Print Reset Form

Review Requirements Checklist
GROUP MEDICARE SUPPLEMENT INSURANCE
(For Standardized Contracts with Effective Dates on or after June 1, 2010)

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:

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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.	
	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.	
	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.	
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.	
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.	
Standard Provisions			
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.	
Incontestability	§ 38.2-3528	Each policy shall contain a provision that the validity of the policy shall not be contested after it has been in force for 2 years from date of issue, except for non-payment of premiums. No statement made by the person shall be used in contesting the validity after the insurance has been in force prior to the contest for a period of 2 years and unless the statement is contained in a written statement signed by him.	

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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 insureds 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.	
Evidence of Insurability	§ 38.2-3530	Each policy shall contain a provision setting forth any conditions under which the insurer reserves the right to require a person eligible for insurance to furnish evidence of individual insurability.	
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 a 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 of 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 Benefits	§ 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.	

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Physical Examinations/Autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the person for whom a claim is made, when and as often as it may reasonably require during the pendency of the claim or make an autopsy where it is not prohibited by law.	
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	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholders' claims 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 C	Written notice of termination must be given to certain employers prior to termination of coverage.	
Minimum Anticipated Loss Ratio	§ 38.2-3601 14 VAC 5-170-120 A 1 a	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits at least 75% of aggregate premiums collected.	
Free Look Notice	§ 38.2-3604	30-day free look period required.	
Definitions and Terms	14 VAC 5-170-30 14 VAC 5-170-40	Certain terms used in policy must be defined. "Medicare" shall be defined in the policy and certificate.	
General Provisions			
Policy not more restrictive than Medicare	14 VAC 5-170-50 A	No policy may be advertised, solicited or issued for delivery if the policy or certificate contains exclusions or limitations more restrictive than Medicare.	
No Waiver to exclude Pre-Existing Conditions	14 VAC 5-170-50 B	No Medicare supplement policy may use waivers to exclude, limit or reduce coverage or benefits.	
No Duplication of Medicare Benefits	14 VAC 5-170-50 C	No Medicare supplement policy shall contain benefits that duplicate Medicare benefits.	
Accident & Sickness Benefits – Same	14 VAC 5-170-75 B 2	Policy shall not indemnify against losses from sickness on a different basis than losses from accidents.	

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Medicare Changes Policy Automatically changes	14 VAC 5-170-75 B 3	Benefits designed to cover cost sharing amounts under Medicare will automatically change to coincide with any changes to Medicare deductibles and copayment percentage factors. Premiums may be modified to correspond with such changes if loss ratios have been met.	
Spouse – Insured upon term. of insured	14 VAC 5-170-75 B 4	Policy shall not provide for termination of coverage of spouse solely because of the occurrence of an event specified for termination of the insured, except non-payment of premiums.	
Extension of Benefits	14VAC5-170-75 B 6	Termination of a Medicare supplement policy shall be without prejudice to any continuous loss that commenced while the policy was in force.	
General Provisions			
Policy not more restrictive than Medicare	14 VAC 5-170-50 A	No policy may be advertised, solicited or issued for delivery if the policy or certificate contains exclusions or limitations more restrictive than Medicare.	
No Waiver to exclude Pre-Existing Conditions	14 VAC 5-170-50 B	No Medicare supplement policy may use waivers to exclude, limit or reduce coverage or benefits.	
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Suspension of Coverage	14 VAC 5-170-75 B 7 a 14 VAC 5-170-75 B 7 b 14 VAC 5-170-75 B 7 d	Medicaid eligibility.	
	15 VAC 5-170-75 B 7 c 14 VAC 5-170-75 B 7 d	Loss of coverage under group health plan defined in the Social Security Act.	

