

NEW YORK INSURANCE DEPARTMENT

Individual Hospital Indemnity Checklist for SERFF Filings (As of 4/12/10)

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. **Updates to Checklist:** Any items on the checklist that have been updated since the last posting are shaded.
- H. **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”.

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR INDIVIDUAL HOSPITAL INDEMNITY

LINE OF BUSINESS: **Individual Hospital Indemnity**
CODE: **H14I**

LINE(S) OF INSURANCE
Health-Hospital
CODES
H071.000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

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| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | LOCATION OF STANDARD IN FILING |
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| 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 List bill or Franchise filings below. See Section XII 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. It meets 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 | |

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| | | <p>association does/does not remit insured's premium payment. Individual policyholder 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 | 11 NYCRR 52.1 11NYCRR52.31 §3102(c)(1)(G) §3201(c)(3) §3217(b) | <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, deceptive to the policyholder. §§3201(c)(3), 3217(b). <i>Note: See Section IX of the Product Outline</i></p> <p>d. This form contains no strikeouts. §52.31(b)</p> <p>e. Each form will contain a form number in the lower left-hand corner of the first page. The form number will be unique to distinguish it from all others used by the insurer.</p> <p>f. All blank spaces are filled in with hypothetical data. §52.31(f)</p> <p>g. 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>h. 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> <p>i. If the form is available to spouses or dependents, select only one: <input type="checkbox"/> The spouse/dependent receives their own individually issued policy, OR <input type="checkbox"/> The spouse/dependent is covered under the one policy issued to the primary insured.</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 11NYCRR52.59 | <p>The filing includes the required disclosure form that:</p> <p>a. This filing contains the required disclosure form per Sections 52.54 and 52.59 of Regulation 62 to be incorporated in the policy when delivered <u>OR</u> be delivered to the applicant at the time application is made and receipt is acknowledged.</p> | |

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| APPLICATION FORMS | | | Form/Page/Para Reference |
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| 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. | |
| 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. | |
| Guaranteed Issue | 11 NYCRR 52.17(a)(27) | If the form is guaranteed issue, the application does NOT ask about health or prior illnesses. | |
| 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)(D) §3216(d)(2)(E) | 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. | |
| Limited Benefits Statement | 11 NYCRR 52.16(k)(1) | If the hospital indemnity policy with which this application is used is offered to persons age 65 or older, the application contains a statement that conforms to 52.16(k)(1). | |

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| 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) | 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: 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. | |
| Pre-Existing Conditions | 11NYCRR52.51(i) 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 Article III, NY Technology Law | 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 an application approved by the Department (i.e., questions over the phone would be no different than those being asked in the application). b. The applicant must be provided with a written copy and 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 <u>attached</u> to the policy in compliance with §3204. d. If an electronic signature is used, it must comply with the Electronic Signatures and Records Act (Article III of the New York Technology Law). e. If a telephonic application is being used, please provide a description of the procedure | |

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| | | for taking a telephonic application. Any scripts used in the telephone interview must be filed for reference. | |
| 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 |
| COVER PAGE | | | |
| Free Look | §3216(c)(10) | The form contains a “free look” provision that is for a period of 30 days. | |
| Licensee | | The licensed New York insurer’s name and full address appears prominently on the front or back cover. | |
| Label | 11NYCRR52.10 | Policy is labeled as “Hospital Indemnity Insurance” within the definition of §52.10. | |
| Limited Benefits Statement | 11 NYCRR 52.16(k)(2) | If the policy is offered to persons age 65 or older, the cover contains a statement that conforms to Section 52.16(k)(2). | |
| Participating Policy | §3216(c)(1) | If the policy is participating, such is stated on the cover page OR schedule page. | |
| Reduction in Benefits | 11 NYCRR 52.17(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 page or the schedule page of the policy. | |
| Renewability | 11NYCRR52.17(a) 11 NYCRR 52.40(b)(1) | The form meets the following requirements: a. The cover indicates whether the policy is renewable or nonrenewable. 52.17(a)(1) 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 “non-cancelable” or “non-cancelable and guaranteed renewable,” the renewability provision complies with 52.17(a)(5). d. If the policy is “guaranteed renewable,” the renewability complies with 52.17(a)(6) and (7). e. If the rates are level premium, the policy is “Guaranteed Renewable,” “Non-cancelable” or provides that non-renewal is subject to the approval of the Superintendent. 52.40(b)(1) | |
| Signature of Company Officer | | The signature of company officer(s) appears prominently on the form (such as on the cover). | |

