

Life & Health Filing Summary

Take care to assure that all items are included with your filing. Incomplete filings will be returned without review.

Filing Summary (form FIS 0800)

submission date

Please enter this date on each attachment to this filing

MM / DD / YY

NAIC Company Number

Name of specific insurer submitting this filing: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

1. This is a filing of: *(select only one)*

- Rates/Rating System (no forms) —————▶ Complete and attach form FIS 0805 Life & Health Rate/Rating System Data Sheet
- Forms ONLY —————▶ Complete and attach form FIS 0701 Policy Form Data Sheet
- Rates/Rating System AND Forms —————▶ Complete and attach BOTH of the above forms (FIS 0805 and FIS 0701)

2. Line of Insurance this filing pertains to: *(select only one)*

- Individual Universal Life *(Only file policy if you have not had one approved since October 1, 1994)*
- Credit Life
- Credit Accident/Health
- Discretionary Group Life Authority
- Major Medical
- Disability Income
- Accident Only
- Short Term Major Medical
- Hospital Surgical
- Hospital Indemnity
- Specified Disease
- Individual Dental
- Individual Variable Annuity Marketing
- Medicare Supplement
- Medicare Marketing
- Long Term Care
- Long Term Care Marketing
- Other Life/Accident/Health Insurance (specify below)

3. Filing Checklist

Use this list to assemble all of the documents required to constitute a proper filing. Please avoid unnecessary delays by including each applicable item.

As you prepare your filing, check each applicable box as you include the item. INCOMPLETE FILINGS WILL BE RETURNED WITHOUT REVIEW.

- An original filing letter for EACH company
- A duplicate (return copy) of the filing letter
- A self addressed envelope with sufficient postage to return duplicate filing letter
- A Filing Memorandum that identifies each rule/rate/form change by rule number and manual page number
- Form FIS 0805 Life & Health Rate/Rating System Data Sheet *(only if filing includes rates)*
- If yes:*
 - Enclose rate pages
 - Assure that company name and page number appears on each rate page
 - An Actuarial Memorandum that explains your product, rates, and rate development in detail
- Form FIS 0701 Policy Form Data Sheet *(only if filing includes policy forms)* *If yes:*
 - Enclose sample or final printed forms/riders
 - Assure that company name and a unique identifying number appears on each form

If final printed forms and/or rate pages are not enclosed, they must be submitted to us within 90 days or approval will be withdrawn.

4. Certification

I certify that to the best of my knowledge and belief, this filing fully conforms to the laws of the State of Michigan. This filing contains no provisions previously disapproved (or called to the attention of said insurer for correction or revision) by the Office of Financial & Insurance Services (or its predecessor, the Michigan Insurance Bureau), except as specifically noted within the cover letter.

Signature of Authorized Representative	Date signed	Authorized Representative name and title <i>(typed or printed)</i>
Authorized Representative EMail address	Authorized Representative phone number	

PA 218 of 1956 requires submission of this form with Michigan rate, rule and policy form filings. Filings submitted without this form will be returned without review.

Send completed filing package to:
 Office of Financial & Insurance Services
 PO Box 30220
 Lansing MI 48909-7720

Our web address is: <http://cis.state.mi.us/ofis>
 Our toll free phone number is 1-877-999-6442
 For specific questions about the filing process,
 please phone (517) 373-0242