

NEW YORK INSURANCE DEPARTMENT

**Individual Business Overhead Expense
for SERFF Filings (As of 3/9/2011)**

Instructions for SERFF Checklist:

- A. For **ALL** filings, the “General Requirements for All Filings” and the “Review of Product Outline” sections **MUST** be completed.
- B. For a **FORM** filing, completion of additional sections may be required as follows depending on the type of form being submitted:
Policy – Also, complete the “Policy Form” section.
Rider or endorsement – Also complete all items in the “Policy Form” section relevant to the form being submitted.
Application – Also, complete the “Application Forms” section.
- C. For filing of **RATES for NEW products**, complete the “New Products – Rate Requirements” section in addition to completion of the applicable form sections identified above.
For filing of **RATE changes to EXISTING products** (increases, decreases, or change in rate calculation rules or procedures), complete the “Existing Products-Rate Requirements” section.
For filing of **any OTHER changes to RATE or underwriting manuals** (e.g., changes in commissions or underwriting), complete the “Existing Products-Rate Requirements” section.
- D. Some items have shaded boxes (e.g., indicating whether the filing is individual, franchise or list bill). All of the items with shaded boxes must be answered. Some of the items in the checklist require an attachment or explanation. Failure to include required explanations or attachments or an incomplete explanation (such as “not applicable” or “see form”) will result in the filing being closed without further review.
- E. For each item, enter in the last column the form number(s), page number(s), and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing.
- F. Do not make any changes or revisions to this checklist.
- G. **Instructions for Citations:** All citations to Insurance Department regulations link to the Department of State’s website and an unofficial copy of the NYCRR. Please select title 11 for Insurance Department regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled “ISC”.

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REVIEW STANDARDS FOR INDIVIDUAL-BUSINESS OVERHEAD EXPENSE

LINE OF BUSINESS: **Individual Business Overhead Expense**

LINE(S) OF INSURANCE

CODES

CODE: **H11I**

Business Expense

H11I.001

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS			Form/Page/Para Reference
FILING SUBMISSION			
Filing Type	11NYCRR52.2(k) 11NYCRR52.19 11NYCRR52.70 §1117	<p>This filing is: (select only one)</p> <p><input type="checkbox"/> Individual. It meets the following requirements:</p> <ul style="list-style-type: none"> NO premium discount. (An individual filing may have a premium discount for factors such as spousal/domestic partner, preferred risk, etc. However, if the filing has a premium discount for group or quasi-group marketing methods, it must meet the requirements of Franchise or Request for Waiver of the Franchise Rules filings below. See Section XIX of the product outline for full explanation.) Individual minimum loss ratio. Available to any individual in the general public. No exclusivity as insurer. No sponsorship. No mass marketing. Regular individual sales methods on a one-to-one basis. No employer or association contributions toward premium. Insurer may have a premium remittance agreement with an employer or association that is willing to participate in a payroll deduction arrangement, but the agreement is irrelevant to how the coverage is being sold. <p><input type="checkbox"/> List Bill by meeting the following requirements:</p> <ul style="list-style-type: none"> Very few individual policies are sold at a common site or address (employer or association). No exclusivity granted to the insurer by the employer or association. No mass marketing. No employer or association funds are contributed toward premium, but employer or association does/does not remit insured's premium payment. Individual policyholder 	

