

(e) Rates for risks developing \$100,000 or more annual manual basic limit premium individually or in any combination of general liability insurance, commercial automobile, crime or glass.

(f) Rates for liability insurance increased limits if the risk is reinsured on a facultative basis.

(g) Rates for an adjustment of the aggregate limit of general liability insurance at any time during the policy period.

(h) Rates for coverage which is materially broader or more restrictive than the coverage upon which the manual rate is based.

(5) UTILIZATION OF RATE FILING EXEMPTION. An insurer or a rate service organization wishing to utilize the rate filing exemption or modification granted by sub. (4) shall have on file with the commissioner rating rules pertaining to the situations described in sub. (4).

(6) DISAPPROVAL OF FILED RULES. If the commissioner determines that a rating rule does not meet the rate standards set forth in s. 625.11, Stats., the commissioner may exercise the authority granted by s. 625.22, Stats., and disapprove the rate.

(7) INSURER RECORDS. An insurer using a rate subject to the exemption granted by sub. (4) shall maintain separate records and documentation for a period of 3 years after the rate is no longer used. This documentation shall include all details of the factors used in determining the rate or classification for a particular risk, including conditions used to qualify a rate for an exemption under sub. (4). The insurer shall provide these records to the commissioner upon request.

History: Emerg. cr. eff. 8-3-92; cr. Register, February, 1993, No. 446, eff. 3-1-93.

Ins 6.79 Advisory councils. (1) PURPOSE. The purpose of this rule is to create advisory councils under s. 15.04 (1) (c) to assist in dealing with regulatory problems pursuant to ss. 227.017 and 601.20 (1), Stats.

(2) COUNCILS. This rule creates the following councils:

(a) Life and Disability.

(b) Property and Casualty.

(3) MEMBERSHIP. Each council shall consist of 9 members and the commissioner of insurance or a designated member of the staff of the office of the commissioner of insurance. Members shall include representatives of licensed insurers, licensed insurance marketing intermediaries and members of the public not affiliated with licensed insurers or licensed intermediaries. The membership of each council shall include 4 representatives of licensed insurers, 3 public representatives and 2 insurance marketing intermediaries.

(4) TERM. Members of each council shall be appointed to serve for a term of 3 years except that the initial appointments under this rule shall be 3 members for a one-year term, 3 members for a 2-year term, and 3 members for a 3-year term.

(5) DUTIES. It shall be the duty of each council to advise the commissioner on matters relating to subjects presented to members for study and review by the commissioner of insurance.

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(6) **OFFICERS.** The commissioner shall annually select a chairperson and a vice-chairperson from among the council members. The commissioner or a designee shall act as secretary and keep a record of all proceedings, transactions, communications, and other official acts of the councils. The files and records of the councils shall be maintained at the office of the commissioner of insurance.

(7) **MEETINGS.** The councils shall meet at least twice a year when called by the commissioner and at such other times when requested by the commissioner or by 3 or more members of each council.

(8) **EXPENSE REIMBURSEMENT.** Members of the councils shall receive no salary or compensation for service on the council but shall be reimbursed for their actual and necessary expenses in attending meetings or while performing other duties as directed by the commissioner.

History: Cr. Register, January, 1980, No. 289, eff. 2-1-80; correction in (1) under s. 13.93 (2m) (b) 7, Stats., Register, September, 1984, No. 348; r. (2) (c), Register, November, 1991, No. 431, eff. 12-1-91.

Ins 6.80 Retention of records. (1) **PURPOSE.** The purpose of this section is to establish standards for record retention by insurers and other persons subject to the regulation of the commissioner.

(2) **SCOPE.** (a) This section shall apply to all insurers licensed under chs. 611, 612, 613, 614, 615 and 618, Stats., and including the Local Property Insurance Fund, the State Life Insurance Fund, and the State Indemnity Fund.

(b) The following sections also apply:

1. s. Ins 1.01 (3) applies to fraternal.
2. s. Ins 2.07 (5) (a) 2.d. and (b) 2.b. apply to life insurance.
3. s. Ins 3.25 (9) (d) applies to credit life and accident and sickness insurance.
4. s. Ins 3.27 (28) applies to disability insurance.
5. s. Ins 6.17 (3) (d) and (e) apply to surplus lines.
6. s. Ins 6.03 (2) (a) 1.e., 6.30 (3) (a) 3.e., (4) (a) 2.e. and (5) (a) 3. apply to property and casualty insurers.
7. s. Ins 6.55 (5) (b) applies to all insurers.
8. s. Ins 6.61 applies to intermediaries.
9. s. Ins 8.09 applies to employe welfare funds.
10. s. Ins 8.65 (4) and 8.69 (6) apply to small employer insurers.

(3) **DEFINITIONS.** (a) "Domestic insurer" has the meaning set forth in s. 600.03 (27) (c), Stats.

(b) "Insurer" has the meaning set forth in s. 600.03 (27) (a), Stats.

(c) "Nondomestic insurer" has the meaning set forth in s. 600.03 (27) (e), Stats.

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(d) "Hard copy" means any information which is procured from an alternate storage facility such as microfilm, microfiche or electronic data processing and reproduced into proper form.

(4) DOMESTIC INSURERS. (a) Corporate records such as minute books, articles and by-laws, and stock and membership records shall be retained as permanent records.

