Sec. 38a-676-3. Policy form acceptance

(a) Within fifteen (15) calendar days of receipt of a form filed with the Commissioner pursuant to Section 38a-676 of the General Statutes, the Insurance Department shall determine a filing to be complete or deficient for purposes of submission for review and shall issue written notice to the insurer regarding the status of the form.

(1) The written notice for a complete filing shall state that the form filing is complete and accepted for review as of the date of its receipt. For purposes of this section, a form filing is complete upon the Insurance Department's determination that it is in compliance with Section 38a-676-2.

(2) The written notice for a deficient filing shall state that the form filing is deficient and not accepted for filing and shall set out the specific items that must be corrected to make the form complete. In addition to this notice, the Insurance Department may notify the insurer, in any manner, of any additional problems with the form.

(b) Unless otherwise provided by law, the Insurance Department shall review all forms filed with the Insurance Commissioner pursuant to Section 38a-676 of the General Statutes in the order in which they are received by the Insurance Department; provided, however, that when exceptional circumstances exist, the Commissioner may direct the immediate review of a form filing. The Insurance Department shall employ a chronological logging system to facilitate chronological review. The Insurance Department may make an exception to the chronological order where it deems it appropriate to do so.

(c) Within thirty (30) calendar days after a form is accepted for review, the Insurance Department shall review the form and either record it effective or disapprove it. If, upon such review of the form, the Insurance Department determines that additional information from the insurer is necessary in order to ascertain whether the form is contrary to law or is unfair, deceptive or may encourage misrepresentation of the policy, the Insurance Department shall make such request to the insurer. The insurer will then have thirty (30) calendar days from the date of the request to provide the Insurance Department with the additional information, provided that during such time, the insurer may request in writing that the period for responding to the request for information be extended for an additional period of time, not to exceed an additional sixty (60) calendar days. The request for an extension shall be considered granted upon its receipt by the Insurance Department. During the pendency of the Insurance Department's request for information, the thirty (30) day period for Insurance Department action shall be tolled. If the insurer fails to comply with such request within the allotted time, such applicant shall be deemed to have voluntarily withdrawn its filing and the Insurance Department shall close its file without further action.

(d) The Commissioner shall disapprove the use of any such form if it does not comply with the provisions of this regulation or any other provision of law, or if it contains a provision or provisions which are unfair or deceptive or which encourage misrepresentation of the policy. Any such action shall specify the reason for disapproval of the form.

(e) Forms that are not disapproved by the Commissioner shall have the extra copy of the filing transmittal letter returned stamped "Recorded Effective" with the effective date of the filing, the name and signature of the staff member who acted upon the filing and the date the filing was stamped.

(See Appendix on following pages)

(Effective September 25, 1992)