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		<p>pays the entire premium.</p> <p>When the “list bill” arrangement ceases for any reason, the premium discount for “list bill”, if any, increases to the regular individual rate. The increase in rate upon cessation of the arrangement is disclosed prominently on the cover page of the policy or the policy schedule AND in the application.</p> <p>The premium discount for “list bill”, if any, is no greater than 10%.</p> <p><input type="checkbox"/> Franchise by meeting the following requirements: Franchise definition per §52.2(k). General rules for franchise insurance per §52.70(a). All form content requirements for franchise per §52.19. Class and participation requirements per §§52.70(b) and (c). Policy states whether rates will increase when franchise relationship ends. If the rates will increase, the increase in rate upon cessation of the arrangement is disclosed prominently on the cover page of policy or the policy schedule AND in the application.</p>	
Form Requirements	§3102(c)(1)(G) §3201(c)(3) §3217 11NYCRR52.1 11NYCRR52.8 11NYCRR52.31	<p>Each form in the filing must meet the following requirements:</p> <p>a. The provisions of this form are NOT misleading or unreasonably confusing. §§3217(b)(2), 52.1(c).</p> <p>b. The provisions of this form provide substantial economic value to the policyholder. §§3217(b)(5), 52.1(c).</p> <p>c. The provisions of this form are NOT unjust, unfair, inequitable, misleading, and deceptive to the policyholder. §§3201(c)(3), 3217(b).</p> <p>d. This form contains no strikeouts. §52.31(b).</p> <p>e. All blank spaces are filled in with hypothetical data. §52.31(f).</p> <p>f. If the form contains more than 3 pages or more than 3,000 words, the form contains a table of contents. §3102(c)(1)(G).</p> <p>g. If the form contains variable material, the form contains minimal variable material and a full explanation of the nature and scope of the variable material is attached in the filing. §52.31(k).</p>	
Discrimination	§2606 , §2607 , & §2608	Unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, and marital status are prohibited.	
CONSUMER INFORMATION			
Required Disclosure Form	11NYCRR52.54 11NYCRR 52.60	<p>The filing includes the required disclosure form that:</p> <p>a. Will accompany or be incorporated in the policy when delivered OR delivered to the applicant at the time application is made and receipt is acknowledged.</p> <p>b. Contains language that conforms to § 52.60 of Regulation 62.</p>	
APPLICATION FORMS			Form/Page/Para Reference
Authorization	11NYCRR420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Conversion	11NYCRR52.51(g)	If this application is an application for conversion coverage, the application does NOT contain questions as to the health of the person(s) entitled to conversion.	

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Extra-Hazardous Activities	11NYCRR52.2(i) 11NYCRR52.16(e)(2)	<p>If the application contains questions as to whether the applicant has engaged in or contemplates participation in a number of specified activities, the insurer will adhere to the following Regulation 62 guidelines regarding “extra-hazardous” activities:</p> <p>The Department permits an insurer to exercise a number of options depending upon whether or not the activity engaged in by the applicant is an extra-hazardous activity as defined by the Department in §§52.2(i) and 52.16(e)(2). If the activity engaged in by the applicant is <u>within</u> the Department’s definition of an extra-hazardous activity, the insurer may elect one of four options:</p> <ol style="list-style-type: none"> a. The insurer may issue a standard risk policy; b. The insurer may decline to issue any policy at all; c. The insurer may place a waiver on the policy declining coverage for disabilities arising out of such activities; or d. The insurer may charge additional premiums for providing coverage for such activities. <p>If the activity engaged in is <u>not within</u> the definition of an extra-hazardous activity, the Department permits the insurer to issue a standard risk policy or decline to issue any policy at all.</p>	
Fraternal Benefit Society	§4501(a)	If the insurer is a fraternal benefit society, the application asks if the applicant is a member and, if the applicant is not a member, the application requires the person to apply for membership.	
Fraud Warning Statement	§403(d)	All applications must contain the prescribed fraud warning statement.	
Health Questions	11NYCRR52.51(b)	Any question of past or present health of any person that refers to a specific disease or general health must be asked “to the best of the applicant’s knowledge and belief”. <i>Note: Does not apply to questions about factual information such as doctor visits or hospital confinements</i>	
Insurance with Other Insurers	11NYCRR52.51(h) §3216(d)(2)	If the application is used with a policy subject to §3216(d)(2)(D) or §3216(d)(2)(E), “Insurance with Other Insurers”, the application contains a question requiring information with respect to other insurance.	
Investigative Consumer Report	§380-c of the General Business Law	If an Investigative Consumer Report will be prepared or procured, a notice complying with §380-c of the General Business Law is included in the application OR in a separate form.	
Medical Information Exchange Center	§321	If a Medical Information Exchange Center (such as a Medical Information Bureau) will be used, the insurer complies with §321 of the Insurance Law.	
Multiple Applications for One Policy	§4224(b)	If more than one application is used to apply for a policy, attach a full explanation of the objective criteria used to determine who completes each application. <i>Note: Objective criteria are necessary to avoid unfair discrimination.</i>	
Multiple Levels of Underwriting	§4224(b)	<p>If more than one level of medical and financial underwriting (e.g., full underwriting, simplified underwriting, or guaranteed issue) is used for a policy, attach a full explanation of:</p> <ol style="list-style-type: none"> a. The various levels of underwriting. b. The objective criteria used to determine the use of each level of underwriting. 	
Other Insurance in This Insurer	11NYCRR52.51(i) §3216(d)(2)(C)	If the application is used with a policy that includes the optional standard provision under §3216(d)(2)(C), “Other Insurance in This Insurer”, the application contains a statement describing the provision in the policy OR, if provided at the time of application by separate notice, the notice is included in this filing.	

