

**APPENDIX B**

**INSURANCE COMMISSIONER  
STATE OF WEST VIRGINIA**

**MASS MARKETED LIFE AND HEALTH INSURANCE  
FORM FILING ABSTRACT**

**INSTRUCTIONS:** Respond to each question or statement. Please enclose: (1) One copy of the entire policy and contract provisions; (2) Two Cover Letters; (3) One self-addressed stamped envelope or pre-paid return label (One approved copy of the Cover Letter or other letter of determination will be returned to you). Every policy form, rider or endorsement submitted which affects the premium rate scheduled for the policy form shall be accompanied by a rate filing.

1. Date filed: \_\_\_\_\_ Proposed effective date: \_\_\_\_\_
2. State the policy types affected (Life or Health): \_\_\_\_\_
3. Does this form contain provisions, conditions, or concepts which depart from those generally accepted by the industry?  
  
\_\_\_\_\_ YES or \_\_\_\_\_ NO
4. Has this form been approved or authorized for use by the Insurance Department of the Insurer's State of Domicile? If yes, give date.  
  
\_\_\_\_\_ YES \_\_\_\_\_(date) or \_\_\_\_\_ NO
5. Complete page 2 of this Abstract and provide the information requested.

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FORM NUMBER	MATERIALS REPLACED	Description of coverage and/or Intended Use of the Forms Indicate if form is new, a replacement,* or to be withdrawn.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.