



COMMONWEALTH OF MASSACHUSETTS

DIVISION OF INSURANCE

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

b. Life

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

c. Property/Casualty

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

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

GROUP #	COMPANY:
NAIC #	CONTACT:
DATE (YY)/(MM)/(DD) (e.g., Sept. 7, 1996 = 96/09/07)	PHONE #: () - () (ext:) FAX #: () - () 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 C = Application/Certificate Only
B = Rider, Endorsement, or Amendment Only D = Other

GROUP FORM FILING:

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

Rate Filing Codes: (Fee \$150.00)

1 = New Filing Rates 3 = Rate Decrease
2 = Rate Increase 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: _____