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Pre-Existing Conditions	11NYCRR52.51(j) 11NYCRR52.54	If the application is used with a policy that contains a “pre-existing conditions” provision, a statement describing the policy provision is included in the application OR the statement is included in the disclosure statement required by §52.54 of Regulation 62 that is delivered at the time of application.	
Prohibited Questions and Provisions	11NYCRR52.51 §3204	The application does NOT contain: a. Questions as to the applicant’s race. b. A provision that changes the terms of the policy to which it is attached. c. A statement that the applicant has not withheld any information or concealed any facts. d. An agreement that an untrue or false answer material to the risk will render the contract void. e. An agreement that acceptance of any policy issued upon the application will constitute a ratification of any changes or amendments made by the insurer and insured in the application, except to conform to §3204. f. A question or seek previous HIV test results. <i>Note: Information regarding the diagnosis or treatment of AIDS or ARC may be sought and used. Also, the insurer has the right to conduct its own medical tests as part of the underwriting process.</i>	
Telephone or In-Person Interview	§3204	If a telephone or in-person interview will be used with this application, the interview is conducted in the following manner: a. Any questions raised during the interview are limited to those questions appearing on the application (i.e., questions over the phone would be no different than those being asked in the application). b. The applicant will have an opportunity to review and make corrections to those statements that were attributed to him/her in the interview. c. Any information obtained in the interview that will be used in the underwriting process will be reduced to writing, signed by the applicant and attached to the policy in compliance with §3204.	
CONDITIONAL RECEIPT/INTERIM INSURANCE AGREEMENT FORM			
Advance Premium	11NYCRR52.53	If premium will be taken at the time of application, the filing should include a conditional receipt OR interim insurance agreement that complies with §52.53 of Regulation 62. (e.g., cannot use a hybrid receipt or agreement which is less favorable than §52.53 requirements) See product outline for brief summary of requirements.	
Reinstatement	§3216(d)(1)(D)	If the conditional receipt is used for reinstatement, the effective date of the reinstated policy complies with §3216(d)(1)(D) of the Insurance Law. <i>Note: If premium is taken with the application and a conditional receipt is issued, coverage becomes effective on the 45th day after the date of the conditional receipt unless the insured was previously notified of approval or disapproval in writing.</i>	
POLICY FORM	§3102, §3105, §3201, §3204, §3216 & 11 NYCRR Part 52 (Reg. 62)		Form/Page/Para Reference

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COVER PAGE			
Free Look	§3216(c)(10)	The form contains a “free look” provision that complies with §3216(c)(10).	
Label	11NYCRR52.8	Policy is labeled as “Disability Overhead Expense Policy” or “Business Overhead Expense Policy”. <i>Note: Since the purpose of business overhead expense coverage is to replace income and revenues lost due to disability that are used to pay overhead expenses, the Department permits the above product names within §52.8.</i>	
Licensee		The licensed New York insurer’s name and full address appears prominently on the front or back cover.	
Participating Policy	§3216(c)(1)	If the policy is participating, such is stated on the cover page OR schedule page.	
Reduction of Benefits or Benefit Period	11NYCRR52.17(a)(3)	If benefits are reduced due to attainment of an age limit or a benefit period reduction, such reduction is referenced on the cover OR schedule page of the policy.	
Renewability	11NYCRR52.17(a)	The form meets the following requirements: a. The cover indicates whether the policy is renewable or nonrenewable. b. The cover contains the renewability provision OR briefly describes and references the policy renewability provision pursuant to §52.17(a)(2). c. If the policy is guaranteed renewable, the renewability provision complies with §52.17(a)(6) and §52.17(a)(7). Coverage does NOT terminate when an insured discontinues his/her office or when some similar circumstance occurs pertaining to the need for a business overhead expense policy. d. If the policy is “non-cancellable” or “non-cancellable and guaranteed renewable”, the renewability provision must comply with §52.17(a)(5). Coverage does NOT terminate when an insured discontinues his/her office or when some similar circumstance occurs pertaining to the need for a business overhead expense policy.	
Signature of Company Officer		The signature of company officer(s) appears prominently on the form (such as on the cover).	
DEFINITIONS			
Benefit Period	§3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8 11NYCRR52.17(a)(3)	The definitions of “benefit periods”, “maximum benefit periods” or similar provisions that set a period for payment of benefits comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.8 and 52.17(a)(3).	
Complications of Pregnancy	11NYCRR52.2(e)	If this form covers complications of pregnancy, the definition of “complications of pregnancy” must comply with §52.2(e).	
Consumer Price Index	§3201(b)(1) , §3201(c)(3) , §3204(a)(1) , §3217(b) , 11NYCRR52.1 11NYCRR52.8	The definitions of consumer price indexes and consumer price index factors comply with §§3201(b)(1), 3201(c)(3), 3204(a)(1), 3217(b), 52.1(c), 52.1(d) and 52.8	
Covered Overhead Expenses	§3201(c)(3)	The definitions of “Covered Overhead Expenses”, “Maximum Overhead Expense Benefit”, “Accumulation Benefit” (i.e., some type of “carry forward” mechanism), “Extension of Benefits” and similar terms used to calculate benefits payable are meaningful as used in a business overhead expense form, fair to the consumer and fully disclosed in the form language.	