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| Termination of Benefits | §3216(c)(11) | If the form contains an age limit, date, or period after which the coverage will not be effective or renewed, that age limit, date, or period after which the coverage will not be effective or renewed must be stated on the cover page in: (must select one) (1) the renewability provision, (2) a separate provision with an appropriate caption, or (3) a brief description in at least 14 point bold type. | |
| DEFINITIONS | | | |
| Continuous Hospital Confinement | 11 NYCRR 52.2(f) | The definition of “continuous hospital confinement” or similar term complies with Section 52.2(f). | |
| Hospital | 11NYCRR52.2(m) | The definition of “Hospital” complies with §52.2(m). | |
| Physician | §3201(c)(3) , §3217(b) , 11NYCRR52.1(c) and (d) | 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> | |
| Injuries, Sickness, Pre-Existing Condition, First Diagnosis | §3201(c)(3) §3217(b) 11 NYCRR 52.1 11 NYCRR 52.2(v) | The definitions of “injuries”, “sickness”, “pre-existing condition”, “first manifest”, “first diagnosed or treated”, or similar terms comply with Sections 3201(c)(3), 3217(b), 52.1(c), 52.1(d), and 52.2(v). | |
| FORM PROVISIONS | | | |
| Arbitration | §3216(d)(1)(K) | The form does NOT provide for mandatory arbitration. | |
| Assignment | §3201(c)(3) §3217(b) 11 NYCRR 52.1 11 NYCRR 52.16(b) | If the form contains an <u>assignment of benefits</u> provision, it complies with §§ 3201(c)(3), 3217(b), 52.1(c), 52.1(d), and 52.16(b). | |
| Attained Age Rates | 11NYCRR52.17(a)(29) | If the rates are based upon attained age, the forms contain the applicable schedule of rates. | |
| Benefit Triggers | §3201(c)(3) | The form clearly explains the triggers (definitions and benefit provisions) for benefits payable. | |
| Dependent Coverage | §3216(a) and (c) 11NYCRR52.17(a) Circular Letter No. 27 (2008) | If dependents are covered under this form: a. Eligibility provisions comply with the definition of “family” in Section 3216(a)(3) of the Insurance Law. b. The form complies with §3216(c)(3) of the Insurance Law. c. If the form provides a new contestable period for each new member added, the form does NOT provide a new contestable period for the policy. 52.17(a)(10) d. The form includes a conversion provision for dependents in compliance with §3216(c)(5). e. This policy provides coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes the recognition of marriages between same-sex partners legally performed in other jurisdictions. If children are covered under this form: a. Eligibility provisions comply with the definition of “dependent children” in Section 3216(a)(4) of the Insurance Law. b. The form complies with Section 3216(c)(4)(A) of the Insurance Law regarding unmarried dependent children incapable of self-sustaining employment. c. The form complies with Section 3216(c)(4)(C) of the Insurance Law regarding newborns. | |

