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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI -  |
| Multi-Line Applications  |
| 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 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. |  |
| 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. |  |
| Statements In Application | [Title 24-A § 2818](https://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.  |  |
| Stranger Originated Life Insurance | [Title 24-A § 6802-A](https://legislature.maine.gov/statutes/24-A/title24-Asec6802-A.html)(6) [Title 24-A § 6802-A](https://legislature.maine.gov/statutes/24-A/title24-Asec6802-A.html)(12-A) | It is a fraudulent act for an insurance company or viatical settlement provider to commit, or permit its employees or its agents to engage in entering into stranger-originated life insurance."Stranger-originated life insurance" means an act or practice to initiate a life insurance policy for the benefit of a person who, at the time of the origination of the policy, has no insurable interest in the insured. "Stranger-originated life insurance" includes, but is not limited to, cases in which life insurance is purchased with resources or guarantees from or through a person who, at the time of the inception of the policy, could not lawfully initiate the policy and when, at the time of policy inception, there is an arrangement or agreement to directly or indirectly transfer the ownership of the policy or the policy benefits to another person. A trust that is created to give the appearance of insurable interest and is used to initiate policies for investors violates insurable interest laws and the prohibition against wagering on life.” |  |
| **CLASSIFICATION OF COVERAGE, DISCLOSURE, AND MINIMUM STANDARDS –** [**RULE 755**](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) |  |  |  |
| Requirements for Replacement of Individual Health Insurance and Notice | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 8 | An application form for individual health insurance shall include a question designed to elicit information as to whether the insurance to be issued is intended to replace any other health insurance presently in force. A supplementary application or other form to be signed by the applicant containing the question may be used. Upon determining that a sale will involve replacement, prior to issuance or delivery of the policy, the insurer shall furnish the applicant with a notice to regarding replacement of health insurance. |  |
| **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. |  |
| **APPLIES TO ALL LINES** |  |  |  |
| Third Party 10 Day Notice of Cancellation Due to Cognitive Impairment or Functional Incapacity | [Title 24-A § 2556](https://legislature.maine.gov/statutes/24-A/title24-Asec2556.html)[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)[Rule 585](https://www.maine.gov/sos/cec/rules/02/031/031c585.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. |  |
| **ADDITIONAL REQUIREMENTS FOR DISABILITY** |  |  |  |
| Disclosure of Benefit Offsets | [Title 24-A § 2717](https://legislature.maine.gov/statutes/24-A/title24-Asec2717-A.html)-A[Title 24-A § 2829](https://legislature.maine.gov/statutes/24-A/title24-Asec2829-A.html)-A | If the benefits under the policy are subject to reduction due to other sources of income, the insurer shall provide the applicant, at or before the time of application, with a clear and conspicuous written notice on the application form, or in a separate document, accurately explaining all types of other sources of income that may result in a reduction of the benefits. |  |
| **ADDITIONAL REQUIREMENTS FOR LONG-TERM CARE** |  |  |  |
| Disclosing Rating Practices to Applicants: | [Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 9 | The insurer must disclose at the time of application that premiums may be increased, and a history of premium increases for the policy or similar policies for in the last 10 years in any state. Must obtain the applicant’s signed acknowledgement of receiving this information. Insurer must provide written notice of an upcoming rate increase to all policyholders and certificate holders at least 60 days before the effective date. |  |
| Inflation Protection | [Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 13[Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 13(A) | Certification that all policyholders or certificate holders are offered a 5% compound inflation benefit or alternative inflation protection complying with Section 13.Requirements for optional inflation protection benefit at compounded annual rate of at least 5%, or specified alternative provisions. |  |
| Nonforfeiture Benefit | [Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 26(B, D, & E)[Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 26(C, D, & E) | Requirements for optional nonforfeiture benefits.Requirements for mandatory contingent nonforfeiture benefits if the policyholder declines the offer of a nonforfeiture provision. |  |
| Post claims underwriting prohibition | [Rule 425](https://www.maine.gov/sos/cec/rules/02/031/031c425.docx) § 11 | Requires two conspicuous cautionary notices to applicant regarding the truthfulness and completeness of answers to medical questions, and warns of remedies available to insurer when applicant fails to heed the notices. |  |