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Disability	§3201(c)(3) , §3217(b) , §4224(b)(2) 11NYCRR52.1 11NYCRR52.8	The definitions of “Disability”, “Total Disability”, “Residual Disability”, “Concurrent Disability”, “Recurrent Disability”, “Partial Disability” and similar terms comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8.
Elimination Period	§3201(c)(3) , §3217(b) , 11NYCRR52.1 11NYCRR52.8	The definitions of “Elimination Period”, “Waiting Period”, and similar terms comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8.
Hospital	11NYCRR52.2(m)	The definition of “Hospital” complies with §52.2(m).
Injuries or Sickness	§3201(c)(3) , §3217(b) 11NYCRR52.1 11NYCRR52.2(v) 11NYCRR52.8	The definitions of “Injuries”, “Sickness”, and similar terms complies with §3201(c)(3), §3217(b), 52.1(c), 52.1(d), 52.2(v) and 52.8.
Mental Disorders	§3201(c)(3) , §3217(b) , §4224(b)(2) 11NYCRR52.1 11NYCRR52.8	The definition of “Mental Disorders” or a similar term complies with §§3201(c)(3), 3217(b), 4224(b)(2), 52.1(c), 52.1(d) and 52.8.
Occupation	§3201(c)(3) , §3217(b) 11NYCRR52.1 11NYCRR52.8	The definition of “Occupation” or a similar term complies with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8.
Physician	§3201(c)(3) , §3217(b) , 11NYCRR52.1(c) 11NYCRR52.1(d) 11NYCRR52.8	The definition of “Physician” or any substitute term includes any legally qualified practitioner of the healing arts acting within the scope of his/her New York State license. (i.e., chiropractor, licensed social worker, etc.) <i>Note: Form should not unduly limit the insured’s access to benefits.</i>
FORM PROVISIONS		
Accident Benefits	11NYCRR52.17(a)(8) 11NYCRR52.17(a)(26) 11NYCRR52.17(c)(1)	If the form contains benefits due to an accident: a. Accident benefits are NOT predicated upon loss occurring through accidental means or violent and external means. b. Loss from accidental injury is NOT required to commence within less than 30 days after the date of an accident. c. Benefits for a specific injury due to accident are NOT payable in lieu of disability benefits unless the specific benefit exceeds the disability benefit. d. If the insurer may cancel or refuse to renew this policy, the policy does NOT require that the policy be in force at the time loss commences if the accident occurred while the policy was in force.
Accidental Death and Dismemberment Benefits	11NYCRR52.17(b)(1)	If the form contains accidental death and dismemberment benefits, such benefits are, payable if the loss occurs within 90 days from the date of the accident, irrespective of total disability.
Additional Benefits	11NYCRR52.8	If this form provides benefits in addition to those under Section 52.8, such as hospital indemnity or accidental death and dismemberment, <i>attach an explanation.</i>
Arbitration	§3216(d)(1)(k)	The form does NOT provide for mandatory arbitration.

