

NEW YORK INSURANCE DEPARTMENT

Group Disability Income Insurance 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. 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.
- E. Do not make any changes or revisions to this checklist.
- F. **Checklist Updates:** Any items on the checklist that have been updated since the last posting are shaded.
- 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”.

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR GROUP DISABILITY INCOME INSURANCE

LINE OF BUSINESS: **Disability Income Insurance**

LINE(S) OF INSURANCE

CODES

CODE: **H111**

Short Term
Long Term

H111.002
H111.003

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 | <i>Note: Unless otherwise noted, all references are to Insurance Law and Insurance Regulations.</i> | | Form/Page/Para Reference |
| FILING SUBMISSION | | | |
| Form Requirements | 11NYCRR52.31, §3102(c)(1)(G) | <p>Each form in the filing must meet the following requirements:</p> <ul style="list-style-type: none"> a. The provisions of this form are NOT misleading or unreasonably confusing. §§3217(b)(2), 52.1(c) b. The provisions of this form provide substantial economic value to the policyholder. §§3217(b)(5), 52.1(c). c. The provisions of this form are NOT unjust, unfair, inequitable, misleading, deceptive to the policyholder. §§3201(c)(3), 3217(b). d. This form contains no strikeouts. §52.31(b). e. All blank spaces are filled in with hypothetical data. §52.31(f). 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). 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) and (l). h. Explanations of variable material must contain the alternative language and should not state that the variations will “conform to law” or will be “as requested by the policyholder”. §52.31(l). | |
| 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. | |

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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. | |
| 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> | |
| 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> | |
| 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. | |
| 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. | |
| Pre-Existing Conditions | 11NYCRR52.51(i) | 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. | |

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| Prohibited Questions and Provisions | 11NYCRR52.51 §3204 §2611 | 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 seeking 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 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 (e.g., cannot use a hybrid receipt or agreement which is less favorable than §52.53 requirements). | |
| POLICY FORM | §3102, §3105, §3201, §3204, §3221, §3234, 11 NYCRR Part 52 (Reg. 62) | | Form/Page/Para Reference |
| COVER PAGE | | | |
| Label | 11NYCRR52.8 | Policy is labeled as "Disability Income Insurance" within the definition of §52.8. | |
| Licensee | | The licensed New York insurer's name and full address appears prominently on the front or back cover. | |

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| Signature of Company Officer | | The signature of company officer(s) appears prominently on the form (such as the cover). | |
| DEFINITIONS | | | |
| Benefit Period | §3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8 | 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. | |
| 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 | |
| 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. | |
| Employer and Employee | §4235(d) | The definitions of “Employer” and “Employee” should comply with §4235(d). | |
| Hospital | 11NYCRR52.2(m) | The definition of “Hospital” complies with §52.2(m). | |
| Injuries or Sickness | §3201(c)(3) , §3217(b) , 11NYCRR 52.1 11NYCRR52.18(a)(5) 11NYCRR52.8 | The definitions of “Injuries”, “Sickness”, and similar terms comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.18(a)(5) and 52.8. | |
| Loss of Earnings | §3201(c)(3) | The definitions of “Loss of Earnings”, “Monthly Earnings”, “Prior Earnings” and similar provisions used to calculate income losses due to disabilities comply with §§3201(c)(3). | |
| 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 11NYCRR52.8 4235(f)(4) | 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 disability income benefits.</i> | |
| FORM PROVISIONS | | | |
| Accident Benefits | 11NYCRR52.18(b)(1) | If the form contains benefits due to an accident, the benefits are <u>not</u> predicated upon loss occurring through violent and external means. | |
| Accidental Death and Dismemberment Benefits | 11NYCRR52.18(b)(3) | 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, attach an explanation. | |
| Assignment | §3201(c)(3) §3217(b) 11NYCRR52.8 | If the form contains an assignment provision, it complies with §§ 3201(c)(3), 3217(b), and 52.8. | |
| Conditions of Eligibility | 11NYCRR52.18(f) | Any conditions pertaining to employment under §4235(c) must comply with §52.18(f). | |
| Dependent Coverage | §4235(f) . | If dependents are covered under this form such coverage is in compliance with §§4235(f) and | |

