

The document outlines essential guidelines and requirements for life and health insurance form filings in Texas, emphasizing the importance of partnerships, consumer protection, and process efficiency. Filings must include payment of fees via electronic funds transfer (EFT), with flat fees of either \$50.00 or \$100.00, and should not include the NAIC access fee. Timely payment is crucial, as unpaid balances exceeding 120 days will lead to automatic rejection of filings. Required transmittal checklists for various filings can be accessed online, and statements of variability are necessary if bracketing is used in forms, ensuring compliance with legal requirements. Common reasons for filing rejections include the use of outdated checklists, incorrect insurance types, and failure to provide complete filing packages. Compliance review checklists are available to streamline the process and ensure adherence to legislative changes. The document also highlights common objections related to different insurance types, such as major medical, group life, and annuities, and outlines compliance issues that may arise, including the inclusion of previously removed language. The disapproval process involves recommendations from insurance specialists and requires director approval, with a notice of proposed disapproval issued if necessary. Exempt filings are permitted but still subject to audit, and new rules under consideration mandate that all filings be submitted electronically through SERFF, with no acceptance of paper filings. The document concludes with contact information for the Life, Annuity, and Credit Team, as well as the Accident and Health Team for further inquiries.