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Assignment	§3201(c)(3) §3216(d)(1)(L) §3217(b) 11NYCRR52.8	If the form contains an assignment provision, it complies with §§3201(c)(3), 3216(d)(1)(L), 3217 (b), and 52.8.	
Attained Age Rates	11NYCRR52.17(a)(29)	If the rates are based upon attained age, the forms contain the applicable schedule of rates.	
Business Overhead Expense Benefits	§3201(c)(3) 11NYCRR52.1 11NYCRR52.8	Provisions that provide business overhead expense benefits comply with §§3201(c)(3), 52.1(c), 52.1(d) and 52.8.	
Conversion		If the form permits insureds to convert to an individual disability income insurance policy, the language is reasonable. See product outline for explanation.	
First Diagnosis	11NYCRR52.2(v) §3216(d)(1)(B)(ii)	If the form utilizes the term “first diagnosis”, “first treatment”, “first manifested”, or a similar term, such terms will be administered in compliance with §52.2(v) and §3216(d)(1)(B)(ii).	
Fraternal Benefit Society	§4501(p) §4504(g) §4512(a) §4527(b)	If the insurer is a Fraternal Benefit Society: a. The policy includes a provision that complies with §4504(g) regarding a member’s portion of any reserve deficiency b. The maximum monthly benefits comply with §§4501(p), 4527(b) and 4512(a).	
Hospital Confinement	§3216 11NYCRR52.17(c)(4)	If disability benefits are conditioned upon hospital confinement, the renewability and eligibility provisions comply with §3216 and any relevant regulations.	
Military Suspension	§3216(c)(13) and (14) 11NYCRR52.17(a)(9)	Suspension provision for insureds called to active duty in the armed forces complies with §§3216(c)(13) and (14) and §52.17(a)(9). <i>Note: When read together, an insured is entitled to the right to resumption upon termination of military service of no longer than five years.</i>	
Occupational Performance	§3201(c)(3) §3217(b) 11NYCRR 52.1 11NYCRR52.8	If the form contains a provision that expands or limits access to disability benefits based on <u>occupational performance</u> (e.g., own occupation), the provision must comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8.	
Operation of Office or Business		The usual benefits provided in the basic policy structure of the policy include business overhead expenses normally incurred in the operation of an office or business.	
Partial Benefits	§3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8	If the form contains a provision that provides less than the entire benefit amount for total disability for periods of time when the insured might be able to work part-time or work full-time but not perform all occupational duties (e.g. residual disability benefits, partial disability benefits, or similar benefits), it must comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8	
Premium Payment Period	§3216(f)	Coverage is provided to the end of the premium payment period when premium is taken. <i>Note: For example, if the insurer has accepted premium for a time period during which retirement or employment cessation occurs, coverage must be provided to the end of the time period for which premium has been accepted.</i>	
Premium Refund	11NYCRR52.17(c)(2)	Form provides a premium refund, pro rata or in accordance with a short rate table in the event that none of the specified items to be indemnified exist but only if the insured gives timely notice. Any premium refund may be limited to a one-year premium.	
Reduction of Benefits	§3216(d)(2) 11NYCRR52.17(c)(3)	If benefits are reduced prior to age 65 due to a change in employment status or the income of the insured, the reduction complies with the optional standard provision entitled “Change of Occupation” (§3216(d)(2)(A)) or “Relation of Earnings to Insurance” (§3216(d)(2)(F)), whichever is applicable.	

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Return of Premium Upon Death	§3228	Form provides for a refund of premium upon death that complies with §3228.	
Rider or Endorsement	11NYCRR52.16(e)(2) 11NYCRR52.17(a)	If this filing contains a rider or endorsement, the following requirements must be met: a. If the rider or endorsement provides a benefit for which a specific premium is charged, the premium is shown on the application, rider or elsewhere in the policy. §52.17(a)(14) b. If the rider or endorsement will be issued with an existing “guaranteed renewable” policy, such rider will be made available at the option of the insured. §52.17(a)(5) or §52.17(a)(6) c. If the rider or endorsement reduces or eliminates coverage after policy issuance, it provides for signed acceptance by the insured. § 52.17(a)(12) <i>Note: For waivers issued as a condition of insurance, renewal or reinstatement, see §52.16(e)(2)</i>	
Sex or Marital Status	11NYCRR52.17(c)(3)	Benefits are NOT reduced solely on the basis of the sex or marital status of the insured.	
Specific Accident Dismemberment Benefits	11NYCRR52.17(b)(3)	If the policy contains specific accident dismemberment benefits, the specific dismemberment benefits are NOT payable in lieu of other benefits unless the specific benefit exceeds the other benefit.	
Triggers for Benefits	§3201(c)(3)	The form must explain the triggers (definitions and benefit provisions) for benefits payable.	
Voluntary Rehabilitation Benefits	§3201(c)(3)	If the form contains a provision providing for voluntary rehabilitation benefits (when the insured and the insurer agree in writing to the nature of the benefits and amount payable): a. The provision must provide only for voluntary participation by the insured and does NOT compel an insured to participate in the program. b. The purpose of the provision is to aid the insured in returning to work.	
Update Benefits Without Evidence of Good Health		If the form contains a provision to <u>update disability benefits without evidence of good health</u> (e.g., issuance of a future guaranteed option increase benefit), the provision includes the insurer’s guarantee of its issue and participation limits in effect at issuance of a future guaranteed option increase benefit with no adverse change in those limits.	
Waiver of Premium	§3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8 11NYCRR52.16(b)	If the form contains a provision for <u>waiver of premium</u> during a period of disability resulting from injury or sickness, it complies with §§ 3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.8 and 52.16(b).	
MANDATORY STANDARD PROVISIONS		<i>Note: These provisions MUST be included in each policy. The provision must be no less favorable to the insured than the statutory provision.</i>	
Change of Beneficiary	§3216(d)(1)(L)	When applicable, this provision must be included but must be no less favorable to the insured than the statutory provision.	
Claim Forms	§3216(d)(1)(F)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Entire Contract	§3216(d)(1)(A) §3204	This provision must be included and must be no less favorable to the insured than the statutory provision of §3216(d)(1)(A). This provision must also comply with §3204. There is no incorporation by reference.	
Grace Period	§3216(d)(1)(C)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Legal Actions	§3216(d)(1)(K)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Notice of Claim	§3216(d)(1)(E)	This provision must be included and must be no less favorable to the insured than the statutory provision.	