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| | 11NYCRR52.18(e) Circular Letter No. 27 (2008) | 52.18(e). This includes the recognition of marriages between same-sex partners legally performed in other jurisdictions. | |
| Extension of Benefits | 11NYCRR52.18(b)(4) | Upon termination of insurance, an extension of benefits shall be provided during a period of total disability for hospital confinements commencing or surgery performed during the next 31 days for the injury, sickness or pregnancy causing the total disability. | |
| First Diagnosis | 11NYCRR52.2(v) | 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). | |
| Hospital Confinement | 11NYCRR52.18(b)(7) | If disability benefits are conditioned upon hospital confinement they shall be considered as hospital, medical or surgical expense benefits for purposes of §3221(e) and any relevant regulations. | |
| Integration with Social Security Benefits | 11NYCRR52.18(b)(13) | If disability income benefits are integrated with social security benefits, the policy provides that any amount of benefits being currently paid will not be subsequently reduced by any changes in the amount of social security benefits resulting from a cost of living increase or changes to the Social Security Law. | |
| 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. | |
| Partial Benefits | §3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8 | If the form contains a provision that provides a reduction in 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), the provision must comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d) and 52.8. | |
| Permissible Group | §4235(c)(1) | The policy is issued to one (or more) of the permissible groups set forth in §4235(c)(1). | |
| Recurrent Disability | §3201(c)(3); §3217(b) 11NYCRR52.1(c) and (d) 11NYCRR52.8 | If the form contains a “recurrent disability” or similar provision, the form must consider a later disability a separate period of disability only when separated from the earlier disability by at least 30 days. | |
| Replacement Coverage | 11NYCRR52.70(e)(1) | No group policy replacing a plan of similar benefits of another insurer or self-insurer shall be written unless all persons of the same class insured under the prior plan are eligible without evidence of individual insurability or restrictions as to preexisting conditions, except those contained in the policy from which transfer is made to the extent of the lesser of the prior coverage or the coverage provided under the replacing plan. | |
| Termination | 11NYCRR52.18(c) | Notices of termination or nonrenewal shall provide for 30 days notice. The policy provides that termination of coverage does not prejudice the right to a claim for benefits which arose prior to the termination. | |
| Total Disability Benefits | §3201(c)(3) 11NYCRR52.1 11NYCRR52.8 | If the form contains a provision that provides total disability benefits, it must comply with §§3201(c)(3), 52.1(c), 52.1(d) and 52.8. | |
| Triggers for Benefits | §3201(c)(3) | The form must clearly explain the triggers (definitions and benefit provisions) for benefits payable. | |
| Unilateral Modifications | 11NYCRR52.18(a)(8) | Insurers making unilateral modifications to existing coverage must provide 30 days written notice to policyholders. | |
| Update Benefits Without Evidence of Good Health | | If the form contains a provision to update disability benefits without evidence of good health (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. | |

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| Rehabilitation Benefits | §3201(c)(3) | If the form contains a provision providing for rehabilitation benefits (when the insured and the insurer agree in writing to the nature of the benefits and amount payable): a. The provision must explain whether participation by the insured in the rehabilitation program is voluntary or mandatory. b. The purpose of the provision is to aid the insured in returning to work. | |
| Waiver of Premium | §3201(c)(3) §3217(b) 11NYCRR52.1 11NYCRR52.8 | If the form contains a provision for waiver of premium 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). | |
| Work-Related | 11NYCRR52.16(c)(8) | Disability income benefits are NOT based upon whether the disability is <u>work-related</u> or non work-related (occupational vs. non-occupational coverage). <i>Note: An exclusion is available for benefits provided by workers compensation under §52.16(c)(8).</i> | |
| 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> | |
| Age Restrictions | §3221(a)(7) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Change of Beneficiary | §4235(e) | When applicable, this provision must be included but must be no less favorable to the insured than the statutory provision. | |
| Certificates | §3221(a)(6) | The insurer must issue a certificate in compliance with §3221(a)(6). | |
| Claim Forms | §3221(a)(10) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Eligible Class | §3221(a)(3) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Grace Period | §3221(a)(4) | When applicable, all premiums due under the policy shall be remitted by the employer(s) or other designated person on or within the grace period set forth in the policy. | |
| Legal Actions | §3221(a)(14) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Loss of Life | §3221(a)(13) | When applicable, this provision must be included but must be no less favorable to the insured than the statutory provision. | |
| Non-Renewal | §3221(a)(5) | Conditions under which an insurer may decline renewal must be set forth in the policy. | |
| Notice of Claim | §3221(a)(8) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Payment of Claims | §3221(a)(12) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Physical Examinations and Autopsy | §3221(a)(11) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Policy Changes | §3221(a)(2) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Proofs of Loss | §3221(a)(9) | This provision must be included and must be no less favorable to the insured than the statutory provision. | |
| Statements of Insured | §3221(a)(1) | 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 | 11NYCRR52.18(d) | If the insurer wishes to offset the benefits they must comply with this provision. | |

