

**COMPANY CHECKLIST FOR
EXCESS LOSS INSURANCE FOR SELF-INSURED
EMPLOYER HEALTH BENEFIT PLANS UNDER ERISA
CERTIFICATION FORM FILINGS**

REQUIRED ITEMS FOR A COMPLETE FILING

✓	Required	Information	Statutory/Regulation/ Information Cite
	Filing Transmittal Form	One for each company and line of business	Colorado Bulletin 01-04
	Cover Letter	<ul style="list-style-type: none"> ▪ Brief summary of the form filing ▪ Helps identify what companies and lines of insurance are being filed ▪ One copy for each company 	Division Policy
	Certification of Compliance	<ul style="list-style-type: none"> ▪ Must have company name ▪ Must have original signature by company officer ▪ Must have current date 	§10-16-119, C.R.S., Colorado Regulation 1-1-6 Colorado Bulletin 01-04 Exhibits: FORM EXCESS LOSS
	All policy forms must be submitted with the certification form.	<ul style="list-style-type: none"> ▪ Forms must be submitted on 8 ½ x 11 <i>white copies</i> ▪ Must have a current edition date 	§10-16-119, C.R.S. Colorado Regulation 1-1-6 Colorado Bulletin 01-04
	Duplicate Copy and Postage-paid Return Envelope	To be stamped and returned for the company's records to document filing <i>(The copy should be separate from the original.)</i>	Colorado Bulletin 01-04

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING