PERR KNIGHT

QUICK REFERENCE GUIDE

# ACCIDENT & HEALTH STATE FILINGS TIPS

Best practices for a seamless state filings process for Accident & Health insurance products

State filings management is a complicated process that requires close attention to detail. A seemingly minor oversight can have a huge impact down the line and end up costing your company.

At Perr&Knight, we have a long history of working with Accident & Health insurance companies on preparing and submitting state filings. In this guide, we've boiled down the essential best practices to ensure seamless state filings.


**Best Practices for State Filings Submissions** ..... 3

**Common Mistakes to Avoid in State Filings** ..... 7

**The Value of Rating Manual Compliance Reviews** ..... 11

# BEST PRACTICES FOR STATE FILINGS SUBMISSIONS

State filings form rejections waste your company's time and money. When you are forced to resubmit your forms, your company is on the hook to resubmit state filing fees (where applicable) and SERFF fees. These fees might be nominal in some cases, but if you are required to resubmit multiple forms in multiple states, they can range from a few hundred to thousands of dollars.

Depending on the state, when you resubmit, you also run the risk of re-starting the approval clock from zero. This can result in delays of weeks or months, and lost revenue due to delayed insurance product releases.

During our decades providing state filings services, we've seen almost every reason a form is likely to be rejected. We also know that many of these setbacks are avoidable. Here are some of the most common mistakes that lead to rejection–and what you can do to prevent them.

# PICK THE APPROPRIATE TYPE OF INSURANCE (TOI)

When you file through SERFF, you must specify the correct code for the exact type of policy you are submitting. In most cases, a sub-TOI is also required. These codes are crucial because they let the department know what to expect when reviewing your forms. The reviewer evaluates your form through the lens of your selected TOI, looking for particular information.

NAIC publishes updated codes every January. Each state's DOI has the authority to control the number and types of insurance codes that they accept each year. Depending on the types of policies issued in their states, commissioners can "turn on and turn off" codes at their discretion. Companies that offer state filing services regularly review these changes, looking for new codes that apply to emerging products and codes that are no longer in use.

But what if your policy doesn't exactly fit a particular TOI? No matter whether your product is an exact fit or not, you must pick a TOI code. For policies that don't exactly match a particular state's TOI code in SERFF, select the code that most closely aligns with your policy, then address individual points of variation in the filing description. Unfortunately, there are no guarantees that a reviewer will read your description, but it's your best course of action. If you're unsure about which TOI to select, work with an experienced insurance consulting company that specializes in state filing services. They'll help you evaluate the code that most closely applies to your form.

## CORRECTLY IDENTIFY YOUR MARKET FOR GROUP POLICIES

Selecting the correct group designation ("employer," "union," "association," etc.) is hugely important. Your form is subject to rejection if the designation is incorrect or does not match what is allowed in a particular state. As with correct identification of TOI, the self-designation sets the lens through which the reviewer will check your forms. If you are missing required accompanying forms (i.e., association by-laws) for a particular type of group designation, your filing is likely to be rejected.

**A wrong TOI code subjects your form to review under the wrong classification and may result in unnecessary objections. It can also make your submission look sloppy. Submitting a filing under an incorrect TOI is one of the fastest ways to get your form rejected outright.**

## PAY CLOSE ATTENTION TO THE REQUIREMENTS OF EACH STATE AND LINE OF BUSINESS

Checklists, transmittals and certification requirements vary by state and by line of business. Health-specific plans that are subject to the Affordable Care Act (ACA) require additional considerations, including form and rate requirements and other ancillary forms. It's easy to get lost in the weeds. You must have a clear understanding of the questionnaires and filing certifications required by each state. These requirements are usually–but not always–listed on SERFF.

## INCLUDE REQUIRED INFORMATION– AND NOTHING MORE

Pay close attention to the specific information that should accompany each filing. Include what is required by SERFF but do not include additional information. Doing so can open your filing up to questions and confusion.

## WORK WITH AN EXPERIENCED STATE FILINGS PARTNER

The sheer volume of work required to track filing requirements that change frequently and vary by state can present challenges for internal departments at most insurance companies. We recommend working with an insurance services partner who provides detailed content reviews as part of their state filings services. Their breadth of experience and deep understanding of all specific statewide filings can save you time, money and runaround.

When it comes to avoiding state filings form rejection, the most important thing is to take your time. Hasty work leads to oversights and careless mistakes that can set your filing back to square one.

