

Chapter Ins 7

FORMS

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| Ins 7.01 Purpose Ins 7.02 Bureau of financial analysis and examinations forms | Ins 7.04 Division of regulation and enforcement Ins 7.06 Commissioner |
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Note: Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.

Ins 7.01 Purpose. This chapter lists the title and form number of each form prescribed by the office of the commissioner of insurance which imposes requirements meeting the definition of a rule in s. 227.01 (13), Stats., and which is required to be published under s. 227.23 (3), Stats.

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

Ins 7.02 Bureau of financial analysis and examinations forms.

| <u>Form Number</u> | <u>Title</u> |
|--------------------|---|
| 21-001 | Application for Certificate of Authority - Nondomestic |
| 21-002 | Application for Certificate of Authority - Domestic Nonprofit HMO |
| 21-003 | Application for Certificate of Authority - Gift Annuities |
| 21-004 | Application for Limited Certificate of Authority Warrantly Plans |
| 21-005 | Application for Certificate of Authority - Domestic |
| 21-030 | Application for Certificate of Authority - Domestic Nonprofit LSHO |
| 21-031 | Application for Certificate of Authority - Nondomestic HMO |
| 21-032 | Application for Certificate of Authority - Domestic for Profit HMO |
| 21-040 | Application for Certificate of Authority - Fraternal |
| 21-063 | Application for Continuing Care Permit |
| 21-190 | Application for Admission - Motor Clubs |
| 22-001 | Instructions to Prepare Annual Statement Blank According to NAIC Form, Instructions, and Accounting Standards |
| 22-006 | Investments in Parents, Subsidiaries, and Affiliates - Quarterly |
| 22-007 | Comparative Balance Sheet |
| 22-008 | P&C Compulsory and Security Surplus Calculation - Quarterly Statement |
| 22-009 | Life Compulsory and Security Surplus Calculation - Quarterly Statement |
| 22-010 | Fire and Casualty - Domestic Annual Statement Packet |
| 22-011 | Fire and Casualty - Nondomestic Annual Statement Packet |
| 22-020 | Title Annual Statement Packet |

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| 22-030 | Fraternal Annual Statement Packet |
| 22-040 | Life and Accident & Health - Domestic Annual Statement Packet |
| 22-041 | Life and Accident & Health - Nondomestic Annual Statement Packet |
| 22-050 | Hospital, Medical & Dental Service or Indemnity Corporation - Annual Statement Packet |
| 22-055 | Employe Welfare Funds Annual Statement Packet |
| 22-060 | Health Maintenance Organization Insurer Annual Statement Packet |
| 22-065 | Limited Service Health Organization Annual Statement Packet |
| 22-070 | Town Mutual Annual Statement Packet |
| 22-080 | Gift Annuity Annual Statement Packet |
| 22-090 | Mortgage Guaranty - Domestic Annual Statement Packet |
| 22-091 | Mortgage Guaranty - Nondomestic Annual Statement Packet |
| 22-093 | Mortgage Guaranty Insurers Report of Policyholders Position - Quarterly Statement |
| 22-510 | Election of Exemption (Opt-Out) |
| 22-520 | Election to be Subject to Restrictions (Opt-In) |
| 22-530 | Termination of Exemption (Termination of Opt-Out) |
| 22-540 | Termination of Election to be Subject to Restrictions (Termination of Opt-In) |
| 26-003 | Amendment to Articles of Organization (or Incorporation) - Town Mutual Insurance Companies |
| 28-060 | HMO Companies Compulsory and Security Surplus Calculation - Quarterly |

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

Ins 7.04 Division of regulation and enforcement. (1) COMPLAINTS SECTION.

| <u>Form Number</u> | <u>Title</u> |
|--------------------|---|
| 51-011 | Complaint Review Request Letter |
| 51-013 | Complaint Follow-up - Provide Information Within 5 days |
| 51-020 | Complaint Follow-up - Recontact the Complainant |

(2) BUREAU OF MARKET REGULATION.

| <u>Form Number</u> | <u>Title</u> |
|--------------------|--|
| 26-004 | Grievance Procedure Experience Reports |
| 26-030 | Rescission Reporting Form for Long-term Care |
| 28-040 | Medicare Supplement Experience Exhibit |
| 28-042 | Nursing Home Insurance Experience Exhibit |

COMMISSIONER OF INSURANCE

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(3) OFFICE OF RESEARCH AND PUBLIC INFORMATION.

Form Number

Title

17-020

Long-Term Care Report Form

17-500

Medicare Supplement Insurance Report Form

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

Ins 7.06 Commissioner.

Form Number

Title

28-053

Medical Malpractice Closed Claims Report

Note: These forms may be obtained from the Office of the Commissioner of Insurance, P. O. Box 7873, Madison, WI 53707-7873.

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.