**Maine Bureau of Insurance
Form Filing Review Requirements Checklist
GROUP DISABILITY INCOME - MAINE TAX CREDIT QUALIFIED for STD and LTD - H11G.004**

**(REVISED 11/02/2020)**

**Carrier MUST confirm compliance and IDENTIFY the LOCATION (Page Number, Section, Paragraph, etc.) of the STANDARD in the last column. If carrier believes a contract does not have to meet this requirement they MUST EXPLAIN WHY in the last column.**

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| REVIEW REQUIREMENTS | **REFERENCE** | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS  | LOCATION OF STANDARD IN FILING |
| **General Submission Requirements** |
| Electronic (SERFF) Submission Requirements | [24-A M.R.S.A. §2412 (2)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2412.html)[Bulletin 360](http://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdf) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See <http://www.serff.com>. |  |
| FILING FEES | [24-A M.R.S.A. §601(17)](http://legislature.maine.gov/statutes/24-A/title24-Asec601.html) | $20.00 for Rate filings, rating rules filings, insurance policy, forms, riders, endorsements and certificates. See General Instructions page in SERFF for additional information on filing fee structure.Filing fees must be submitted by EFT in SERFF at the time of submission of the filing.All filings require a filing fee unless specifically excluded per 24-A M.R.S.A. §4222(1), and/or are a required annual report. |  |
| Grounds for disapproval | [24-A M.R.S.A. §2413](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [24-A M.R.S.A. §2441](http://legislature.maine.gov/statutes/24-A/title24-Asec2441.html) | Minimum of 50.  Riders, endorsements, applications all must be scored. They may be scored either individually or in conjunction with the policy/certificate to which they will be attached. Exceptions: Federally mandated forms/language, Groups > 1000, Group Annuities as funding vehicles. Scores must be entered on form schedule tab in SERFF. |  |
| Variability of Language | [24-A M.R.S.A.§2412](http://legislature.maine.gov/statutes/24-A/title24-Asec2412.html) [§2413](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Forms with variable bracketed information must include all the possible language that might be placed within the brackets. The use of too many variables will result in filing disapproval as Bureau staff may not be able to determine whether the filing is compliant with Maine laws and regulations. |  |
| General Policy Provisions |
| Age Limits | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2822.html)[§2822](http://legislature.maine.gov/statutes/24-A/title24-Asec2822.html) | There shall be a provision specifying the ages, if any there be, to which the insurance provided therein shall be limited; and the ages, if any there be, for which additional restrictions are placed on benefits and the additional restrictions placed on the benefits at such ages.  |  |
| **Applicant's statements; waivers, amendments** | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2817.html)[§2817](http://legislature.maine.gov/statutes/24-A/title24-Asec2817.html) | There shall be a provision that no statement made by the applicant for insurance shall avoid the insurance or reduce benefits thereunder unless contained in the written application signed by the applicant; and a provision that no agent has authority to change the policy or to waive any of its provisions; and that no change in the policy shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the policyholder and the insurer.  |  |
| Benefit Amount – SHORT-TERM | [36 M.R.S. § 5219-NN(1)(F)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | Replaces income of at least $200 per week. |  |
| Benefit Amount – LONG-TERM | [36 M.R.S. § 5219-NN(1)(E)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | Replaces at least 50% of predisability earnings prior to any applicable offsets.  |  |
| Definition of Dependent  |  [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2833.html)[§2833](http://legislature.maine.gov/statutes/24-A/title24-Asec2833.html) | Children (including stepchildren adopted children or children placed for adoption) under the age of 19. Cannot use financial dependency as a requirement for eligibility. Adopted or placed for adoption children are to be provided the same benefits as natural dependent children and stepchildren. |  |
| Definition of Elimination Period | [36 M.R.S. § 5219-NN(1)(B)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html) | "Elimination period" means the time period during which an employee is unable to work due to a covered sickness or injury but is not yet eligible for disability benefits under the plan. |  |
| Definition of Sickness | Case Law and[24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[§2413(B)(D)](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | A definition of "sickness" should not include language such as, “condition(s) first manifesting themselves while the contract is inforce.” Such language conflicts with the incontestability clause as well as the pre-existing condition definition, since these clauses, when satisfied, can include benefits for known manifested conditions prior to the effective date of the policy. |  |