# COMMON MISTAKES TO AVOID IN STATE FILINGS

Going through the process of a nationwide rate filing, or even filing in just a handful of states, can be a complex and lengthy process. No matter what, your end goal is to avoid objections, disapprovals, or the need to withdraw your filing. These mistakes can be avoided–if you know what to look for and how to take action.

## NOT KNOWING THE STATE REGULATIONS AND STATUTES

This is the single most common mistake we see in state filings. Understanding the specific requirements for each state is a complicated and cumbersome process. But there's more to it. In order to make sure your filings proceed smoothly, you also need to be aware of what we call "drawer regulations"–the unwritten rules reviewers may follow but aren't written into the state statute. Knowing the written as well as unwritten requirements can reduce the chance of your filing being kicked back. Working with a knowledgeable actuary or state filings unit can help significantly when it comes to knowing these regulations.

## NOT KNOWING EACH STATE'S MINIMUM PERMISSIBLE LOSS RATIO REQUIREMENTS

Each state has different minimum permissible loss ratio requirements, which in turn affect rates. First and foremost, these loss ratios vary by group versus individual coverage. Individual minimum permissible loss ratio requirements are often based on NAIC individual loss ratio guidelines, however, not all states follow this guideline. Furthermore, some states extend the NAIC guideline to group coverage, while other states have their own requirements. Loss ratios can also vary by type of coverage and renewability clause, as well as invoking low or high average premium adjustments. Your rates will be different in those states based on those specific regulations. Be sure to equip yourself with these important pieces of information prior to filing to make sure you provide for the correct loss ratio for the type of policy you're writing in a particular state.

## NOT KNOWING WHICH SUPPORTING DOCUMENTS SHOULD ACCOMPANY YOUR FILING

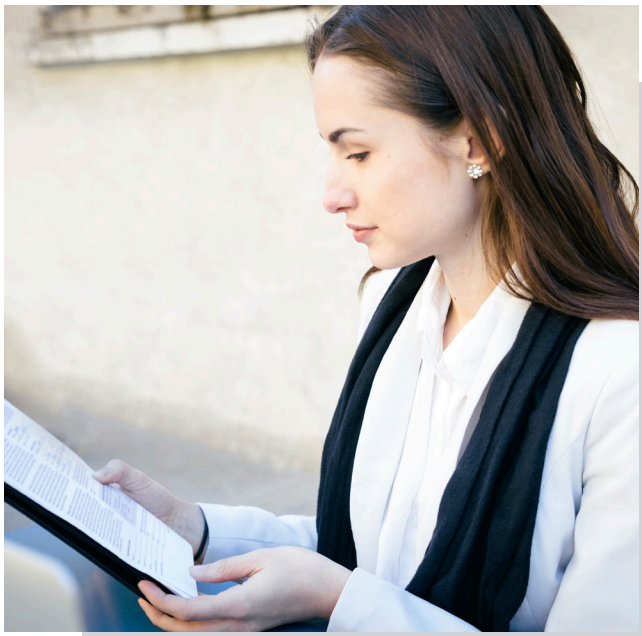
As we mentioned earlier, it's smart to file exactly the supporting documents that your state requires–and nothing more. Some states require that you submit transmittals, checklists, rating examples, underwriting guidelines and/or experience rating guidelines. Some states also have specific requirements for components that need to be included in the Actuarial Memorandum. It is also recommended to restrict the information you provide to only what is necessary to reduce the number of objections and questions; otherwise, you risk opening Pandora's box.

## NOT TAKING INTO ACCOUNT THE TIME IT TAKES TO ADDRESS OBJECTIONS

While all state filings may receive objections, limiting your number of objections not only preserves your company's reputation with the reviewer, it reduces the amount of time required to respond, thus keeping you on schedule. In certain states like Florida, the department of insurance tries to turn around a review in 30 to 45 days. If that time period is close to expiring and you can't respond quickly enough to the objections you receive, you risk disapproval or needing to withdraw your filing altogether.

## PRIORITIZING SPEED-TO-MARKET OVER DUE PROCESS

Most of our clients want to offer products with the goal of launching them in as many states as possible, as quickly as possible. Due to our experience as an insurance state filing service partner, we know which states are file and use versus prior approval. Certain states allow you to begin marketing your product the moment you hit "submit" on your filing. Others require that you receive full approval before you can market your plan. Knowing the correct state standards can save you from serious infractions.



## LACKING AN END-GOAL FOR THE PRODUCT

It's always a good idea to make all stakeholders sign off on your entire product, from forms to rates, in the planning phase before you get to your actual state filings. If you want a particular product to have variability, your rates need to coincide to reflect those variations. If you don't outline these details going into the initial filing, inserting those components after the filing process has begun may require re-filing.

