

Review Requirements Checklist
GROUP LONG-TERM CARE INSURANCE (GLTCI) (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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| 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. | |
| | 14 VAC 5-101-50 C 4 | Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form. | |
| | 14 VAC 5-101-50 C 5 | Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal. | |
| | 14 VAC 5-101-50 F | Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing. | |
| | 14 VAC 5-101-50 G | Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation. | |
| HELP TIP: | | If a form filing is submitted as new in Virginia, but was previously disapproved, withdrawn, or rejected in Virginia, please provide details such as the SERFF or State tracking information, form number, and the date that the form filing was disapproved, withdrawn, or rejected if available. | |
| 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. | |

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| Marketing Name or Logo | 14 VAC 5-101-60 3 | A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the filing company. | |
| | 14 VAC 5-101-60 4 | The cover page of a policy also shall include the address of an office that will administer the policy, if different from the home office, a company telephone number, and company website address. | |
| 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. | |
| Electronic Version | 14 VAC 5-101-60 6 | Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly. | |
| Readability | 14 VAC 5-101-70 A | Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, printed in a legible format and understandable to a person of average intelligence without special insurance knowledge or training. | |
| | 14 VAC 5-101-70 B | A policy of more than three pages shall include a table of contents listing the principal sections and provisions and the pages on which they are found. | |
| | 14 VAC 5-101-70 C | Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section. | |
| | 14 VAC 5-101-70 D | A policy shall be divided into logically arranged sections with an appropriately named caption or heading for ease in locating desired content. Captions and headings shall be clearly set apart from the general text. | |
| Type size | 14 VAC 5-101-70 E | Any form submitted for review or approval shall be printed in at least 10-point type size. | |
| | 14 VAC 5-101-70 F | Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G. | |
| Variability | 14 VAC 5-101-80 | Use of variable bracketed information shall be limited. Use of brackets within brackets is not permitted. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. Additional guidance is attached to SERFF General Instructions. | |

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| Certificate of Compliance | 14 VAC 5-101-110 | Each form filing shall contain a Certificate of Compliance signed by an officer of the company certifying the Flesch reading ease score of at least 50; that a review of the form has been conducted and is consistent and complies with the requirements of Title 38.2 and applicable rules and regulations; and a statement that failure to comply with these requirements will result in disapproval of the filing. | |
| LTC Caution Notice | 14 VAC 5-200-80 C 2 | Required language in bold print . | |
| Notice to Buyer | 14 VAC 5-200-170 A 3 | Required language. | |
| Arbitration | § 38.2-312 | Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding. | |
| Fraud Notice | § 38.2-316 D 1 | Title 38.2 of the Code of Virginia does not define “Insurance Fraud”. Any fraud notice that includes the term “insurance fraud” is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered. | |
| 30-Day Free Look | § 38.2-5208 | | |
| General Policy Provisions | | | |
| Contents of Policies | § 38.2-305 A | Each policy/contract shall specify the: (1) The names of the parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, and the period during which the insurance is to continue, (5) The conditions pertaining to insurance. | |
| Important Notice | § 38.2-305 B | Each new or renewal policy/contract/certificate/evidence of coverage shall be accompanied by an important notice as stated in the statute. | |
| Grace Period | § 38.2-3527 | Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium. | |

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| Entire Contract | § 38.2-3529 | Each policy shall contain a provision that the policy, any application of the policyowner, and any individual applications of the persons insured shall constitute the entire contract between the parties. It shall state that a copy of the application of the policyowner shall be attached to policy when issued, that all statements made by the policyowner and insured shall be deemed representations and not warranties and that no written statement made by any person insured shall be used in any contest unless a copy of the statement is furnished to the person, his beneficiary or personal representative. | |
| Misstatement of Age | § 38.2-3532 | Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated. | |
| Individual Certificates | § 38.2-3533 | Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance. | |
| Notice of Claim | § 38.2-3534 | Each policy shall contain a provision that written notice of claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy. | |
| Claim Forms | § 38.2-3535 | Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim. | |
| Proof of Loss | § 38.2-3536 | Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss. | |
| Time Payment of Claims | § 38.2-3537 | Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss. | |
| Payment of Claims | § 38.2-3538 | Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy. | |
| Physical Examinations and Autopsy | § 38.2-3539 | Each policy shall contain a provision that the insurer shall have the right to examine the policy for whom a claim is made, when and as often as it may reasonably require during the pendency of a claim or make an autopsy where it is not prohibited by law. | |