| Disclosure of Benefit Offsets | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2829-A.html)[§2829-A](http://legislature.maine.gov/statutes/24-A/title24-Asec2829-A.html) | 1. Disclosure to persons eligible for coverage. If the benefits under that policy or contract are subject to reduction due to other sources of income, then the insurer shall include in any written enrollment material and certificate of coverage developed by the insurer that is intended to be distributed to persons eligible for coverage under the policy or contract a clear and conspicuous notice that accurately explains all types of other sources of income that may result in a reduction of the benefits payable under the policy or contract. The notice requirement under this section does not apply to an advertisement intended for the general public. 2. Recovery of disability benefit overpayments. For claims filed after January 1, 2006, an insurer that is entitled to reduce disability income benefit payments when the insured receives income from other sources and that is entitled to recover overpayments through offsets against current payments to the insured may not recover such overpayments at a rate greater than 20% of the net benefit per benefit payment period unless: A. For policies applied for after September 13, 2003, the insurer has complied with the requirements of subsection 1;B. The insurer effects the offset of benefits within 60 days of notice to the insurer, or such later date as the insurer begins paying benefits to the insured, that the insured is receiving or is entitled to receive income that may result in a reduction of benefits payable under the policy; C. The overpayment did not result from the insurer's miscalculation of benefit reductions or the insurer's miscalculation of benefits payable under the policy; and D. The insurer provided the insured with clear and conspicuous written notice that accurately explains to the insured all types of other sources of income that may result in a reduction of the benefits payable under the policy within 30 days of the date a claim for disability benefits was filed. |  |
| Disclosure notice informing enrollee of option | [24-A M.R.S.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2804-B.html)[§2804-B](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2804-B.html) | Employee must be provided information regarding the employer-sponsored group disability income protection plan at least 30 days prior and a second time at least 10 days prior to the initial payroll deduction of that employees premiums. The information provided must include a statement of the employee’s right to opt out of coverage, the process by which the employee must exercise the right to opt out of coverage and any deadline to opt out of coverage. |  |
| Duration of Benefit – SHORT TERM | [36 M.R.S. § 5219-NN(1)(F)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | Offers benefits for at least 6 months.  |  |
| Duration of Benefit – LONG TERM | [36 M.R.S. § 5219-NN(1)(E)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | Offers benefits for at least 24 months. |  |
| Elimination Period – SHORT-TERM | [36 M.R.S. § 5219-NN(1)(F)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | No more than 30 days. |  |
| Elimination Period – LONG-TERM | [36 M.R.S. § 5219-NN(1)(E)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | No greater than 185 days. |  |
| Establishment of Plan | [36 M.R.S. § 5219-NN(1)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html) | Plan must be established either after 1/1/17 or that is reopened for enrollment.  |  |
| Examination, Autopsy | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2826.html)[§2826](http://legislature.maine.gov/statutes/24-A/title24-Asec2826.html) | There shall be a provision that the insurer shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law.  |  |
| Exceptions | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2829.html)[§2829](http://legislature.maine.gov/statutes/24-A/title24-Asec2829.html) | Any portion of any such policy, delivered or issued for delivery in this State, which purports, by reason of the circumstances under which a loss is incurred, to reduce any benefits promised thereunder to an amount less than that provided for the same loss occurring under ordinary circumstances, shall be printed in such policy and in each certificate issued thereunder, in bold face type and with greater prominence than any other portion of the rest of such policy or certificate, respectively; and all other exceptions of the policy shall be printed in the policy and certificate with the same prominence as the benefits to which they apply. |  |
| Forms for Proof of Loss | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2825.html)[§2825](http://legislature.maine.gov/statutes/24-A/title24-Asec2825.html) | There shall be a provision that the insurer will furnish to the policyholder such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished before the expiration of 15 days after the insurer received notice of any claim under the policy, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.  |  |
| Genetic Information Protections | [24-A M.R.S.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-C.html) [§ 2159-C(3)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-C.html)[24-A M.R.S.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-C.html) [§ 2159-C(4)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-C.html) | An insurer may not make or permit any unfair discrimination against an individual in the application of genetic information or the results of a genetic test in the issuance, withholding, extension or renewal of an insurance policy.An insurer may not request, require, purchase or use information obtained from an entity providing direct-to-consumer genetic testing without the informed written consent of the individual who has been tested. |  |
