COMMONWEALTH OF MASSACHUSETTS
DIVISION OF INSURANCE

470 Atlantic Avenue • Boston, MA 02210-2223
(617) 521-7794 • FAX (617) 521-7770
TTY/TDD (617) 521-7490

WILLIAM F. WELD
GOVERNOR

ARGEO PAUL CELLUCCI
LIEUTENANT GOVERNOR

LINDA RUTHARDT
COMMISSIONER

Completion Instructions for Lockbox Filing Fee Form SRB-LB-1 (09/96)
Bulletin No. SRB-96-16

Attached is the "SRB-LB-1" form to be used in conjunction with the Division's new lockbox filing fee collection program. This program is intended to help the Division process form and rate filings more promptly, accurately, and efficiently. Your assistance in implementing this program is very much appreciated. Although insurers may begin following these procedures immediately if they wish, it is expected that **all** insurers will be using the new lockbox program by no later than November 1, 1996.

Please complete the attached form whenever preparing to submit a form or rate filing to the Division. Two separate mailings will be required. One copy of the completed form should be attached as a cover sheet to your form or rate filing and mailed to the Division of Insurance. Please indicate in the address whether this is a Life, Health, or Property & Casualty filing, as follows:

[Life] [Health] [Property & Casualty] Policy Review Section
Massachusetts Division of Insurance
470 Atlantic Avenue
Boston, MA 02210-2223

A second copy of the completed SRB-LB-1 form, without the attached filing materials, should be mailed with the filing fee (in the form of a check payable to the Commonwealth of Massachusetts) directly to the following address:

Division of Insurance -- SRB
c/o Bank of Boston
P.O. Box 3812
Boston, MA 02241-3812

Please note the following: (1) the date must be entered in the **exact** format specified on the form; (2) a separate lockbox filing fee form should be completed for each form or rate filing; (3) **each** check sent to the bank should be accompanied by a separate form; (4) form and rate filings should not be combined; and (5) fees for form and rate filings should not be combined. Lockbox checks for amounts other than $75.00 (form filing) or $150.00 (rate filing) will be returned and will result in a delay in processing.

These instructions apply only to fees owed on form filings and rate filings.

Questions regarding these instructions may be directed to the following personnel:

P&C Filings: Mona Medina [(617) 521-7358]
Life Filings: Shirley Wyche [(617) 521-7351]
Health Filings: Bob McLaughlin [(617) 521-7374]

MASSACHUSETTS DIVISION OF INSURANCE
Sub-Type Codes (09/96) for Item 3 of Form SRB-LB-1

a. *Health*

AC = Accident
CD = Credit Disability
DS = Disability
DD = Dread/Specified Disease
HS = Hospital Expense
HI = Hospital Indemnity
HB = Individual Health Benefit Plan (PPA)
LT = Long-Term Care
MM = Major Medical
MS = Medicare Supplement
PP = Network Preferred Provider Arrangement (PPA)
RB = Restricted Benefit
SR = Surgical Medical
TA = Travel Accident
OH = Other (Health)

b. *Life*

AB = Accelerated Benefit
CL = Credit Life
DA = Deferred Annuity
EN = Endowment
IA = Immediate Annuity
IS = Interest Sensitive Life
PE = Pure Endowment
SG = Synthetic GIC
TL = Term Life
UL = Universal Life
VA = Variable Annuity
VL = Variable Life
WL = Whole Life
OL = Other (Life)

c. *Property/Casualty*

AV = Aviation
BM = Boiler and Machinery
BO = Business Owners
CA = Commercial Auto
CR = Commercial Crime
CU = Commercial Excess/Umbrella
CF = Commercial Fire/Allied
CM = Commercial Inland Marine
CP = Commercial Package
CD = Credit
DE = Dentist's Liability
DO = Doctor's Liability
DF = Dwelling Fire/Allied
EO = Errors & Omissions
FR = Farm/Farm Owners
FI = Fidelity & Surety
GL = General Liability
HP = Highly Protected Risks
HO = Homeowners
HL = Hospital Liability
IU = Involuntary Unemployment
MH = Mobile Homeowners
MO = Mortgage
NE = Nuclear Energy Liability
OP = Other Professional Liability
NU = Nurse's Liability
NM = Nurse/Midwife's Liability
PE = Personal Excess/Umbrella
PG = Personal Glass
PM = Personal Inland Marine
PL = Personal Liability
PT = Personal Theft
PA = Private Passenger Auto
TI = Title
VM = Vehicle Mechanical Breakdown
WA = Warranty
WC = Workers' Compensation
OC = Other (Property/Casualty)

MASSACHUSETTS DIVISION OF INSURANCE
LOCK BOX FILING FEE FORM [SRB-LB-1 (09/96)]

__ __ __ **GROUP #**	**COMPANY:** _____
__ __ __ __ __ **NAIC #**	**CONTACT:** _____
__ __/__ __/__ __ **DATE**	**PHONE #:** (__ __ __) __ __ __-__ __ __ __ **(ext:**__ __ __ __ __**)**
(YY) / (MM) / (DD)	**FAX #:** (__ __ __) __ __ __-__ __ __ __
(e.g., Sept. 7, 1996 = 96/09/07)	**E-MAIL ADDRESS (if available):** _____

1. **Line of Insurance** — ***Enter*** H, P, or L: ☐

H = Accident & Health P = Property/Casualty L = Life

2. **Filing Type** — ***Enter*** a **Form** or **Rate** code from below: ☐

Form Filing Codes: (Fee $75.00)

INDIVIDUAL FORM FILING:

A = Policy/Contract with Associated Materials
B = Rider, Endorsement, or Amendment Only
C = Application/Certificate Only
D = Other

GROUP FORM FILING:

E = Master Policy/Contract with Associated Materials
F = Rider, Endorsement, or Amendment Only
G = Application/Certificate Only
H = Other

Rate Filing Codes: (Fee $150.00)

1 = New Filing Rates
2 = Rate Increase
3 = Rate Decrease
4 = Other

3. **Filing Sub-Type** — ***Enter*** code selected from sub-type list (enclosed): ☐

4. **Form Number(s)** — ***Enter*** Policy/Contract Form Number(s): ☐ ☐ ☐ ☐ ☐

To Be Completed by Division of Insurance Personnel Only:

SRB File #: _____ ☐

Status: _____ Date: _____ Reviewer's Initials: _____
Status: _____ Date: _____ Reviewer's Initials: _____
Status: _____ Date: _____ Reviewer's Initials: _____
Status: _____ Date: _____ Reviewer's Initials: _____
Status: _____ Date: _____ Reviewer's Initials: _____

Disapproval Paragraphs: _____ _____ _____ _____ _____ _____