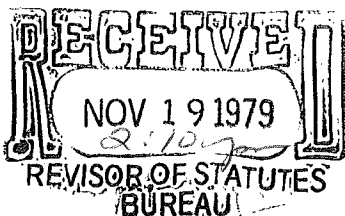


Ins 3



STATE OF WISCONSIN
RECEIVED AND FILED

NOV 19 1979

VEL PHILLIPS
SECRETARY OF STATE

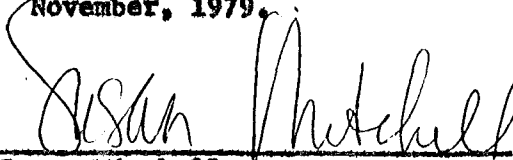
STATE OF WISCONSIN)
OFFICE OF THE COMMISSIONER OF INSURANCE) ss.

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Susan Mitchell, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order repealing and adopting rules relating to filing procedures for disability insurance forms was issued by this office November 19, 1979.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name in the City of Madison, State of Wisconsin, this 19th day of November, 1979.


Susan Mitchell
Commissioner of Insurance

ORDER OF THE COMMISSIONER OF INSURANCE

NOV 19 1979

Repealing and Adopting Rules

VEL PHILLIPS
SECRETARY OF STATE

Relating to rules concerning filing procedures for disability insurance forms.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

This proposal consolidates in one rule procedures for filing disability insurance forms with the Commissioner of Insurance. The number of copies of forms to be submitted, the method for showing fill-in material and the information to be supplied in the filing letter are established. A certificate that the forms comply with applicable statutes and rules is required. An insurer is required to give notice if the deemer provisions is to be used.

Pursuant to the authority vested in the Commissioner of Insurance by section 601.41 (3), Wisconsin Statutes, the Commissioner of Insurance hereby repeals and adopts rules as follows:

Sections Ins 3.13 (5), Ins 3.14 (2) and Ins 3.15 (2) of the Wisconsin Administrative Code are repealed.

Section Ins 3.12 of the Wisconsin Administrative Code is adopted to read:

Ins 3.12 Filing Procedures for Disability Insurance Forms.

(1) PURPOSE. This rule establishes a procedure under which disability insurance policy forms must be filed before issuance or delivery in this state. This rule interprets, including but not limited to, the following Wisconsin Statutes: 601.01 (3), 601.41 and 631.20.

(2) SCOPE. This rule shall apply to all disability insurance forms subject to s. 631.01 (1), Stats., except as exempted under s. 631.01 (2) (4) and (5), Stats.

(3) FILING PROCEDURE. All such forms, including applications which are made a part of the contract, certificates, riders, endorsements and amendments, must be filed as follows:

(a) One copy of all such forms (two copies should be submitted if the insurer desires one copy stamped as approved and returned) shall be submitted with, in the case of a policy form, a copy of the application applying thereto, if such application is to be made a part of the contract. If such application form is already on file and has been previously approved, the form number and date of approval may be submitted rather than the form.

(b) If the nature of the information to be inserted in any blank space of any such form cannot be determined from the wording of the form, such blank space shall be filled in with hypothetical data to the extent needed to indicate the purpose and use of the form. As an alternative, such purpose and use may be explained in the filing letter submitted with the form.

(c) The filing letter shall be in duplicate and shall contain the following information:

1. the identifying form number and title, if any, of the form,
2. a general description of the form,
3. in case of an application, certificate, rider, endorsement or an amendment form, the form numbers, identifying symbols or types of policies with which such form will be used, and

4. the form number and date of office approval of any form superseded by the filing.

(d) A certificate of compliance in a form substantially similar to that set forth in Exhibit A of this rule shall be submitted.

EXHIBIT A

(Each policy form filing under Ins 3.12 shall be accompanied by the following "Certification of Compliance" in substantially this form.)

CERTIFICATION OF COMPLIANCE

I, _____, an officer of _____,
(name) (company name)

hereby certify that I have authority to bind and obligate the company by the filing of this (these) form(s). I further certify that, to the best of my information, knowledge and belief,

- (a) the accompanying form(s) as identified by the listing attached hereto does (do) comply with all applicable provisions of the Wisconsin Statutes and with all applicable rules of the Commissioner of Insurance; and
- (b) (1) the form(s) does (do) not contain any inconsistent, ambiguous, or misleading clauses;
- (2) the form(s) does (do) not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
- (3) the only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the

respective pages _____ of the attached form(s) or in
addendum attached hereto; and

(4) the attached form(s) is (are) in final printed format and
is (are) exactly as will be offered for issuance or delivery in the
State of Wisconsin after approval by the Commissioner of Insurance,
except for hypothetical data and other appropriate variable material.

(signature)

(title)

(date)

Individual responsible for this filing:

Name: _____ Title: _____

Address: _____

Phone Number: _____ Date _____

Dated at Madison, Wisconsin, this *19th* day of *November*, 1979

Susan Mitchell

Susan Mitchell
Commissioner of Insurance