

APPENDIX A

**INSURANCE COMMISSIONER
STATE OF WEST VIRGINIA**

**ACCIDENT AND SICKNESS INSURANCE
FORM FILING ABSTRACT**

INSTRUCTIONS: Respond to each statement. If the answer is “no” or “not applicable,” so state and enter the reason for such determination. If this filing is a combination form and rate filing, then Appendix D/Accident and Sickness Insurance Rate Filing Abstract ASA-R-2004 must also be completed.

1. Date filed: _____ Proposed effective date: _____
2. Company name: _____
3. Type of form (Life or Health): _____
4. Reason for the filing or for changes: _____

5. Complete page 2 of this Abstract and provide the information requested.

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FORM NUMBER	REPLACES FORM # (If Applicable)	Description of Coverage and/or Intended Use of the Form—Indicate if Form is New, a Replacement,* or to be Withdrawn.

*Note: If the form replaces or changes a form approved previously, please explain the primary differences between the replacement form and the form it replaces in the cover letter.