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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI -  |
| Health Application |
| Revised – 11/2/2020 |
| Carriers must confirm compliance and IDENTIFY the LOCATION (Form number, Page number, Section, Paragraph, etc.) of the standard in the form in the last column. Any response of N/A requires that a carrier explain why the requirement is not applicable. |
| This checklist is intended to provide a summary of State and Federal requirements for the TOI listed above. Please see the laws/rules referenced in the checklist below for the full requirement. |

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| **REVIEW REQUIREMENTS** | **REFERENCES** |  | **COMPLIANCE** |
| **GENERAL SUBMISSION REQUIREMENTS** |  |  |  |
| Electronic (SERFF) Filing Requirements: | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(2) [Bulletin 360](https://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 | [Title 24-A § 601](https://legislature.maine.gov/statutes/24-A/title24-Asec601.html) (17) | $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 | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [Title 24-A § 2441](https://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 | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)  [Title 24-A § 2413](https://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 APPLICATION PROVISIONS / REQUIREMENTS** |  |  |  |
| Content of Disclosure Authorization Form | [Title 24-A § 2208](https://legislature.maine.gov/statutes/24-A/title24-Asec2208.html) | If the application contains a disclosure authorization it must contain the following: 1. Be signed by a consumer or authorized representative. 2. Be written in plain language. 3. Be dated. 4. Specify the types of persons authorized to disclose information about the consumer. 5. State the nature of the information to be disclosed (must exclude HIV). 6. Names the regulated entities to which the consumer is authorizing the information to be disclosed. Watch for applications which allow release of information to nonregulated entities, such as employers. This would not be allowed. 7. Specify the period of time the authorization is valid. In the case of LTC the maximum time period is 30 months from the date the authorization is signed. In the case of health or medical insurance, the term of coverage of the policy and any renewals of that policy. 8. Specify the purpose for which the information is collected. 9. State that the consumer or authorized representative has a right to a copy of the authorization. 10. Advise the consumer how to revoke the authorization and that revocation may be a basis for denying an application or a claim for benefits. 11. Advise that failure to sign the authorization may impair the ability of a regulated insurance agency to evaluate claims or process applications and may be a basis for denying an application or claim for benefits. |  |
| Fraud warning | [Title 24-A § 2186](https://legislature.maine.gov/statutes/24-A/title24-Asec2186.html) | All applications must contain the following statement, or similar statement: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits." Except for Reinsurers, |  |
| HIV/AIDS/ARC | [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159.html)[Rule 490](https://www.maine.gov/sos/cec/rules/02/031/031c490.doc) § 4 | Disclosure authorizations should instruct providers not to disclose whether any test for HIV has been taken or the results of those tests using the following suggested caveat or a caveat of similar effect : "This authorization excludes divulging whether tests for the presence of the HIV antibody have been performed and excludes divulging the results of such tests. Such test results shall not be disclosed or published. Nothing in this caveat will prohibit this authorization from divulging the fact that the applicant has AIDS/ARC. "No application may ask health questions which require the applicant to reveal if any test for HIV has been taken or which require the applicant to reveal the results of such tests. Questions or statements concerning any of the following must have a disclaimer: "any disorder," "blood disorder," "diagnosis or treatment," "immune system disorders," "sexually transmitted disease," "tests performed," "visits to a doctor/clinic/hospital," or any questions asking directly about AIDS or ARC. A recommended disclaimer is: "Answer this (these) questions 'NO' if you have tested positive for HIV but have not developed either symptoms or the disease AIDS." If there is more than one question to which this disclaimer applies, simply identify each such question with an asterisk. An alternative acceptable disclaimer is "(EXCEPT FOR HIV)" inserted in the question. Medical questions requiring the disclosure of AIDS/ARC may not have an historical period of time that is longer than other reportable conditions. |  |
| Non-renewable clause | [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849-B.html)-B(8)(A) | In addition to application provisions for all health policies, warning that policy is not renewable and not subject to any limitation on preexisting conditions exclusions |  |
| On-line Application/Enrollment form | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(1)(A)(2) | Is there an on-line enrollment application for this product?If so, carriers must include screenshots of the process for Maine specific plans in the Supporting Documentation Tab in SERFF. |  |
| Third Party 10 Day Notice of Cancellation Due to Cognitive Impairment or Functional Incapacity | [Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707-A.html)-A[Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-C.html)-C[Title 24-A § 5016](https://legislature.maine.gov/statutes/24-A/title24-Asec5016.html) [Rule 580](https://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 disclosure, notice and reinstatement rights. |  |
| Short Term Policy Limitations | [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849.html)-B(1) and (8)(B) | An insurer or the insurer's agent or broker may issue a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy as long as the combined term of the new policy and all prior policies does not exceed 24 months and the individual has not been covered under any prior short-term, limited-duration policy for at least 12 months. All individuals making an application for coverage under a short-term, limited-duration policy must disclose any prior coverage under a short-term, limited-duration policy and the policy duration. |  |
| **GENERAL POLICY PROVISIONS** |  |  |  |
| Classifications, Disclosure and Minimum Standards | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) | Must comply with all applicable provisions of [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) including, but not limited to, application requirements located in Sections 6, 7, and 8. |  |
| Live Organ Donation Prohibition | [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159-D.html)-D | 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. |  |
| **APPLIES TO ONLY LONG-TERM CARE INSURANCE** |  |  |  |
| Notice to Applicant – Replacing Existing Insurance | [Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 14 | Application must include specific questions to determine whether the insured has another long-term care policy/certificate in force or whether a long-term care policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force. If the sale involves replacement of a current policy, Appendix A notice is required. |  |