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| <p>Elimination Period</p> | <p>§3201(c)(3) §3217(b) 11NYCRR52.1(c) 11NYCRR52.1(d) 11NYCRR52.8 Circular Letter No. 14 (2007) Supplement No.1 to Circular Letter No.14 (2007)</p> | <p>If the insurer wishes to include an elimination or waiting period please note that in general, the Department views an elimination period or waiting period of no longer than 180 days as reasonable. The elimination period or waiting period length is acceptable as a choice for an insured among various options such as 0-day, 60 days, etc. The elimination period or waiting period can serve as a mechanism for insured choices as to the amount of time the insured wants to self-insure income losses from disability. The elimination period can also serve as a mechanism for premium affordability for an insured since the longer the insured self-insures the income loss the less premium the disability income insurer should charge for shortened insurer liability.</p> <p>However, extremely long elimination periods or waiting periods may work a hardship on a disabled insured since he/she would be receiving no benefits during a period of income loss associated with a disability. Such extremely long elimination periods or waiting periods may enable an insurer to provide no coverage because the disabled insured might recover before expiration of the elimination period or waiting period. The entire need for disability income coverage with a long elimination period or waiting period would then be questionable.</p> <p>Accordingly, filings that provide for elimination periods longer than 180 days typically will be disapproved pursuant to Insurance Law Section 3201(c)(3). Nevertheless, the Department will consider approval of an elimination period greater than 180 days where the insurer adequately explains why it is necessary.</p> <p>In addition, in accordance with Supplement Number 1 to Circular Letter No. 14 (2007), the Department expects elimination periods and pre-existing condition waiting periods in group and blanket disability policies to run concurrently rather than consecutively. The issue arises in the very narrow set of circumstances where an insured who has no credit for prior disability coverages (as described in Insurance Law Section 3234(a)(1)) is healthy enough to be hired but has a pre-existing condition that leads to her total disability during the policy's pre-existing condition waiting period, and where the policy also includes an "elimination period." To treat these periods as running consecutively would create the possibility of extremely long periods of time during which a disabled insured would receive no benefits. All elimination periods should be construed to run from the first date of the disability, rather than upon expiration of the pre-existing condition waiting period. Payment of benefits therefore should begin upon expiration of the elimination period, subject to the pre-existing condition waiting period. If the pre-existing condition waiting period has been satisfied, then payment of benefits should begin upon expiration of the elimination period. In cases where the elimination period has been satisfied and the pre-existing condition waiting period has not been satisfied, payment of benefits should begin on the first day of the month following the expiration of the pre-existing condition waiting period.</p> | |
| <p>Wellness Programs</p> | <p>§3239</p> | <p>Wellness programs are permitted and are defined as programs designed to promote health and prevent disease that may contain rewards and incentives for participation. A wellness program may include but is not limited to: the use of a health risk assessment tool; a smoking cessation program; a weight management program; a stress management program; a worker injury prevention program; a nutrition education program; and a health or fitness incentive program. A</p> | |

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| | | <p>wellness program may use rewards and incentives for participation provided that where the group health insurance policy or subscriber contract is required to be community-rated, the rewards and incentives shall not include a discounted premium rate or a rebate or refund of premium.</p> <p>Permissible rewards and incentives include: full or partial reimbursement of the cost of participating in smoking cessation or weight management programs; full or partial reimbursement of the cost of membership in a health club or fitness center; the waiver or reduction of copayments, coinsurance and deductibles for preventive services covered under the group policy or subscriber contract; and monetary rewards in the form of gift cards or gift certificates, so long as the recipient of the reward is encouraged to use the reward for a product or a service that promotes good health, such as healthy cook books, over the counter vitamins or exercise equipment.</p> <p>Participation in the wellness program must be available to similarly situated members of the group and must be voluntary on the part of the member. The terms of the wellness program must be set forth in the policy or contract.</p> | |
| Subrogation | Chapter 494 of the Laws of 2009 | If a subrogation provision is included in this policy or certificate, it must comply with Chapter 494 of the Laws of 2009 | |
| Illegal Occupation | §3221(c), §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 | §3221(c), §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. | |
| 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. | |
| Cause of Illness, Treatment, or Medical Condition | 11NYCRR52.16(c)(4) | <p>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 Regulation 62:</p> <ol style="list-style-type: none"> a. war or act of war (whether declared or undeclared); b. participation in a felony, riot or insurrection; 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). | |

