



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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## Office of Commissioner of Insurance State of Georgia H-Quest Form Questionnaire Completion Instructions

### Policy Form Filing Cover Letters and this Questionnaire

We understand that this new Questionnaire and its processes will draw on at least some of the information that insurers routinely include in their Cover Letters which accompany policy form submissions under our present Rules. Nevertheless, the Commissioner has directed that we require that insurers complete all questions on this Questionnaire, even those questions that may have been covered by your separate Cover Letters already part of a filing.

### Policy Form Number; Component Filing Styles

For filings assembled in a component style made up of with multiple policy form or control numbers (such as those styles of filings which place a unique policy form number on each paragraph, or each provision, or each page of a larger, assembled form) we are interested in your answers for the policy form considered in its entirety. Any freestanding policy form or rider with its own unique policy form number should be treated as a form subject to the completion of our Questionnaire. But a small paragraph which happens to have a policy form control number is not a reasonable basis for us to consider requiring your company to complete an entire questionnaire. If you have a policy form made of multiple policy form-numbered components, please make sure you have described and qualified this clearly as part of your response.

1. Please take note of your cover letter for this Questionnaire, particularly the Policy Forms Analyst as noted in the Re: line. This Health Policy Forms Analyst is the person to which you should direct your response and any questions. You should address your HQuest Questionnaire response and mail it to:

[Named Health Policy Forms Analyst from Your Cover Letter],  
Office of Commissioner of Insurance,  
Suite 902 West, Tower  
2 Martin Luther King, Jr, Drive,  
Atlanta, Georgia 30334.

You may contact your respective Health Policy Analyst through the Division's phone at (404) 656-208

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2. Return Copies of:

- a. **The Cover Letter from the Office of Commissioner of Insurance.**
- b. **The H-Quest Questionnaire questions and your answers.** You may reproduce our questions and compose your answers to these questions, creating your own document on as many separate pages as necessary to answer each question. On each page of your response, you must include:
  - i. Insurer Name
  - ii. NAIC #
  - iii. Policy Form #
  - iv. Cover Letter Date of Filing
  - v. Contact Person Name
  - vi. Contact Person Phone
- c. **H-Quest Executive Officer Certification.** An Executive Officer (President, CEO, CFO, Treasurer or Corporate Secretary) must sign either to Certify the H-Quest Questionnaire or, using the lower portion of the Executive Officer Certification Form, to optionally appoint an official Designee to certify the Questionnaire your company returns to the Office of Commissioner of Insurance.
- d. **Optional H-Quest Designee Certification.** As you will note, there is an Optional Designation portion of the Executive Officer Certification Form. This is for your company's use in designating other compliance personnel to officially Certify any subsequent H-Quest forms completed and submitted to the Office of Commissioner of Insurance. Once the Executive Officer completes the Optional Designation portion of the form and designates Optional Designees by name, such Optional Designees may Certify this Questionnaire and/or subsequent HQuest Questionnaires, so long as they complete the Designee Certification, include the date of their designation as an Optional Designee and include a copy of the original Optional Designation form which was completed by an Executive Officer of the Insurer.

As we phase the requirement of this H-Quest Questionnaire into our review processes, we know we can all expect questions, issues and at least some transitional frictions and problems. In the very near future, it is our intention to place sets of these Questionnaire forms and instructions on the Department's Web Site:

<https://www.oci.ga.gov>

Our intent is to place them near the other Life and Health Product Filers content and instructions areas. Placement of these questionnaire forms and instructions on our Web page should be accomplished relatively soon. It will probably be announced by a Bulletin or other document (also placed on the Department's Web Page) and sent to all insurers to whom these requirements are intended to apply.

Thank you for your attention and cooperation as we phase these new requirements into our review processes.