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| Legal Actions | § 38.2-3540 | Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time that proof of loss was required to be filed. | |
| Claims Experience (Applies to employer groups only) | § 38.2-3540.1 | Each policy shall contain a provision that a complete record of the policyholders' claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended. | |
| Termination Notice | § 38.2-3542 | Written notice of termination must be provided to certain employers prior to termination of coverage. | |
| Incontestability | § 38.2-5209 | The provision contains specific incontestability language for long-term care insurance. | |
| Continuation or Conversion | 14 VAC 5-200-60 D | Mandatory except for reasons stated. | |
| Discontinuance and Replacement | 14 VAC 5-200-60 E | Coverage and premium requirements under the replacement policy. | |
| Unintentional Lapse | 14 VAC 5-200-65 A 3 | The policy must specify an additional 30 days for an unintentional lapse of coverage. | |
| Reinstatement | 14 VAC 5-200-65 B | Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity. | |
| <i>Prohibited Provisions</i> | | | |
| Subrogation | § 38.2-3405 A | No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person. | |
| Liability Insurance | § 38.2-3405 B | Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. | |
| Workers' Compensation | § 38.2-3405 D | The statute discusses exceptions to exclusions due to benefits payable under workers' compensation. | |
| Prohibited Provisions | § 38.2-5203 | Specified prohibited provisions. | |
| Prior Institutionalization | § 38.2-5205 A | Prior institutionalization may not be a requirement to receive benefits. | |
| Minimum Standards for Home Health Care | 14 VAC 5-200-90 | The minimum standards include prohibited exclusions and restrictions regarding home health care benefits. | |
| Replacement Prohibitions | 14 VAC 5-200-190 | Preexisting conditions and waiting periods may not be used in replacement policies. | |

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| LTC Policy Requirements | | | |
| Rates | § 38.2-316 | Rates must be filed. | |
| Duration of Benefits | § 38.2-5200 | Coverage must be provided for a minimum of 12 months. | |
| Policy Definitions | § 38.2-5200 14 VAC 5-200-50 | Certain terms defined. | |
| Preexisting Conditions | § 38.2-5204 | Defines look-back period and limitation period for preexisting conditions. | |
| Preexisting Condition Limitations | 14 VAC 5-200-70 D | If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations". | |
| Limitations or Conditions on Eligibility for Benefits | § 38.2-5205 B 14 VAC 5-200-187 | Permissible benefit triggers and requirements. | |
| Nonforfeiture Benefit Requirement | § 38.2-5210 14 VAC 5-200-185 B | Offer made to the policyholder. Refer to the regulation for specifics. | |
| Filing of Rates Actuarial Memorandum | 14 VAC 5-130-60 A and 14 VAC 5-130-60 B | The regulation specifies rate filing and actuarial memorandum requirements. | |
| Definitions | 14 VAC 5-200-40 | | |
| Limitations and Exclusions | 14 VAC 5-200-60 B | | |
| Extension of Benefits | 14 VAC 5-200-60 C | | |
| Usual, Customary, and Reasonable Language | 14 VAC 5-200-70 C | The term must be defined if benefits are based on usual, reasonable and customary charges. | |
| Required to Offer Inflation Protection | 14 VAC 5-200-100 A | | |
| Policy Issued Out-of-State Covering Residents of VA | 14 VAC 5-200-155 | Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA. | |
| LTC Personal Worksheet | 14 VAC 5-200-175 C 2 | Must be in no less than 12-point type and include the information and in the form as shown in Form B. | |
| Right to Reduce Coverage and Lower Premiums | 14 VAC 5-200-183 | The policy shall include a provision that allows the certificateholder to reduce coverage and lower the premium. | |
| Contingent Benefit Upon Lapse | 14 VAC 5-200-185 C | If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided. | |

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| Disclosures | | | |
| Outline of Coverage | § 38.2-5207 1; 14 VAC 5-200-200 | The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline. | |
| Master Policy Governs | § 38.2-5207 2 c | Statement that group master policy should be consulted to determine governing contractual provisions. | |
| Policies that include issue ages of 65 or higher | 14 VAC 5-170-150 E 1 | Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate. | |
| Applies to policies where premiums can be revised | 14 VAC 5-200-70 A 2 | The policy shall include a clear and prominent statement in bold type and all capital letters that the premium rates may be increased. | |
| Tax-qualified LTCI | § 38.2-5207 4 14 VAC 5-200-70 H | Prominent disclosure identifying a certificate is a qualified long-term care insurance policy/certificate or a federally tax-qualified long-term care insurance contract. | |
| Non-tax-qualified LTCI | 14 VAC 5-200-70 I | A non-tax-qualified plan must disclose that the policy is not intended to be a qualified long-term care insurance contract. | |
| Notice of Premium Rate Increase | 14 VAC 5-200-75 D | Any reference to a premium increase shall disclose that notice of premium increase shall be at least 75 days prior to implementation of premium rate schedule. | |
| Rates | | | |
| | § 38.2-316 | | |
| | | Complete one of the following checklists as indicated: | |
| | | FOR NEW LONG-TERM CARE INSURANCE (LTCI) RATES | |
| | | FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES | |

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I hereby certify that I have reviewed the attached group long-term care insurance (GLTCI) (FORMS) filing and determined that it is in compliance with the group long-term care insurance (GLTCI) (FORMS) checklist.

Signed: _____

Name (please print): _____

Company Name: _____

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

E-Mail Address: _____