

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

**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:

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>General Filing Requirements</b>			
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.	
<b>HELP TIP:</b>		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.	
<b>Forms</b>			
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.	
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.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
	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.	
	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.	
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.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
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.	
<b>Required Provisions</b>			
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of 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) A statement of premium, (6) Conditions pertaining to the 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.	
Breast Cancer Underwriting and Preexisting Conditions Restrictions	§ 38.2-3407.11:3	Plan is prohibited from denying the issuance or renewal of coverage, or from canceling such coverage, or from including the exception or exclusion of benefits based solely on the members having a high risk of breast cancer or having had breast cancer, and having been cancer free for 5 years or more.	
Proton Radiation Therapy Decisions	§ 38.2-3407.14:1	Each policy or contract that provides coverage for cancer therapy shall not hold proton radiation therapy to a higher standard of clinical evidence than for decisions regarding coverage of other types of radiation therapy treatment.	
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for:  (1) Persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) Chiefly dependent on the insured for support and maintenance.  Additional premium may be charged based upon class of risks.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Reconstructive Breast Surgery	§ 38.2-3418.4	Coverage for reconstructive breast surgery, coincident with a mastectomy performed for breast cancer, to establish symmetry between the two breasts. This requirement applies to cancer and cancer combination policies providing benefits on an expense incurred basis.	
Entire Considerations/ Premium	§ 38.2-3500 A 1	The entire consideration must be expressed in the policy.	
Effective – Terminates	§ 38.2-3500 A 2	The time (i.e. 12 pm on effective date) at which the policy takes effect and terminates must be stated in the policy.	
Exceptions – Reductions	§ 38.2-3500 A 4	Exceptions and Reductions must appear in the policy with the benefit or in an appropriate captioned section. If exception/reduction applies only to single benefit, then it must appear with that benefit.	
Definition of Eligible Family Members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.	
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Policy must contain statement regarding the status of the Department of Medical Assistance Services as the payor of last resort.	
Notice for Policy/Return	§ 38.2-3502	Each policy must contain a notice on first page stating substantially the wording in this section. If parts of notice inapplicable, it may be modified with the Commission's approval.	
Entire Contract/ Changes	§ 38.2-3503 A 1	Provision that this policy, including the amendment and attached papers, if any, constitute the entire contract of insurance. No change is valid unless approved by company executive officer, endorsed hereon or attached hereto. No agent may change or waive any of the policy's provisions.	
Time Limit on Certain Defenses (TLCD) Incontestability	§ 38.2-3503 A 2	TLCD – Only fraudulent misstatements may be used after 2 years to deny a claim or void the policy. Incontestable - After 2 years from issue during insured's lifetime, the company cannot contest the statements in application.	
Grace Period	§ 38.2-3503 A 3	Grace period provision must state this policy has a 31-day grace period. During the grace period, the policy shall stay in force.	
Reinstatement	§ 38.2-3503 A 4	If renewal premium not received within grace period, policy will lapse. Insured may apply for reinstatement, if accepted insurance starts on approval date. If no disapproval received by 45 <sup>th</sup> day insurance is effective on the 45 <sup>th</sup> day after conditional receipt of premium. Reinstatement will cover only loss from injury after approval date or sickness starting more than 10 days after such date.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Notice of Claim	§ 38.2-3503 A 5	Notice of claim must be given to company within 20 days after covered loss starts or as soon as reasonably possible. Notice shall include name of Insured and/or Claimant, and the policy number.	
Claim Forms	§ 38.2-3503 A 6	Company must provide claimant with claim forms within 15 days. If not, proof of loss requirements can be met by giving the Company a written statement of the nature and extent of the loss within 90 days.	
Proof of Loss	§ 38.2-3503 A 7	Written proof of loss must be given within 90 days to the company. If not reasonably possible to give proof of loss in the time provided company shall not reduce nor deny claim if proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity proof must be given no later than 1 year from the time specified.	
Time of Payment of Claims	§ 38.2-3503 A 8	After receiving written proof of loss, company will pay monthly all benefits then due. Benefits for any other loss will be paid as soon as proper written proof is received.	
Payment of Claims	§ 38.2-3503 A 9	Benefits will be paid to the Insured if living, otherwise to the beneficiary or the insured's estate. If paid to the insured's estate or beneficiary the amount shall not exceed \$2,000.	
Physical Examinations & Autopsy	§ 38.2-3503 A 10	The company, at its own expense, can have the insured examined as often as reasonably possible while claim is pending. It may also have autopsy made unless prohibited by law.	
Legal Actions	§ 38.2-3503 A 11	No legal action may be brought within 60 days after written proof of loss has been given. No legal action may be brought after 3 years from the time written proof of loss is required to be given.	
Change of Beneficiary	§ 38.2-3503 A 12	Insured may change beneficiary at any time except beneficiary's consent is required if designated as irrevocable beneficiary.	
Cancellation by Insured	§ 38.2-3503 A 13	The insured may cancel this policy at any time by written notice to the company. In the event of cancellation, the company shall promptly return the unearned portion of any premium; the earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.	
