) the intent of the filing; and
 - (B) the purpose of each document within the filing.
 - (ii) Indicate if the filing:
 - (A) is a first-time filing;
 - (B) is a new form revising an existing form;
 - (C) is a new form that is substantially similar to an existing form;
 - (D) is a resubmission that includes a summary of the changes made and the previous filing's Utah filed date or SERFF tracking number;
 - (E) includes informational documents, referencing the Utah filed date or SERFF tracking number; or
 - (F) does not include the policy, and if so, provide the Utah filed date or SERFF tracking number of the policy and each amendment, summarizing the effect on the policy.
 - (iii) Identify any provision that is unusual, innovative, controversial, or that was previously objected to or prohibited, and explain why the provision is included in the filing.
 - (iv) List the range of minimum and maximum ages for which the policy will be issued.
 - (v) Identify the type and duration of any loan to be insured.
- (b) Filing Certification.
 - (i) The insurer shall certify that a filing and all related documents are compliant.
 - (ii) The following statement shall be included in the filing description: "BY SUBMITTING THIS FILING I CERTIFY THAT THE ATTACHED FILING HAS BEEN COMPLETED IN ACCORDANCE WITH UTAH ADMINISTRATIVE RULE R590-228 AND IS COMPLIANT WITH APPLICABLE UTAH LAW."
 - (iii) The Utah Credit Life and Credit Accident and Health Filing Certification shall be attached to the supporting documentation tab.
 - (iv) A filing may be rejected if the filing certification is false, missing, or incomplete.
 - (v) A false certification may subject the insurer to administrative action.
- (c) Domiciliary Approval and Filing Status Information. A filing for a foreign insurer shall include on the supporting

documentation tab:

(i) filing status information including:

(A) a list of states where a similar filing is submitted;

(B) the date of submission; and

(C) the disposition status or exemption; or

(ii) if the filing is specific to Utah and only filed in Utah, include:

(A) the phrase "UTAH SPECIFIC - NOT SUBMITTED TO ANY OTHER STATE"; and

(B) the reason the filing is only filed in Utah.

(d) Letter of Authorization.

(i) A filing submitted by a third party shall have a letter of authorization from the insurer attached to the supporting documentation tab.

(ii) The insurer is responsible for the filing being compliant.

(e) Variable Data.

(i)(A) Variable data is denoted by brackets and is defined either by embedding the variable data in the form or in a separate form with a unique form number and an edition date.

(B) Variable data submitted as a separate form shall be in a manner that follows the construction of the form, by page and paragraph, or page and footnote.

(ii) A certification statement of variability shall be attached to the supporting documentation tab and shall certify that:

(A) the final form does not contain brackets;

(B) the use of variable data is administered in a uniform and non-discriminatory manner and will not result in unfair discrimination;

(C) the variable data is used on the referenced forms; and

(D) any changes to variable data shall be filed prior to implementation.

(iii) Any variation of the variable data shall be disclosed, for example "Deductible is \$(xxx.xx) in \$(xxx.xx) increments."

(iv) Variable data shall be reasonable, appropriate, and compliant.

(v) The use of unfiled variable data is prohibited.

(f) Items Submitted for Filing.

(i) A form shall be attached to the form schedule tab.

(ii) All rating documentation, including actuarial memoranda and rate schedules, shall be attached to the rate/rule schedule tab.

(g) Underline and Strikethrough. A resubmission or a new form revising an existing form shall include an underline and strikethrough version of the form and the final form on the form schedule tab.

R590-228-6. Procedures for Filings.

(1) Forms in General.

(a) A form is a file and use filing.

(b) A form shall be identified by a unique form number that may not be variable.

(c) A form shall be in final printed form and may not be submitted as a draft.

(d) Blank spaces within a form shall be completed to accurately represent the purpose and use.

(i) If the intended market is for a senior age market, the form shall be completed with data representative of senior insureds.

(ii) Any data in a form, including premium rates and benefits, shall be consistent with the actuarial memorandum and rate schedule.

(2) Application Filing.

(a) An application or enrollment form may be submitted as a separate filing or filed with its related policy or certificate filing.

(b) If an application was previously filed or is filed separately, an informal copy of the application shall be included with a policy or certificate filing.

(3) Policy Filings.

(a) Each TOI shall be filed separately.

(b) A policy filing consists of one policy form, including the application, certificate, rider, endorsement, actuarial memorandum, and rate schedule.

(c) Only one policy filing for a single TOI may be filed.

(4) Rider or Endorsement Filing.

(a) Related riders or endorsements may be filed together.

(b) A single rider or endorsement that affects multiple forms may be filed if the filing description references each affected form.

(c) The filing description shall include:

(i) a list of each policy form number, title, and Utah filed date or SERFF tracking number; and

(ii) a description of how each rider or endorsement affects the policy.

(d) Unrelated riders or endorsements may not be filed together.

(5) Rates. A rate is a file for approval filing.

R590-228-7. Additional Procedures for Credit Life and Credit Accident and Health Form and Rate Filings.