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| | | <p>d. The family form provides for coverage for adopted children and stepchildren dependent upon the insured on the same basis as natural children. 52.17(a)(30)</p> <p>e. The family form covers a proposed adoptive parent upon whom the child is dependent and provides that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption. 52.17(a)(31)</p> <p>f. This policy must make available and if requested by the policyholder, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. §3216(a)</p> | |
| Discrimination Based on Sex or Marital Status | <p>§2607 §4224(b)(1) 11 NYCRR 52.17(c)(3)</p> | <p>a. The insurer or its agents will NOT refuse to issue, cancel, or decline to renew coverage because of the sex or marital status of the applicant. §§2607 and 4224(b)(1)</p> <p>b. Benefits are NOT reduced solely on the basis of sex or marital status of the insured. §52.17(c)(3)</p> | |
| Extension of Benefits | <p>11 NYCRR 52.17(a)(15)</p> | The form contains an extension of benefits provision that complies with 52.17(a)(15). | |
| Fraternal Benefit Society | <p>§4504(g)</p> | If the insurer is a Fraternal Benefit Society, the policy includes a provision that complies with §4504(g) regarding a member's portion of any reserve deficiency. | |
| Military Suspension | <p>§3216(c)(13) §3216(c)(14) 11NYCRR52.17(a)(9)</p> | 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> | |
| Period of Coverage | <p>§3216(f)</p> | Coverage is provided to the end of the premium payment period when premium is taken. §3216(f). <i>Note: For example, if the insurer has accepted premium for a time period during which the insured reaches the policy age limit for benefits, coverage must be provided to the end of the time period for which premium has been accepted.</i> | |
| Reduction in Benefits | <p>§3216(d)(2) 11 NYCRR 52.17(c)(3)</p> | 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" (Section 3216(d)(2)(A)) or "Relation of Earnings to Insurance" (Section 3216(d)(2)(F)), whichever is applicable. 52.17(c)(3) | |
| Refund of Premium upon Death | <p>§3228</p> | This form provides for a refund of premium upon death per §3228. | |
| Rider or Endorsement | <p>11NYCRR52.17(a) 11NYCRR52.16(e)(2)</p> | <p>If this filing contains a rider or endorsement, the following requirements must be met:</p> <p>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)</p> <p>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)</p> <p>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></p> | |
| Specified Diseases | <p>11 NYCRR 52.15(a) 11 NYCRR 52.16(a)</p> | This filing does NOT provide benefits for specified diseases as defined in 52.15(a) or for | |

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| | | procedures or treatments unique to specified diseases. 52.16(a) | |
| Waiver of Premium | §3201(c)(3) §3217(b) 11 NYCRR 52.1 11 NYCRR 52.16(b) | If the form contains a provision for waiver of premium, it complies with §3201(c)(3), §3217(b), 52.1(c), 52.1(d), and 52.16(b). | |
| HOSPITAL INDEMNITY REQUIREMENTS | | | |
| Accident Only | | If this filing provides hospital indemnity benefits ONLY in the event of an accident, review the “Individual Accident Insurance” product outline for the requirements pertaining to this type of benefit instead of hospital indemnity. | |
| Hospital Confinement | 11 NYCRR 360.2 §3216(i) §3216(j) | If this filing provides <u>hospital confinement</u> benefits that have specific dollar amounts that exceed \$240 per day (\$165 if delivered in non-metro area), the following requirements must be met: a. The filing is based on open enrollment and community rating. 360.2 b. All applicable mandated coverages are included in the filing. 3216(i) c. All applicable “make available” benefits are included in the filing. 3216(j) | |
| 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. | |
| 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)(c) | 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. | |

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| OPTIONAL STANDARD PROVISIONS | | <i>These provisions MAY be included at the insurer's option.</i> | |
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| Benefit Offsets | §3216(d)(2) 11NYCRR52.23(e)(3)(i) | If the insurer wishes to offset policy 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 "Relations 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 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 of 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 alcoholism or drug addiction, it must comply with §52.16(c)(2) and §3216 (d)(2)(K) as pertinent. | |
| Cause of Illness, Treatment, or Medical Condition | 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): 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 (<i>Note: no distinction is made for sane or insane</i>); or e. aviation (this exclusion applies only to nonfare paying passengers). | |
| Chiropractic care | 11 NYCRR 52.16(c)(7) | If an insurer chooses to place an exclusion or limitation on structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference, it must comply with §52.16(c)(7). | |