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Payment of Claims	§3216(d)(1)(I)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Physical Examinations and Autopsy	§3216(d)(1)(J)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Proofs of Loss	§3216(d)(1)(G)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Reinstatement	§3216(d)(1)(D)	This provision must be included and must be no less favorable to the insured than the statutory provision. <i>Note: If premium is taken with the application and a conditional receipt is issued, coverage becomes effective on the 45th day after the date of the conditional receipt unless the insured was previously notified of approval or disapproval in writing.</i>	
Time Limit on Certain Defenses	§3216(d)(1)(B)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Time of Payment of Claims	§3216(d)(1)(H)	This provision must be included and must be no less favorable to the insured than the statutory provision.	
OPTIONAL STANDARD PROVISIONS		<i>These provisions MAY be included at the insurer's option.</i>	
Benefit Offsets	§3216(d)(2) 11NYCRR52.23	If the insurer wishes to offset the benefits, select from the following provisions: a. An "Other Insurance in This Insurer" provision that complies with §3216(d)(2)(C). b. An "Insurance with Other Insurers" provision that complies with §3216(d)(2)(D) or (E). c. A "Relation of Earnings to Insurance" provision that complies with §3216(d)(2)(F). <i>Note: Coordination of benefits is not allowed in an individual policy under §52.23(e)(3)(i). Insurers have the ability to financially underwrite for other coverage <u>before</u> issuance and have the above provisions for excess insurance situations <u>after</u> issuance.</i>	
Cancellation	§3216(d)(2)(H)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Change in Occupation	§3216(d)(2)(A)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Conformity with State Statutes	§3216(d)(2)(I)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Illegal Occupation	§3216(d)(2)(J)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Intoxicants and Narcotics	§3216(d)(2)(K)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Misstatement Of Age	§3216(d)(2)(B)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Unpaid Premium	§3216(d)(2)(G)	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
PERMISSIBLE EXCLUSIONS & LIMITATIONS			
Alcoholism and Drug Addiction	11NYCRR52.16(c)(2) §3216(d)(2)(K)	If an insurer chooses to place an exclusion or limitation on coverage for treatment arising out of alcoholism or drug addiction, it must comply with §52.16(c)(2) of Regulation 62 and §3216(d)(2)(K) as pertinent.	
Cause of Illness, Treatment, or Medical	11NYCRR52.16(c)(4) §3216(d)(2)(J)	If an insurer chooses to place an exclusion or limitation on coverage for illness, treatment, or medical condition arising out of the following situations, it must comply with §52.16 (c)(4) of	