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| 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 | §3234 (as added by L.1993, c. 650) 11 NYCRR 52.16(c)(1) 11 NYCRR 52.18(a)(5) Circular Letter No. 14 (2007) | If an insurer chooses to place a preexisting condition limitation on the coverage, it must comply with §52.16(c)(1) and §52.18(a)(5) of Regulation 62 and the requirements of §3234, as added by L.1993, c. 650 of the Insurance Law. Credit for prior group disability income coverage shall be given to the extent that the previous coverage or level of benefits was substantially similar to the new coverage or level of benefits. See §3234(a)(1). Also, in accordance with Circular Letter No. 14 (2007), the language of the forms should clearly indicate that any pre-existing condition provision is a waiting period, and not a complete bar for coverage of those disabilities that arise within the first 12 months of coverage. | |
| 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 provided 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. | |

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| 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. | |
| 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 §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 | | | |
| | | In preparing this filing, the insurer or its designated agent reviewed the most current product outline dated _____ / ____ / ____ <i>Note: Insert effective date of product outline.</i> | |
| NEW PRODUCTS – RATE REQUIREMENTS | | <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> <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> | |
| 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 | |

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| | | Academy of Actuaries. | |
| Justification of Rates | 11NYCRR52.40(e)(2)(ii)(b) 11NYCRR52.40(f) 11NYCRR52.40 (j) 11NYCRR52.45 (f) | <ul style="list-style-type: none"> a. Provide reference to relevant information used in the rates development b. Expected claim costs c. Actuarial justification for the use of claim costs and other assumptions d. Non-claim expense components as a percentage of gross premium e. Provide commissions, compensations, fees and allowances. f. Demonstration of expected loss ratios complies the applicable required minimum loss ratios g. If the policy is experience-rated, provide a written plan or formula and methodology with sample(s) in accordance with 11NYCRR52.40(f) | |
| Loss Ratios | 11NYCRR52.40(e)(2)(ii)(b) 11NYCRR52.45(f) | Provide expected loss ratios by size of groups with less 50 lives and groups with 50 lives and more, respectively | |
| Reserve Basis | 11NYCRR94(Reg. 56) | Description of bases for reserves and unpaid claim liabilities. | |
| Voluntary Plan | 11NYCRR52.41 | Demonstrate the voluntary premium differentials between males and females comply with 11NYCRR52.41 | |
| 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(s) % | |
| ACTIVE RATE MANUAL | 11NYCRR52.40(e)(2)(i) and (ii)(a) 11NYCRR52.40(f)(1) | <ul style="list-style-type: none"> a. Table of Contents b. Insurer name on each consecutively numbered rate page c. An outline of benefits, coverages, limitations and exclusions to which the rate applies d. A schedule of the premium rates, rules and classification of risks including any loading for age, sex, industry, etc. e. Provide the rating methodology and experience rated formula, if applicable f. Definition(s) of risk and/or schedule for purpose of varies discounts such as size and self administration g. Example(s) of rate calculations h. A Schedule of Commissions/fees i. Expected loss ratio(s) | |
| 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) | Actuarial qualifications: <ul style="list-style-type: none"> a. Member of the Society of Actuaries; and | |

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| | | b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. | |
| Justification of Rates | 11NYCRR52.40(e)(2)(ii)(b) 11NYCRR52.40(f) 11NYCRR52.40 (j) 11NYCRR52.45 (f) | a. Description of proposed change(s) including rate(s), benefit(s) and commissions/fees b. Description of proposed change in underwriting rules/risk classifications c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium (ii) Paid and incurred claims (iii) Incurred loss ratios d. Derivation of proposed rate revision in detail with actuarial justification e. Expected loss-ratio(s) f. Impact on rates due to changes with actuarial justification | |
| 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”. 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(s) %. | |
| REVISED RATE MANUAL PAGES | 11NYCRR52.40(e)(2)(i) and (ii)(a) 11NYCRR52.40(f)(1) | a Table of Contents b Insurer name and page number on each revised rate page c An updated outline of benefits, coverages, limitations and exclusions to which the rate applies d A revised schedule of the premium rates, rules and classification of risks including any loading for age, sex, industry, etc. e Provide revised rating methodology and experience rated formula, if applicable f Definition(s) of risk and/or schedule for purpose of varies discounts such as size and self administration g Example(s) of rate calculations h A Schedule of Commissions/fees l Expected loss ratio(s) | |