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| Custodial Care | 11 NYCRR 52.16(c)(11) | If an insurer chooses to place an exclusion or limitation on rest cures and custodial care, it must comply with §52.16(c)(11). | |
| Dental | 11 NYCRR 52.16(c)(9) | If an insurer chooses to place an exclusion or limitation on dental care or treatment, it must comply with §52.16(c)(9). | |
| Family Provider | 11 NYCRR 52.16(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). | |
| Government Facility | 11 NYCRR 52.16(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 | 11 NYCRR 52.16(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). Note: The term "provided" is permitted, not "payable" or "reimbursable". | |
| Medicare or Other Governmental Program | 11 NYCRR 52.16(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). Note: The term "provided" is permitted, not "payable" or "reimbursable". | |
| Mental or Emotional Disorders | 11 NYCRR 52.16(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 | 11 NYCRR 52.16(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). Note: <i>must provide coverage within U.S., its possessions, Canada, and Mexico.</i> | |
| Pre-Existing Conditions | 11 NYCRR 52.2(v) 11 NYCRR 52.17(a) 11 NYCRR 52.16(c)(1) §3216(d)(1)(B)(ii) | 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) If the form is underwritten and it is issued to person: <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 §§ 52.2(v), 52.16(c)(1), and 3216(d)(1)(B)(ii) (maximum 24 months) | |
| Pregnancy | 11 NYCRR 52.16(c)(3) | If an insurer chooses to place an exclusion or limitation on pregnancy, it must comply with §52.16(c)(3). | |
| Separate Billing | 11 NYCRR 52.16(c)(8) | If an insurer chooses to place an exclusion or limitation on 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 | 11 NYCRR 52.16(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). | |
| Transportation | 11 NYCRR 52.16(c)(11) | If an insurer chooses to place an exclusion or limitation on transportation, it must comply with §52.16(c)(11). | |
| Workers' Compensation | 11 NYCRR 52.16(c)(8) | If an insurer chooses to place an exclusion or limitation on services for which benefits are provided by any state or Federal workers' compensation, employer's liability or occupational disease law, it must comply with §52.16(c)(8). Note: The term "provided" is permitted, not "payable" or "reimbursable". | |

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| 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 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 spaces for the name of the insured and covered family members. 52.31(f) and §3216(c)(3) | |
| 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. | |
| Varying Elements | 11NYCRR52.31 (f) §3204 (a)(1) | The schedule page sets forth daily benefit amounts, monthly benefit amounts, and similar varying elements of the policy selected by the insured. | |
| REMINDERS | | <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 Section 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 Letters 3(1989) and 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 | | | |
| | | In preparing this filing the insurer or its designated agent reviewed the most current product outline dated <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Note: Insert effective date of product outline.</i> | |

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| NEW PRODUCTS – RATE REQUIREMENTS | | (For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.) <i>Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (select one)</i> <input type="checkbox"/> The submission contains only application forms, disclosure statements, and/or advertising, OR <input type="checkbox"/> The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR <input type="checkbox"/> The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate. | Form/Page/Para Reference |
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| ACTUARIAL MEMORANDUM | 11NYCRR52.40(a)(1) | Actuarial qualifications: 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 | 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 gross premium differentials based on sex f. If occupational classifications exist, provide a description and actuarial justification g. Non-claim expense components as a percentage of gross premium h. Demonstration of expected loss ratio | |
| Loss Ratios | 11NYCRR52.40(d)(1)(ix) and (x) 11NYCRR52.45 | Expected loss ratios by duration and in the aggregate – with actuarial justification | |
| Reserve Bases | 11NYCRR94(Reg. 56) | 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 rates determination | |
| Actuarial Certification | 11NYCRR52.40(a)(1) | 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) | 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 | |

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| | | <ul style="list-style-type: none"> h. Commission schedules 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) 11 NYCRR 52.45 | <ul style="list-style-type: none"> a. Description of the proposed changes in rates commissions, underwriting, etc. b. Description of benefits, with indication of those benefits whose rates are to be changed. c. History of previous New York rate revisions. If nationwide experience is included per item (f) below, provide history of previous non-New York rate revisions as well. d. First and last years of issue e. Actual and expected loss ratios by duration f. Complete New York experience since inception. If New York experience is not credible, provide nationwide experience as well. <ul style="list-style-type: none"> (i) Yearly and in total (ii) All items except reserves accumulated with interest (accumulated from midpoint of calendar year to most recent Dec. 31) (iii) As in (i), but with premiums adjusted to the current New York rate schedule. Describe the basis for all reserves. g. Derivation of the proposed rate revision in detail, including demonstrations that: <ul style="list-style-type: none"> (i) The expected future loss ratio and expected lifetime loss ratio are at least as large as the disclosure loss ratio, and (ii) The expected future loss ratio is at least as large as the applicable minimum loss ratio per Section 52.45(j)(2) of Regulation 62. h. Impact on rates and loss ratios due to changes described above. i. A statement that the rates when approved will be applied to all policies delivered or issued for delivery in New York State, regardless of place of current residence. | |

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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 %. | |
| 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, and issue limits f. Description of rating classes g. Examples of rate calculations h. Commission schedules i. Underwriting guidelines and/or underwriting manual j. Expected loss ratio | |