



QUESTIONS FOR INDUSTRY/COMPANY FILERS

Thank you for completing this survey. The Compact Rulemaking Committee is seeking feedback on the filing process and requirements for companies issuing the following product lines to non-employer groups: group life insurance, group disability insurance and group annuity policies/contracts and certificates. Please complete one survey per company or organization, if possible.

Survey terminology is intended to be consistent with NAIC Models [100](#) and [565](#).

Requirements for policies/contracts to be issued in a particular state, but providing coverage/certificates for citizens in multiple states due to broad geographic dispersion of members, are generally outside the scope of this survey. If you believe a question is not applicable or needs further clarification for you to answer, we would appreciate you providing that explanation in the Additional Comments section. Please use the Additional Comments section to provide additional information that may be useful to the Rulemaking Committee. Please email your completed survey to comments@insurancecompact.org by **Friday, September 4, 2020**.

1. Please provide contact information for organization.

COMPANY OR ORGANIZATION:

PRIMARY CONTACT:

CONTACT E-MAIL:

2. Does your company sell **group life insurance products**?

Yes No

If yes, select the type of groups and the percentage of business based on premium volume share for each group type (NOTE: percentages should total 100%).

Employer/Employee Percentage:

Association Percentage:

Credit Union Percentage:

Creditor Percentage:

Labor Union Percentage:

Trust Percentage:

Other Please specify type(s) Percentage:

Additional Comments:

[Click here to enter text.](#)

3. Does your company sell **group disability income insurance products**?

Yes No

If yes, select the type of groups and the percentage of business based on premium volume share for each group type (NOTE: percentages should total 100%).

Employer/Employee Percentage:

Association Percentage:

Credit Union Percentage:

Creditor Percentage:

Labor Union Percentage:

Trust Percentage:

Other Please specify type(s) Percentage:

Additional Comments:

[Click here to enter text.](#)

4. Does your company sell **group annuities products**?

Yes No

If yes, select the type of groups and the percentage of business based on premium volume share for each group type (NOTE: percentages should total 100%).

Employer/Employee Percentage:

Association Percentage:

Credit Union Percentage:

Creditor Percentage:

Labor Union Percentage:

Trust Percentage:

Other Please specify type(s) Percentage:

Additional Comments:

[Click here to enter text.](#)

5. Does your company issue a combination of the following group products to the same group?

Issue a combination of group life, group disability income and group annuities products

Issue only group life and group disability income products in combination

Issue only group life and group annuities products in combination

Issue only group disability income and group annuities in combination

Issue only single product line

Other: [Click here to enter text.](#)

Additional Comments:

[Click here to enter text.](#)

6. Does your company file a base group insurance product (including policy and certificate) for each specific group type? (i.e. one filing for employer groups, one filing for associations, one filing for credit union, etc.)?

Group Life: Yes No

Group Disability Income: Yes No

Group Annuities: Yes No

Additional Comments:

[Click here to enter text.](#)

7. Does your company file for approval a base group insurance product (including policy/contract and certificate) each time it wants to issue to a specific group (e.g., ABC Association, XYZ Credit Union, 123Trust, etc.)?

Yes No

Additional Comments:

[Click here to enter text.](#)

8. Does your company make a filing for approval of, certification for or informational regarding a specific group (e.g., ABC Association, XYZ Credit Union, 123Trust, etc.) in one or more of the Compacting States for the following group types:

Association: Yes No

If yes, please describe what information is included in the filings.
[Click here to enter text.](#)

Credit Union Yes No

If yes, please describe what information is included in the filings.
[Click here to enter text.](#)

Creditor Yes No

If yes, please describe what information is included in the filings.
[Click here to enter text.](#)

Labor Union Yes No

If yes, please describe what information is included in the filings.
[Click here to enter text.](#)

Trust Yes No

If yes, please describe what information is included in the filings.
[Click here to enter text.](#)

Additional Comments:
[Click here to enter text.](#)

9. Please describe special considerations your company would request the Rulemaking Committee address when considering recommendations for whether and how to expand the application of the group Uniform Standards to accommodate non-employer group types.

Special Considerations.

Additional Comments:

[Click here to enter text.](#)