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Condition		Regulation 62: a. war or act of war (whether declared or undeclared); b. participation in a felony, riot or insurrection; <i>Note: for felony participation, see also §3216(d)(2)(J).</i> c. service in the armed forces or units auxiliary thereto; d. suicide, attempted suicide, or intentionally self-inflicted injury (no distinction made for sane or insane); or e. aviation (this exclusion applies only to nonfare paying passengers).	
Chiropractic Care	11NYCRR52.16(c)(7)	If an insurer chooses to place an exclusion or limitation on coverage for structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference, it must comply with §52.16(c)(7).	
Cosmetic Surgery	11NYCRR52.16(c)(5)	If an insurer chooses to place an exclusion or limitation on coverage for cosmetic surgery, it must comply with §52.16(c)(5).	
Custodial care	11NYCRR52.16(c)(11)	If an insurer chooses to place an exclusion or limitation on coverage for rest cures, custodial care and transportation, it must comply with §52.16(c)(11).	
Dental Care	11NYCRR52.16(c)(9)	If an insurer chooses to place an exclusion or limitation on coverage for dental care or treatment, it must comply with §52.16(c)(9).	
Eyeglasses, Hearing Aids and Exams	11NYCRR52.16(c)(10)	If an insurer chooses to place an exclusion or limitation on coverage for eyeglasses, hearing aids and exams, it must comply with §52.16(c)(10).	
Family Provider	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on services provided by a member of the covered person's immediate family, it must comply with §52.16(c)(8).	
Foot Care	11NYCRR52.16(c)(6)	If an insurer chooses to place an exclusion or limitation on services for foot care, it must comply with §52.16(c)(6).	
Government Facility	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on treatment provided in a government facility (unless otherwise required by law), it must comply with §52.16(c)(8).	
Mandatory No-Fault	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on services for which benefits are provided by any mandatory motor vehicle no-fault law, it must comply with §52.16(c)(8).	
Medicare or Other Governmental Program	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on services for which benefits are provided by Medicare or other governmental program (except Medicaid), it must comply with §52.16(c)(8).	
Mental or Emotional Disorders	11NYCRR52.16(c)(2)	If an insurer chooses to place an exclusion or limitation on coverage for mental or emotional disorders, it must comply with §52.16(c)(2).	
Outside U.S. and Possessions	11NYCRR52.16(c)(12)	If an insurer chooses to place an exclusion or limitation on coverage while the insured is outside the United States and its possessions, it must comply with §52.16(c)(12). <i>Note: Must provide coverage within U.S., its possessions, Canada and Mexico.</i>	
Pre-Existing Conditions	§3201(c)(3) §3216(d)(1)(B)(ii) 11NYCRR52.2(v) 11NYCRR52.8 11NYCRR52.16(c)(1) 11NYCRR52.17(a)(28)	If an insurer chooses to place a preexisting condition limitation in the coverage, it must comply with §3201(c)(3), §3216(d)(1)(B)(ii), 52.2(v), 52.8, 52.16(c)(1) and 52.17(a)(28): a. If the form is guaranteed issue and it is issued to persons: <ul style="list-style-type: none"> • Age 65 or over, the provision must comply with §52.17(a)(28) (maximum 6 months). • Under age 65, the provision must comply with §52.17(a)(27) (maximum 12 months). b. If the form is underwritten and it is issued to persons: <ul style="list-style-type: none"> • Age 65 or over, the provision must comply with §52.17(a)(28) (maximum 6 months). 	

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		<ul style="list-style-type: none"> Under age 65, the provision must comply with §§52.2(v), 52.16(c)(1), and 3216(d)(1)(B)(ii) (maximum 24 months). 	
Pregnancy	11NYCRR52.16(c)(3)	If an insurer chooses to place an exclusion or limitation on coverage for pregnancy, it must comply with §52.16(c)(3).	
Separate Billing	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions, it must comply with §52.16(c)(8).	
Services for Which No Charge is Normally Made	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on services for which no charge is normally made in the absence of insurance, it must comply with §52.16(c)(8) of Regulation 62.	
Transportation	11NYCRR52.16(c)(11)	If an insurer chooses to place an exclusion or limitation on transportation, it must comply with §52.16(c)(11).	
Workers' Compensation	11NYCRR52.16(c)(8)	If an insurer chooses to place an exclusion or limitation on services for which benefits are <u>provided</u> by any state or Federal workers' compensation, employer's liability or occupational disease law, it must comply with §52.16(c)(8).	
RATE-RELATED INFORMATION			
Level Premium	11NYCRR52.40(b)(1)(ii)	If the rates in the filing are level premium, the policy is "guaranteed renewable", "non-cancellable" or provides that non-renewal is subject to the approval of the Superintendent.	
Sex Basis for Rates	11NYCRR52.41	This form is rated on the following basis: (select only one) <input type="checkbox"/> Unisex basis, OR <input type="checkbox"/> Sex-distinct basis and will NOT be issued in any employer/employee situation subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.	
SCHEDULE OF BENEFITS			
Benefit Selections	11NYCRR52.31(f) §3204(a)(1)	The schedule page sets forth: a. elimination period choices, maximum benefit period choices, monthly benefit amounts and similar choices made by the insured. b. optional choices of insured regarding certain benefits and/or riders selected by the insured.	
Effective Date and Renewal Dates	11NYCRR52.31(f) §3216(c)(2)	The schedule page includes spaces for effective date of insurance, renewal dates and renewal terms.	
Hypothetical Data	11NYCRR52.31(f)	The schedule page is completed with hypothetical data.	
Name of Insured	11NYCRR52.31(f) §3216(c)(3)	The schedule page includes space for the insured's name.	
Premium Summary	11NYCRR52.31(f) §3216(c)(1)	The schedule page contains premium summary amounts and provisions dealing with insured participation status in surplus or dividends.	