| Individual Certificates | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2821.html)[§ 2821](http://legislature.maine.gov/statutes/24-A/title24-Asec2821.html) | Except in the case of blanket health insurance, a provision that the insurer shall issue to the policyholder, for delivery to each member of the insured group, an individual certificate or printed information setting forth in summary form a statement of the essential features of the insurance coverage of such employee or such member and in substance the provisions of sections 2821 to 2828. The insurer shall also provide for distribution by the policyholder to each member of the insured group a statement, where applicable, setting forth to whom the benefits under such policy are payable. |  |
| Living organ donors, discrimination prohibition | [24-A MRSA §2159-D](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2159-D.html) | Notwithstanding any other provision of law, an insurer authorized to do business in this State may not: A. Limit coverage or refuse to issue or renew coverage of an individual under any life insurance, disability insurance or long-term care insurance policy due to the status of that individual as a living organ donor; B. Preclude an individual from donating all or part of an organ as a condition of receiving coverage under a life insurance, disability insurance or long-term care insurance policy; C. Consider the status of an individual as a living organ donor in determining the premium rate for coverage of that individual under a life insurance, disability insurance or long-term care insurance policy; or D. Otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price or any other condition of a life insurance, disability insurance or long-term care insurance policy based solely and without any additional actuarial justification upon the status of an individual as a living organ donor. |  |
| New Employees, Members | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2819.html)[§2819](http://legislature.maine.gov/statutes/24-A/title24-Asec2819.html) | There shall be a provision that all new employees or new members, as the case may be, in the groups or classes eligible for such insurance must be added to such groups or classes for which they are respectively eligible.  |  |
| Notice of Claim | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2823.html)[§2823](http://legislature.maine.gov/statutes/24-A/title24-Asec2823.html) | There shall be a provision that written notice of sickness or of injury must be given to the insurer within 30 days after the date when such sickness or injury occurred. Failure to give notice within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.  |  |
| Opt Out of Enrollment | [36 M.R.S. § 5219-NN(1)(F)](http://www.mainelegislature.org/legis/statutes/36/title36sec5219-NN-2.html)[Bulletin 429](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/429.pdf) | Plan must contain language allowing employees to opt out of enrollment. |  |
| Pregnancy | [5-M.R.S.A. §4572-A(3)](http://legislature.maine.gov/statutes/5/title5sec4572-a.html) | A group DI policy that excludes benefits for pregnancy may be in violation of the Maine Human Rights Act: "Disabilities caused or contributed to by pregnancy, miscarriage, abortion, childbirth, or related medical conditions, and recovery therefrom, for all job-related purposes, shall be treated the same as disabilities caused or contributed to by other medical conditions, under any health or disability insurance or sick leave plan available in connection with employment." |  |
| Prohibition against Absolute Discretion Clauses | [24-A MRSA §2847-V](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2847-V.html) | Carriers are prohibited from including or enforcing absolute discretion provisions in disability income insurance policy, contracts or certificates. |  |
| Proof of Loss | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2824.html)[§2824](http://legislature.maine.gov/statutes/24-A/title24-Asec2824.html) | There shall be a provision that in the case of claim for loss of time for disability, written proof of such loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require, and that in the case of claim for any other loss, written proof of such loss must be furnished to the insurer within 90 days after the date of such loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.  |  |
| Rebates | [24-A MRSA](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2160.html)[§2160](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2160.html)[24-A MRSA](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2163-A.html)[§2163-A](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2163-A.html)[Bulletin 382](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/382.pdf) | Are there any provisions that give the insured a benefit not associated with indemnification or loss?”Yes \_\_\_No \_\_\_ |  |
| Renewal of Policy | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2820.html)[§2820](http://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | There shall be a provision stating the conditions under which the insurer may decline to renew the policy.   |  |