1. General ledgers shall be retained as permanent records.

2. Rate books, agents' handbooks, underwriting manuals, specimen forms, and related actuarial material, as well as reinsurance contracts, shall be retained as long as the related insurance coverage remains in force.

(b) Records of insurance company operations and other financial records reasonably related to insurance operations for the preceding 3 years shall be maintained and be available to the commissioner.

(c) Records maintained under par. (b) may be in written form or in any other form capable of being converted to written form within a reasonable period of time.

1. Original documents, such as claim files, invoices, cancelled checks, underwriting information and other similar materials may be maintained on microfilm or microfiche so long as the records thus maintained are readily available to the commissioner and can be reproduced in hard copy.

2. Accounting records, policy master files, reserve inventories, and other similar records normally produced in hard copy may be maintained on electromagnetic tape provided such tapes are preserved and that the company can and will reproduce the appropriate hard copy within a reasonable period of time at the request of the commissioner.

(d) The statutes of limitations, escheat laws, and statutes regarding minors of the various jurisdictions in which the insurer does business shall control the retention of pertinent records, other than permanent records, beyond the period mentioned in par. (b). These records may include, but shall not be limited to, claims files, supplementary contract files, records of uncashed checks, and underwriting files.

(e) Subject to this rule and applicable statutes and rules or regulations of this and other jurisdictions in which the insurer is licensed to do business, the insurer may set its retention or records to conform to its storage facilities.

(5) NONDOMESTIC INSURERS. (a) Records with regard to insurance company operations in the state of Wisconsin for the preceding 3 years shall be maintained in the form specified under sub. (4) and be available to the commissioner, or the insurance regulatory agency of the insurer's state of domicile.

(b) The requirements of this rule pertaining to an insurer's operations in the state of Wisconsin may be met by compliance with the record retention law of its state of domicile. If no such law or regulation exists, an insurer may comply with this rule by presenting a statement attesting to the fact that its record retention system is acceptable to its state of domicile.

(7) **PENALTY.** Violations of this rule by any person shall subject the person to the penalties set forth in s. 601.64, Stats.

(8) **EFFECTIVE DATE.** As provided in s. 227.22 (2) (intro), Stats., this rule shall take effect on the first day of the month following its publication.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. (6) under s. 13.93 (2m) (b) 16, Stats., Register, December, 1984, No. 348; correction in (8) made under s. 13.93 (2m) (b) 7, Stats., Register, May, 1987, No. 377; cr. (2) (b) 10., Register, November, 1993, No. 455, eff. 2-1-94.

Ins 6.85 Notification of a person's right to file a complaint with the commissioner. (1) **PURPOSE.** This section interprets and implements s. 631.28, Stats., by specifying the contents of a notice insurers must provide to insureds about their right to file a complaint with the office of the commissioner of insurance. This section also describes when and the manner in which such notice must be provided.

(2) **SCOPE.** This section applies to all policies or certificates in force, issued or renewed in Wisconsin on or after the effective date of this section.

(3) **DEFINITIONS.** For purposes of this section, "insured" means the policyholder for individual policies and both the group policyholder and certificate holder for group policies.

(4) **NOTICE FORMAT.** Every insurer shall disclose the insured's right to contact the office of the commissioner of insurance regarding an insurance problem by providing a notice which shall:

(a) Be in the form as prescribed in Appendix I or for policies subject to sub. (5) (d) in form as prescribed in Appendix 2;

(b) Allow the issuer to include its address and phone number;

(c) Be in no less than 10-point type; and

(d) Have the phrase "KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS," "PROBLEMS WITH YOUR INSURANCE?" in Appendix I and the "OFFICE OF THE COMMISSIONER OF INSURANCE" in Appendices I and 2 capitalized and in bold lettering.

(5) **NOTICE DELIVERY.** (a) For policies issued prior to the effective date of this section, except for policies included under pars. (c) and (d):

1. The notice shall be provided on or before the insured's first renewal date after the effective date of this section or within one year after the effective date of this section, whichever is earlier, with a separate notice to the insured; or

2. For single premium policies, a separate notice shall be provided on or before the insured's next anniversary date or within one year after the effective date of this section, whichever is earlier.

(b) For policies or certificates issued on or after the effective date of this section, except for policies included under pars. (c) and (d), a separate notice shall be provided at the time the policy or certificate is issued.

(c) For surety and title insurance policies the notice must be given as a separate notice to each claimant at the time a claim is denied.

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(d) For policies subject to s. 609.15, Stats., the insurer shall either give notice in the form as prescribed in Appendix 2 and as specified in pars. (a) and (b) or may include the language in Appendix 2 as part of the grievance procedure language in the policy and certificates issued after the effective date and, for policies issued prior to the effective date, provide a policy or certificate amendment on or before the first renewal date after the effective date or within one year after the effective date of this section, whichever is earlier.

History: Emerg. cr. eff. 2-1-93; cr. Register, February, 1993, No. 446, eff. 3-1-93; correction in (5) (d), Register, April, 1993, No. 448, eff. 5-1-93.

APPENDIX I

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

[Optional]	(INSURER NAME)
[Optional]	(CUSTOMER SERVICE)
[Optional]	(ADDRESS)
[Optional]	(CITY, STATE, ZIP)
[Optional]	(TELEPHONE NUMBER)

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.

APPENDIX 2

You may resolve your problem by taking the steps outlined in your HMO grievance procedure. You may also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.