

Review Requirements Checklist
FOREIGN LANGUAGE FORMS

NOTICE: This checklist must be completed in its entirety and included with each submitted form. Failure to provide a completed checklist will result in a delay of the review of the submission and may result in rejection of the filing.

This document is intended to assist carriers in preparing form filings for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that submitted forms comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are paraphrased. Please review the applicable citation for the full text of the requirement.

You can find out more about related laws, rules and orders from the [Administration of Insurance Regulation section](#) of our site.

The Forms and Rates Section of the Life and Health Division will review submissions based on the requirements noted in this checklist. Please contact this Section at (804) 371-9532 if you have questions or need additional information about these requirements.

Company Name:
Third Party Filer:
SERFF Tracking Number:
Form Number(s):

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REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
General Filing Requirements			
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF or submitted in writing to the Commission. If filed by a third-party, filing authorization must be included.	
Filing Description	14 VAC 5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; intentions to concentrate on a specialized market should be noted.	
	14 VAC 5-101-50 C 2	Filing description must include the form number of each form that is being filed.	
	14 VAC 5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form and the exact changes that are intended.	
Forms			
Form Number	14 VAC 5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	
Company Name and Address	14 VAC 5-101-60 2	The full licensed name of the company, including the address of the home office, shall appear in prominent print at the top of the cover page of any policy, application, or enrollment form. The full licensed name of the company shall appear in prominent print on all other forms.	
Final Form – John Doe	14 VAC 5-101-60 5	Form must be submitted in “final form” and in “John Doe fashion” to indicate its intended use.	
Type/font size	14 VAC 5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	
Other Filing Requirements			
		A. The content of forms printed or written in a foreign language must be identical to the English version of the approved or filed form. The form number may be the same as the form number of the English version; however, the company must advise how the foreign version will be distinguished from the English version when the form number is the same.	
		B. The approved English version of the form must accompany the foreign version. Both versions must be placed under the Supporting Documentation Tab.	
		C. The approval date and identification of SERFF or state tracking number for the approved or filed English version of the form must be provided.	

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		<p>D. The following statement must be translated and included in the non-English version of the form: “In the event of a dispute, the provisions of the approved English version of the form will control.”</p>	
		<p>E. The credentials of the translator must be supplied and should be listed concisely, clearly, and accurately to indicate that the translator has the expertise needed to make the translation and is certified. These credentials may be the translator’s certifications, accreditations, degrees in translation, and other pertinent credentials.</p>	
		<p>F. Translator must certify that:</p> <ol style="list-style-type: none"> 1. The person or entity did perform the translation. 2. The translation of the approved English version of the form to the foreign version of the form is accurate and describes in its entirety the terms and conditions of the policy. (The certification may <u>not</u> state in the best knowledge and/or judgement of the translator.) 3. There is no change in substance or emphasis from the provisions in the English version of the form. 	
		<p>G. A statement signed by an officer of the insurer, its General Counsel or any attorney or actuary representing the company stating that:</p> <ol style="list-style-type: none"> a. The company will bear any translation expenses incurred by the State Corporation Commission, Bureau of Insurance, in the performance of its duties resolving complaints, conducting market conduct exams, financial exams, or any other expenses incurred because a form is printed or written in a foreign language. b. The content of the form in its foreign translation is the same as its English version. 	

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I hereby certify that I have reviewed the attached foreign language form(s) and determined that it is in compliance with the foreign language forms checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____