| Specific Treatment | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[§2413(B)(D)](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | It is inappropriate if a policy requires the claimant to receive specific treatment above what the claimant is receiving, when: -- The claimant is receiving regular and appropriate treatment from a practitioner operating within the scope of his/her license.  |  |
| Statements In Application | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2818.html)[§2818](http://legislature.maine.gov/statutes/24-A/title24-Asec2818.html) | There shall be a provision that all statements contained in any such application for insurance shall be deemed representations and not warranties.  |  |
| Subrogation/Limits on priority liens |  [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2836.html)[§2836](http://legislature.maine.gov/statutes/24-A/title24-Asec2836.html) | Does this policy have subrogation provisions? If yes see provisions below:Subrogation requires prior written approval of the insured and allows such payments only on a just and equitable basis and not on the basis of a priority lien. | **Yes** [ ]  **Please provide citation for section in policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No** [ ]  |
| Third Party 10 Day Notice of Cancellation; Reinstatement Due to Cognitive Impairment or Functional Incapacity | [24-A M.R.S.A.§2847-C](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2847-C.html)[Rule580](http://www.maine.gov/sos/cec/rules/02/031/031c580.doc) | An insurer shall provide for notification of the insured person and another person, if designated by the insured, prior to cancellation of a health insurance policy for nonpayment of premium.Insurers must provide the following disclosure, notice and reinstatement rights:1. Insured has the right to elect a third party to receive notice and that the insurer will send them a third party notice request form to make that selection.2. Insured and designated individual will receive a 10 day notice of cancellation.3. Insured has the right to reinstatement of the contract if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured’s nonpayment of premium or other lapse or default on the part of the insured.4. Notice that if a request for reinstatement of coverage because of cognitive impairment or functional incapacity is denied, notice of denial shall be provided to the insured and to the person making the request, if different. The notice of denial shall include notification of the 30 day period following receipt of the notice during which a hearing before the Superintendent may be requested.**FOR GROUP PLANS**: Third Party Notice of Cancellation for group plans must be applied as follows: 1. If the entire cost of the insurance coverage is paid by the Policyholder, there is no requirement to send the Third Party Notice of Cancellation. 2. If the entire cost of the insurance coverage is paid by the Certificateholder and is direct billed, the insurer must include notification in the policy/certificate to advise the member of their rights. 3. If the entire cost of the insurance coverage is paid by the Certificateholder and is made via payroll deduction, then Rule 580, Sec. 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. 4. If a portion of the cost of the insurance coverage is paid by the Policyholder and the remainder is paid by the Certificateholder and is made via payroll deduction, then Rule 580, Sec. 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. Therefore, please review Rule 580 and add the required language to the certificate. Additionally, pursuant to Rule 580 Sec. 6(A)(7), the requirement may be satisfied by including the notice of reinstatement right in an application that is incorporated into the contract. |  |
| Time for Payment of Benefits | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2827.html)[§2827](http://legislature.maine.gov/statutes/24-A/title24-Asec2827.html) | There shall be a provision, subject to due proof of loss, all accrued benefits payable under the policy for loss of time will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which the insurer is liable, and that any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof.  |  |
| Time for Suits | [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2828.html)[§2828](http://legislature.maine.gov/statutes/24-A/title24-Asec2828.html) | There shall be a provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all, unless brought within 2 years from the expiration of the time within which proof of loss is required by the policy.  |  |
| Work Related Disabilities |  [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[§2413-B](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[§2413-C](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[Rule 530](http://www.maine.gov/sos/cec/rules/02/031/031c530.doc) [24-A M.R.S.A.](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)[§2413-D](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | If an STD policy excludes benefits for a work-related disability, provisional payments must be offered. Such policies should include a notice following the exclusion explaining provisional payments.STD policies that exclude benefits for a work-related disability should indicate on the face page that the plan is a non-occupational plan. It is recommended that LTD plans do not include an exclusion of benefits for work related disabilities. |  |