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.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>Other Provisions</b>			
Misstatement of Age	§ 38.2-3504 2 § 38.2-3513	If Insured's age has been misstated, benefits will be those that the premium paid would have purchased at the correct age.	
Other Insurance in this Company	§ 38.2-3504 3	If insured has more than one policy with insurer, insured may keep the one policy selected and company will return all premiums paid for other such policies.	
Unpaid Premium	§ 38.2-3504 7	When a claim is paid, any premium due and unpaid may be deducted from the claim payment.	
Conformity with State Statutes	§ 38.2-3504 9	Any provision of this policy that on its effective date is in conflict with the laws of the state in which the Insured resides on that date is hereby amended to conform to the minimum requirement of the law.	
Intoxicants and Narcotics	§ 38.2-3504 11	Company will not be liable for any loss resulting from the Insured's being drunk, or under the influence of any narcotic unless taken on the advice of a physician.	
<b>Policy Requirements</b>			
Definitions	14 VAC 5-120-40	Certain terms defined.	
Continuation of Coverage for Spouse/Deceased Insured	14 VAC 5-120-50 1	For guaranteed renewable and noncancellable policies, the spouse of the insured will become the insured in the event of the insured's death.	
Specified Disease Policies Guaranteed Renewable	14 VAC 5-120-50 2	All specified disease policies must be at least guaranteed renewable. Renewal provisions must contain explanatory language.	
Military Refund	14 VAC 5-120-50 3	If a policy includes a status type military exclusion, the insurer will provide for refund of the premium, on a pro rata basis, upon receipt of a written notice of military service.	
Transplant Donor Benefits	14 VAC 5-120-50 5	Any expense incurred policy providing transplant benefits must also provide reimbursement of medical expenses of a live donor to the extent that benefits remain after recipient's expenses have been paid.	
Recurrent Disability – 6 Month Maximum	14 VAC 5-120-50 6	No recurrent disability benefit can be separated by a period greater than 6 months.	
Pathological/Clinical Diagnosis	14 VAC 5-120-50 8	Any policy that conditions payment on pathological diagnosis must also provide for clinical diagnosis if pathological diagnosis is medically inappropriate.	
Conditions Aggravated by Specified Disease	14 VAC 5-120-50 9	Policy cannot deny benefits for specified disease or for any other condition or disease directly caused or aggravated by the specified disease or its treatment.	
Probationary Period - 30 days	14 VAC 5-120-50 10	No policy shall contain a waiting or probationary period greater than 30 days.	
Reduction in Benefits – Other Ins.	14 VAC 5-120-50 13	Benefits for specified disease shall be paid regardless of other health insurance coverage (except Insurance with this Insurer provision).	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
1 <sup>st</sup> Day Coverage Retro 90 Days	14 VAC 5-120-50 14	Benefits shall begin on first day of care or confinement even though the diagnosis is made at some later date. Retroactive application of such coverage may not be less than 90 days prior to such diagnosis.	
<b><i>Prohibited Policy Provisions</i></b>			
Dividend Policy or Rider	14 VAC 5-120-60 A	No policy, rider or endorsement may be issued as a dividend unless cash equivalent has also been offered. No dividend form shall be issued for an initial term of less than 6 months.	
Return of Premium/Cash Value	14 VAC 5-120-60 C	Return of premium or cash value benefits may be in policy so long as: (1) Such return of premium is not reduced by an amount greater than the aggregate of claims paid; and (2) Insurer demonstrates that the reserve basis is adequate.	
Federal Government Hospital Exclusion (Hospital Indemnity Policies)	14 VAC 5-120-60 D	Policies providing hospital confinement indemnity coverage shall not exclude coverage for confinement in a hospital operated by Federal Government.	
Specified Disease Exclusions	14 VAC 5-120-60 E	No policy shall limit or exclude coverage by type of illness, treatment or medical condition, except as listed in this section.	
Waivers Require Signed Acceptance	14 VAC 5-120-60 F	When waivers are required as a condition or issuance, signed acceptance by the insured is required unless full text of waiver is on first page or specification page of the policy or unless notice of waiver appears on first page or specification page.	
<b><i>Minimum Standards for Specified Diseases</i></b>			
Non-Cancer Policies	14 VAC 5-120-70 1	Minimum standards for non-cancer policies.	
Cancer Only/Cancer Combination Policy	14 VAC 5-120-70 2	Minimum standards for cancer and cancer combination policies.	
<b><i>Required Disclosures</i></b>			
Renewal Provision – 1 <sup>st</sup> Page	14 VAC 5-120-80 A	Each specified disease policy shall contain a renewal provision on the first page of the policy and appropriately captioned.	
Add Premium for Rider or Endorsement	14 VAC 5-120-80 C	When additional benefits are provided by rider or endorsement, additional premium charges shall be in the policy or attached schedule page.	
UCR Definition Required if UCR used in policy	14 VAC 5-120-80 D	If policy provides benefits based on “usual and customary” or word of similar import shall include explanation of such terms.	
Preexisting Condition Limitation	14 VAC 5-120-80 E	If a policy contains a preexisting condition limitation, the limitations must appear in a separate paragraph and labeled as “Preexisting Conditions Limitations.”	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	
Conversion Privilege	14 VAC 5-120-80 F	If a policy contains a conversion privilege it shall: 1) Be captioned "Conversion Privilege", 2) indicate who is eligible, by whom privilege may be exercised and circumstances applicable to conversion including limitations.	
Limited Benefit Policy Disclosure	14 VAC 5-120-80 G	Each specified disease policy shall have the statement prominently displayed on the first page:"THIS IS A LIMITED POLICY. READ IT CAREFULLY."	
<b><i>Replacement Provisions</i></b>			
Replacement Question on Application	14 VAC 5-120-90 A	Applications for specified disease must contain a question regarding the applicant's intent to replace policy in force.	
Replacement Notice	14 VAC 5-120-90 B	If answer is yes, applicant must be provided with notice complying with subsection C or D of this provision.	
<b><i>Rates</i></b>			
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.	

Review Requirements Checklist  
INDIVIDUAL SPECIFIED DISEASE INSURANCE

I hereby certify that I have reviewed the attached individual specified disease filing and determined that it is in compliance with the individual specified disease checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_