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REMINDERS	§2782 §2611 §3204 Circular Letter 3 (1989) Circular Letter 5 (1997)	<ul style="list-style-type: none"> The company may only offer discounts that are submitted and acknowledged by the Health Bureau's Rating Section as justifiable discounts before being placed on file by the Rating Section. The insurer is obligated under §2611 of the Insurance Law and §2782 of the Public Health Law regarding written informed consent, authorization and disclosure of confidential information when the insurer uses an HIV antibody test in underwriting. Circular Letter 3 (1989) and Circular Letter 5 (1997) are relevant. The insurer may make insertions to the application only for administrative purposes as long as the insertions are clearly not ascribed to the applicant. No other insertions or alterations of a written application will be made by anyone other than the applicant without his written consent pursuant to §3204. 	
REVIEW OF PRODUCT OUTLINE			
		<p>In preparing this filing, the insurer or its designated agent reviewed the most current product outline date / / <i>Note: Insert effective date of product outline.</i></p>	
NEW PRODUCTS RATE REQUIREMENTS	§3201(b)(2)	<p>(For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.)</p> <p><i>Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>The submission contains only application forms, disclosure statements, and/or advertising, OR</i> <input type="checkbox"/> <i>The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR</i> <input type="checkbox"/> <i>The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.</i> 	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(4)	<p>Actuarial qualifications:</p> <ol style="list-style-type: none"> a. Member of the Society of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries. 	
Justification of Rates	11NYCRR52.40(d)(1) 11NYCRR52.45	<ol style="list-style-type: none"> a. Specific formulas and assumptions used in calculating rates b. Expected claim costs c. Actuarial justification for the use of claim costs and other assumptions d. Description of marketing methods e. Description of occupation/risk classifications f. Description of gross premium differentials based on sex g. Non-claim expense components as a percentage of gross premium h. Demonstration of expected loss ratio 	
Loss Ratios	11NYCRR52.40(d)(1)(ix) 11NYCRR52.45	Expected loss ratios by duration and in the aggregate – with actuarial justification	
Reserve Basis	11NYCRR94(Reg56)	Description of bases for active life, claim, and extra reserves (if any)	
Underwriting	11NYCRR52.40(c)(2)(vi) and (vii)	Description of underwriting rules that are related to rate determination	

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Actuarial Certification	11NYCRR52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans” as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is: %.	
ACTIVE RATE MANUAL	11NYCRR52.40(c)(2)	<ul style="list-style-type: none"> a. Table of Contents b. Rate pages c. Insurer name on each consecutively numbered rate page d. Identification by form number of each policy, rider, or endorsement to which the rates apply e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits f. Description of rating classes g. Examples of rate calculations h. Commission schedule(s) i. Underwriting guidelines and/or underwriting manual j. Expected loss ratios 	
EXISTING PRODUCTS – RATE REQUIREMENTS		<p>(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)</p> <p><i>Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.</i></p>	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> a. Member of the Society of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	11NYCRR52.40(d)(2) 11NYCRR52.45	<ul style="list-style-type: none"> a. Description of proposed commission schedule b. Description of proposed change in underwriting rules/risk classifications c. Description of benefits that result in change in rates d. History of previous New York rate revisions e. Provide New York and nationwide claims experience since inception respectively, including: <ul style="list-style-type: none"> (i) Earned premium (ii) Paid and incurred claims (iii) Incurred loss ratios f. First and last years of issue g. Derivation of proposed rate revision in detail with actuarial justification h. Non-claim expense components as a percentage of gross premium i. Expected future loss-ratios and expected lifetime loss ratio with actuarial justification j. Impact on rates due to changes with actuarial justification 	

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Actuarial Certification	11NYCRR52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is <input type="text"/> %	
REVISED RATE MANUAL PAGES	11NYCRR52.40(c)(2)	<ul style="list-style-type: none"> a. Table of Contents b. Rate pages c. Insurer name on each consecutively numbered rate page d. Identification by form number of each policy, rider, or endorsement to which the rates apply e. Brief description of benefits, types of coverage, limitations, exclusions f. Description of rating classes g. Examples of rate calculations h. Commission schedule(s) i. Underwriting guidelines and/or underwriting manual j. Expected loss ratio 	