

## Request for Plan of Withdraw/Transition

A Plan of Withdrawal/Transition is requested when an insurer is seeking to change its business profile within the Commonwealth by withdrawing and/or transitioning business to an affiliated or non-affiliated insurer, or transitioning policyholders from one product to another to assist with public inquiries and provide an assurance of statutory compliance.

For questions or additional information visit [Insurance.pa.gov](http://Insurance.pa.gov) > Companies > Plan of Withdrawal or reach out to the Plan of Withdrawals customer service team at [Ra-insresponse@pa.gov](mailto:Ra-insresponse@pa.gov).

### Instructions:

1. Complete the below questions as part of your Plan of Withdrawal/Transition Submission.
2. Email the completed form as an attachment to [Ra-insresponse@pa.gov](mailto:Ra-insresponse@pa.gov).
3. Include other documentation and communications listed below in the email submission.
4. Consumer Services will confirm receipt and/or respond with any questions.

## Contact Information

### Submitter Information\*

*Include the name and contact information for the representative submitting this form to PID.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Insurer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Attester Information\*

*The attester listed below must be an authorized company representative, who can attest on behalf of the company.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Product Type\*

*Select the type of product being withdrawn/transitioned. If withdrawing/transitioning both Property and Casualty product(s) and Health Insurance product(s), please submit a separate form for each.*

Property and Casualty Insurance

Health Insurance



## Withdrawal Details\*

Provide a comprehensive statement describing the product(s) and/or line(s) of coverage from which the insurer seeks to withdraw.

Provide a geographical breakdown (e.g., counties or service areas) of the policyholders, employees, or producers that may be impacted.

Specify the specific reason(s) for the withdrawal.

What efforts have been made to market the impacted book(s) of business, in whole or in part, to other insurers?



Specify the proposed timetable(s) for commencing and completing the withdrawal.

*Note: The timeframe(s) should be specific to each line of coverage affected and must be in compliance with all relevant statutes and regulations. Refer to [Guidelines on Insurer Withdrawals and Transitions](#) for primary applicable laws.*

### Impact Assessment\*

Provide the number of policyholders or groups and certificate holders impacted by the withdrawal from each product or line of coverage, including the geographical breakdown (e.g., counties or service areas) of those impacted.

Provide the number and geographic location(s) (e.g., counties or service areas) of licensed producers (captive, independent, exclusive, nonexclusive, etc.).

Provide the number of company employees (personnel and operations domiciled in PA) impacted by the withdrawal.



Describe the nature of the producer force (captive or independent or exclusive or nonexclusive), including details on the contractual status of the producers at the time of the decision to withdraw.

Detail how you have taken into consideration the following potential impacts of a withdrawal.

Describe the short and long-term financial impacts of a withdrawal.

Detail how the proposed withdrawal may impact the insurer's Certificate of Authority to write insurance in Pennsylvania.

Provide an assessment of prospective availability of replacement coverage in the voluntary market.



## Transition

Will this withdrawal include a transition or replacement of coverage? \*

Yes       No

**If "Yes" complete the below questions:**

List coverages or benefits to be removed, reduced, enhanced, or changed in the transition product.

List the applicable SERFF filing number(s) and SERFF status for the product(s) used in transition.

What are the minimum and maximum premium impacts for policyholders being offered a replacement or transition product(s)? *(Include in the attachments visual reference tools such as a frequency distribution or histograms outlining the policyholder impact.)*



## Documentation and Communications

**Provide the name and details for each document that will be attached to the Plan of Withdrawal/Transition. \***

*The list of documents and communications should include any notifications to producers, agencies, proposed notifications, and nonrenewal notices used to communicate the withdrawal or transition from each line of coverage or product.*

*If additional attachments are needed, please include the document title, description and distribution dates in the body of the email when submitting form.*

### **Attachment 1**

Document Title: \_\_\_\_\_

Document Description: \_\_\_\_\_

Date(s) of Distribution: \_\_\_\_\_

### **Attachment 2**

Document Title: \_\_\_\_\_

Document Description: \_\_\_\_\_

Date(s) of Distribution: \_\_\_\_\_

### **Attachment 3**

Document Title: \_\_\_\_\_

Document Description: \_\_\_\_\_

Date(s) of Distribution: \_\_\_\_\_

### **Attachment 4**

Document Title: \_\_\_\_\_

Document Description: \_\_\_\_\_

Date(s) of Distribution: \_\_\_\_\_

### **Attachment 5**

Document Title: \_\_\_\_\_

Document Description: \_\_\_\_\_

Date(s) of Distribution: \_\_\_\_\_

## Attestation

The above named Attestor, an authorized company representative, attests on behalf of the insurer to the following: \*

- The insurer will adhere to all applicable insurance laws and regulations during the withdrawal or transition.
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- The insurer commits to the timely resolution of any violations of insurance laws, examinations pending or outstanding, or pending legal proceedings involving the Department.
- The insurer will not resume writing the line(s) of business or product(s) impacted by the withdrawal or transition without the express prior approval of the Insurance Department or in accordance with the respective statute(s), if applicable.
- The insurer commits to accept and adhere to any special financial or operational reporting requirements imposed by the Department as a condition to the withdrawal or transition for the purpose of effectively monitoring the withdrawal or transition.
- The insurer commits to accept the Department's imposition of procedures which govern the surrendering or modification of the insurer's Certificate of Authority to accommodate or otherwise effect the withdrawal or transition.
- The insurer commits to fulfill any financial obligations related to assessments levied by a guaranty association during the period the insurer is authorized to write business in Pennsylvania.

## To Submit Plan of Withdrawal/Transition

Save and email the completed Plan of Withdrawal/Transition form as an attachment to [Ra-insresponse@pa.gov](mailto:Ra-insresponse@pa.gov).

\*IMPORTANT: Do not forget to attach each document listed in the Documentation and Communications section.