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Core Benefits	14 VAC 5-170-75 C	Standards for core benefits common to all Medicare supplement insurance benefit plans.	
Standards for Plans B, C, D, F High Deductible F, G, M, N	14 VAC 5-170-75 D	This section provides benefits required for each type plan issued. See section of code for benefit standards for each plan under 14VAC5-170-85.	
Make Available Basic Core Benefits	14 VAC 5-170-85 B 1	Every insurer shall make available basic "core" package as defined in 14VAC5-170-75 C.	
Additional Benefits for Plans K, L	14 VAC 5-170-85 B 2	Refer to 14VAC5-170-85 F 8 and F 9.	
Designation of Plan	14 VAC 5-170-85 D	Plans shall be uniform in structure, language, designation and format to the Plans A – L listed in this subsection.	
One Form of a Policy or Certificate for Each Plan Type	14 VAC 5-170-130 C	See regulation for exceptions.	
Riders – Signed Acceptance	14 VAC 5-170-150 A 2	All riders added after date of issue which reduce or eliminate benefits shall require a signed acceptance by the insured.	
No Policy Benefits Based on UCR	14 VAC 5-170-150 A 3	Medicare supplement policies shall not pay benefits based on "usual and customary" or "reasonable and customary" or words of similar import.	
Receipt of Buyers Guide	14 VAC 5-170-150 A 6	Issuers shall provide to Medicare eligible person a Guide to Health Insurance for People with Medicare upon application and acknowledgement of receipt shall be obtained by issuer.	
Pre-Existing Conditions			
Pre-Existing Conditions Definition	14 VAC 5-170-75 B 1	Pre-Existing Definition – 6 months, Pre-existing limitation – 6 months	
Pre-Existing Limitation Separate Paragraph	14 VAC 5-170-150 A 4	Pre-existing condition limitations shall appear as a separate paragraph in certificate and be labeled as such.	

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Pre-Existing Conditions – 63 Days Creditable Coverage	Administrative Letter 1998-9	Medicare supplement policy applicants that apply not later than 63 days after termination of enrollment and who submit evidence of date of termination with the application are eligible persons. With respect to eligible persons, an issuer shall not: 1) Deny or condition the issuance of a policy offered and available for issue to new enrollees. 2) Discriminate in pricing of the policy because of health status, claims experience, receipt of health care, or medical condition, or 3) Impose an exclusion of benefits based upon pre-existing conditions. If period of credible coverage is less than six months, the pre-existing condition period may be reduced by the aggregate of the period of creditable coverage.	
Eligibility Provisions			
Open Enrollment Guaranteed Issue – Pre-Existing – 6 months Allowed	14 VAC 5-170-100 A	Issuer may not deny Medicare supplement coverage nor discriminate in the pricing of such policy because of health status, claims experience, receipt of health care or medical condition of applicant submitting prior to the 6-month period when individual is both 65 or older and enrolled under Medicare Part B. All plans currently available will be made available to those who qualify regardless of age.	
Renewability Provisions			
Guaranteed Renewable Policy Terminated by Policyholder and Not Replaced	14 VAC 5-170-75 B 5	Each Medicare supplement policy shall be guaranteed renewable and the issuer shall not cancel or non-renew solely for health status. Issuer shall not cancel or non-renew for any reason except nonpayment of premiums or material misrepresentation. If the Medicare supplement policy is terminated by the group policyholder and not replaced, an individual Medicare supplement policy must be offered to the certificateholders. If the certificateholder terminates membership in the group, an individual conversion policy must be offered or at the option of the group policyholder, continuation of coverage under the group policy.	
Renewal Clause – Captioned on first page of policy. Attained Age Disclosure	14 VAC 5-170-150 A 1	Renewability provision shall be appropriately captioned and shall appear on the first page of the certificate with any reservation of the right to change premiums and any automatic renewal increase based on policyholders age. Attained Age Disclosure in at least 14-point type.	

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Replacement Provisions			
Outline of Coverage Provision	14 VAC 5-170-150 D	All outlines of coverage shall be in essentially the same format as shown in this section.	
Replacement notice required when replacing Medicare supplement coverage	14 VAC 5-170-160 D	Upon replacement of Medicare supplement certificate, issuer must provide replacement notice to applicant. One copy of replacement notice shall remain on file with the issuer.	
Notice to Buyer prominent on first page of certificate	14 VAC 5-170-180 A 3	Notice to Buyer must appear prominently on first page of certificate.	
Replacing Certificates – No Pre-ex or waiting periods greater than remaining on old policy	14 VAC 5-170-210	When replacing certificates – Issuer will waive all time periods applicable to pre-existing conditions, waiting periods, elimination periods and probationary periods to the extent such time was spent under the original policy. If certificate is over 6 months old, replacing certificate shall not have a preexisting condition limitation or exclusion.	
Rates			
	14 VAC 5-170-130 B	Rate filing and actuarial memorandum.	

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I hereby certify that I have reviewed the attached group Medicare supplement filing and determined that it is in compliance with the group Medicare supplement checklist.

Signed: _____

Name (please print): _____

Company Name: _____

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

E-Mail Address: _____