(1) An insurer filing a credit life or a credit accident and health form shall comply with:

- (a) Title 31A, Chapter 21, Insurance Contracts in General;
- (b) Title 31A, Chapter 22, Part 4, Life Insurance and Annuities;
- (c) Title 31A, Chapter 22, Part 5, Group Life Insurance;
- (d) Title 31A, Chapter 22, Part 6, Accident and Health Insurance;
- (e) Title 31A, Chapter 22, Part 7, Group Accident and Health Insurance;
- (f) Title 31A, Chapter 22, Part 8, Credit Life and Accident and Health;
- (g) Rule R590-91;
- (h) Rule R590-191; and
- (i) Rule R590-192.

(2)(a) A credit life or credit accident and health insurance policy, rider, or endorsement affecting a benefit shall be accompanied by a rate filing.

(b) A rate filing is not required if the form filing does not impact the rate, however the filing description shall explain the reason there is not a change in the rate.

(3) Actuarial Memorandum.

(a) An actuarial memorandum shall be included in a credit life and credit accident and health insurance rate filing.

(b) An actuarial memorandum shall demonstrate compliance with Section 31A-22-807.

(c) An actuarial memorandum shall include a description of the following:

- (i) type of coverage, such as gross or net, level or decreasing, single or joint life, full term or truncated, or critical period;
- (ii) type of loan to be insured, such as open end or closed end;
- (iii) type of premium charge, such as single premium, monthly outstanding balance, or another method explained in detail;
- (iv) duration of loan and duration of coverage;
- (v) rates per unit, ratings, and premium methodologies, including:
 - (A) formulas used for each type of coverage and premium method; and
 - (B) sample calculations for each type of coverage and premium method;
- (vi) refund method and calculation, including formulas for each type of coverage; and
- (vii) reserve bases, including methods used.

(d)(i) An actuarial memorandum shall include certification of compliance with Section 31A-22-807 by a qualified actuary.

(ii) The certification shall confirm that the formulas and methods used produce rates that are compliant for each type of coverage and duration in the filing.

(4) Rate Schedules.

(a) A rate schedule shall be included for:

- (i) each type of coverage; and
- (ii) representative durations.

(b) Rates shall be identified as:

- (i) prima facie rates;
- (ii) deviated rates submitted pursuant to Section 31A-22-807; or
- (iii) rates on nonstandard coverage pursuant to Subsection R590-91-6(1).

(5)(a) Each benefit shall be reasonable in relation to the premium charge.

(b) An insurer filing for approval of a rate higher than a prima facie rate shall comply with:

- (i) Section 31A-22-807; and
- (ii) Section R590-91-11.

(c) A demonstration that the rate is reasonable in relation to the benefit shall be included in the filing.

R590-228-8. Classification of Documents.

(1) A record submitted under this rule is subject to Title 63G, Chapter 2, Government Records and Access Management Act.

(2) A record may be classified as protected if

(a) requested under Section 63G-2-309;

(b) the request in Subsection (2)(a) includes each required element of Subsections 63G-2-309(1)(a)(i)(A) and 63G-2-309(1)(a)(i)(B); and

(c) the department notifies the requester that the record has been classified as protected.

(4) A filing may not be reopened to reclassify a previously filed document.

(5) A pattern of requesting that non-qualifying documents be protected, including putting both protected and public information in one document, may violate this rule.

R590-228-9. Objection Letter and Disposition Procedures.

(1) Response to a Filing Objection Letter. A response to a filing objection letter shall:

- (a) be provided in SERFF under the filing correspondence tab;

(b) address each objection;
(c) include an explanation identifying each change made;
(d) include an underline and strikethrough version of each revised document;
(e) provide a final version of the revised document, incorporating all changes;
(f) attach each document under the appropriate tab; and
(g) reference any additional document attached under the supporting documentation tab if the content is not included in the response.

(2) Order to Prohibit Use.

(a) An order to prohibit use is final 15 days after the date of the order to prohibit use.

(b) A filing that is prohibited pursuant to an order to prohibit use shall be discontinued by the date specified in the order to prohibit use.

(c) To contest an order to prohibit use, the insurer shall request a hearing, in writing, no later than 15 days after the date of the order to prohibit use.

(d) Notwithstanding Subsection (2)(c), an insurer may submit a resubmission that shall:

(i) make the requested changes addressed in the filing objection letter; and

(ii) reference the previously prohibited filing.

(3) Filing Rejection.

(a) An insurer may submit a resubmission.

(b) A resubmission shall reference the previously rejected filing.

R590-228-10. Severability.

If any provision of this rule, Rule R590-228, or its application to any person or situation is held invalid, such invalidity does not affect any other provision or application of this rule that can be given effect without the invalid provision or application. The remainder of this rule shall be given effect without the invalid provision or application.

KEY: credit insurance filings

Date of Enactment or Last Substantive Amendment: March 23, 2016

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Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-2-201.1; 31A-2-202