## INCONSISTENCY BETWEEN RATE MANUALS AND FORMS

Inconsistency is a surefire way to elicit questions and objections from the reviewer. When we provide insurance state filings service, we always work closely with the product design unit and forms department to make sure that rate manuals are consistent with forms. This is especially important when a product's allowed benefits vary from state to state and impact rates. Double check all relevant documents to make sure everything matches.

# COMPLIANCE REVIEWS

Too often we see insurance companies re-use the format, structure, and content of previously approved competitor rating manuals that are themselves riddled with errors, inconsistencies, and ambiguities. This can lead you to submit a manual that contains unclear or incomplete information, which can lead to questions and even filing disapprovals.

By neglecting to perform a compliance review before submitting your rating manual, you are setting yourself up for material losses of both time and money. Consider these main benefits of having a rating manual that is peer reviewed for compliance issues before you submit.

## ACHIEVE QUICKER SPEED TO MARKET

With a more compliant rating manual, you will get fewer DOI interrogatories and help to prevent a longer timeline or even disapproval. Rating manuals that are developed in a clear and concise manner with a clear rate order of calculation, appropriate headers, edition dates and page numbers promote clarity. This is not only true for the DOIs, but also for your company's IT department when it comes to programming and implementing new rates or rate changes in your system as quickly as possible.

## CONSISTENCY WITH FORMS AND ENDORSEMENTS THAT HAVE PREMIUM IMPACT

It is important that your rating manual has corresponding rules for any forms or endorsements that have an associated rate. The rule should describe the form/endorsement and how it is used to prevent any discrimination or inconsistent application across similar insureds. It is also important to provide clarity on other factors/rates that may or may not impact an endorsement premium, such as minimum premiums or other manual factors, discounts and surcharges. Lack of consistency and clear rules can muddy the process of rating a policy.

## HELP REDUCE MARKET CONDUCT EXAM FINES

During a market conduct exam, examiners typically rate policies and see if they get the same premium you have charged your insureds. If your manual is unclear, missing information or in error, it significantly increases the likelihood of large fines and the need for avoidable nationwide refilings.

**The bottom line when it comes to rating manuals: get it right the first time or risk paying the price.**

# ABOUT PERR&KNIGHT

For over 30 years, Perr&Knight has provided insurance consulting and software solutions to the property & casualty and life, accident & health industries.

Our consulting services combine deep insurance expertise with technology, data and automation to help clients move from strategy through execution. Our capabilities include strategy (PK Blueprint), actuarial consulting, applied AI consulting, product development, insurance policy and forms consulting, regulatory compliance, compliance and operational assessments and training, state filings, agency and entity licensing, technology consulting, statistical reporting and data services, predictive analytics, and bureau monitoring and maintenance.

PK1Cloud is Perr&Knight's integrated insurance technology platform, designed to bring product development, filings, compliance, data, workflows, and institutional knowledge into a connected environment. The platform incorporates a growing range of AI and automation capabilities to help insurance professionals analyze information, streamline routine work, accelerate product development and navigate regulatory requirements more efficiently. From concept to market and throughout the ongoing product lifecycle, PK1Cloud helps carriers, MGAs and program administrators work faster, improve visibility and control, reduce friction and manage regulatory complexity with greater precision.

With offices nationwide and nearly 200 insurance professionals, including more than 35 credentialed actuaries, PK is among the largest independent actuarial and insurance consulting firms in the United States. For more than three decades, we have helped our clients not only respond to change in the insurance industry, but build what comes next.

888.201.5123 x2 | www.PerrKnight.com

Copyright© 2026 Perr&Knight. All Rights Reserved.

## DO YOU HAVE QUESTIONS ABOUT HOW YOUR FILINGS PROCESS CAN BE IMPROVED?

Contact the insurance experts at Perr&Knight to find out how you can streamline your state filings process.

**WWW.PERRKNIGHT.COM**


**CALIFORNIA**

310.230.9339
401 Wilshire Blvd., Suite 960
Santa Monica, CA 90401

**FLORIDA**

561.416.3992
225 NE Mizner Blvd
Suite 210
Boca Raton, FL 33432

**NEW YORK**

201.963.1550
3 Second St.
Suite 1202
Harborside Financial Center,
Plaza 10
Jersey City, NJ 07311

**OHIO**

513.448.410
Atrium Two
Suite 2460
221 East Fourth Street
Cincinnati, OH 45202