NEW YORK INSURANCE DEPARTMENT

Individual Specified Disease Coverage Checklist for SERFF Filings (As of 6/14/10) Recurring (Conditions Benefits on Ongoing Treatment)

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. All items with shaded boxes must be answered.

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 INDIVIDUAL SPECIFIED DISEASE COVERAGE
RECURRING (CONDITIONS BENEFITS ON ONGOING TREATMENT)

LINE OF BUSINESS:	**Individual Health-Specified Disease-Limited Benefit (Recurring)**	LINE(S) OF INSURANCE	CODES
CODE:	**H07I**	**Critical Illness**	H07I.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	11 NYCRR52.2(k) 11 NYCRR52.19 11 NYCRR52.70 §1117	This filing is: (**select only one**) ☐ **Individual**. It meets the following requirements: 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 XVI 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. ☐ **List bill**. It meets the following requirements: 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 pays the entire premium. 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. The premium discount for "list bill," if any, is no greater than 10%. ☐ **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.	
Form Requirements	11 NYCRR52.31 §3102(c)(1)(G)	Each form in the filing must meet the following requirements: 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). h. If the form is available to spouses or dependents, **select only one**: ☐ The spouse/dependent receives their own individually issued policy, or ☐ The spouse/dependent is covered under the one policy issued to the primary insured.	
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	11 NYCRR52.15(b)(5) 11 NYCRR52.66	The filing includes the required disclosure form that: a. This filing contains the required disclosure form per §§52.15(b)(5) and 52.66 of Regulation 62 to be delivered to the applicant at the time application is made and receipt is acknowledged. *Note: Two formats exist – one for persons under age 65 and one for persons age 65 or*	

		older. Direct response insurers will deliver the required disclosure form at the time the policy is delivered	
APPLICATION FORMS			Form/Page/Para Reference
Authorization	11 NYCRR420.18(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	11 NYCRR52.51(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	11 NYCRR52.2(i) 11 NYCRR52.16(e)(2)	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: 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 within the Department's definition of an extra-hazardous activity, the insurer may elect one of four options: 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. If the activity engaged in is not within 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.	
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	11 NYCRR52.51(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." *Note: Does not apply to questions about factual information such as doctor visits or hospital confinements.*	
Insurance with Other Insurers	11 NYCRR52.51(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. *Note: Objective*	

		criteria are necessary to avoid unfair discrimination.	
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	11 NYCRR52.51(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.	
Overinsurance	52.15(b)(15)	The application includes questions to: a. Elicit whether, as of the date of the application, the applicant has coverage in force or application(s) pending for another specified disease policy or certificate for the same specified disease with the same or a different insurer. §52.15(b)(15)(i). b. Elicit the number of specified diseases for which either the applicant has coverage in force as of the date of the application or application(s) pending as of the date of the application. §52.15(b)(15)(ii).	
Pre-Existing Conditions	11 NYCRR52.51(j) 11 NYCRR52.54	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	11 NYCRR52.51 §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. *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.*	
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 attached 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.	
Underlying Coverage	52.15(b)(13)	The application includes a question that elicits whether the applicant has at least major medical or at least basic hospital and basic medical in force on the date of the application.	
CONDITIONAL RECEIPT/INTERIM INSURANCE AGREEMENT FORM			
Advance Premium	11 NYCRR52.53	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. *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.*	
POLICY FORM	§3102, §3105, §3201, §3204, §3216 & 11 NYCRR Part 52 (Reg. 62)		Form/Page/Para Reference
COVER PAGE			
Free Look	§3216(c)(10) §1117	The form contains a "free look" provision that complies with §3216(c)(10) or is more favorable to the insured.	
Licensee		The licensed New York insurer's name and full address appears prominently on the front or back cover.	
Label	11 NYCRR52.15	Policy is labeled as "Specified Disease Coverage" within the definition of §52.15.	
Limited Policy Statement	11 NYCRR 52.15(b)(9)	The cover page contains the statement required by §.15(b)(9)	
Medicare Notice	11 NYCRR52.17(a)(33)(i) 11 NYCRR52.66	If the policy is sold to persons eligible for Medicare (due to age or disability), a notice complying with §52.17(a)(33)(i) is included either on the cover page of the policy or the first page of the disclosure statement required by §52.66.	
Participating Policy	§3216(c)(1)	If the policy is participating, such is stated on the cover page or schedule page.	
Renewability	11 NYCRR52.15(b)(3) 11 NYCRR52.17(a)(2) 11 NYCRR52.17(a)(5) 11 NYCRR52.17(a)(6) 11 NYCRR52.17(a)(7) 11 NYCRR 52.40(b)(1)	The form meets the following requirements: a. The cover contains the renewability provision or briefly describes and references the policy renewability provision pursuant to §52.17(a)(2). b. The policy is at least "Guaranteed Renewable for Life" in compliance with §§52.15(b)(3), 52.17(a)(1), 52.17(a)(6) and 52.17(a)(7). c. If the policy is "Noncancellable and Guaranteed Renewable for Life," the renewability provision complies with §§52.15(b)(3) and 52.17(a)(5). d. The policy is "Noncancellable to Age 65 but Guaranteed Renewable for Life," the renewability provision complies with §§52.15(b)(3), 52.17(a)(5), 52.17(a)(6) and 52.17(a)(7).	

		e. If the rates are level premium, the policy is "Guaranteed Renewable," "Noncancellable and Guaranteed Renewable for Life" or "Noncancellable to Age 65 but Guaranteed Renewable for Life." §52.40(b)(1).	
Signature of Company Officer		The signature of company officer(s) appears prominently on the form (such as on the cover).	
DEFINITIONS			
Hospital	11 NYCRR52.2(m)	The definition of "Hospital" complies with §52.2(m).	
Mental Disorders	§3201(c)(3), §3217(b), §4224(b)(2) 11 NYCRR52.1(c) 11 NYCRR52.1(d) 11 NYCRR52.16(c)(2)	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 52.16(c)(2).	
Physician	§3201(c)(3), §3217(b), 11 NYCRR52.1(c) 11 NYCRR52.1(d) 11 NYCRR52.15	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.) *Note: Form should not unduly limit the insured's access to benefits.*	
Pre-existing Condition	11 NYCRR 52.15(b)(6)	The definition of "Pre-existing condition" complies with §52.15(b)(6).	
Specified Disease Coverage	11 NYCRR 52.15(a)	The definition of "Specified Disease Coverage" complies with § 52.15(a).	
FORM PROVISIONS			
Arbitration	§3216(d)(1)(K)	The form does not provide for mandatory arbitration.	
Assignment	§3201(c)(3), §3216(d)(1)(L), §3217(b) 11 NYCRR52.15	If the form contains an assignment provision, it complies with §§3201(c)(3), 3216(d)(1)(L), 3217(b), and 52.15.	
Attained Age Rates	11 NYCRR52.17(a)(29)	If the rates are based upon attained age, the forms contain the applicable schedule of rates.	
Dependent Coverage	§3216(a)(3) §3216(a)(4) §3216(c)(4)(A) §3216(c)(4)(C) 11 NYCRR52.17(a)(10) 11 NYCRR52.17(a)(30) 11 NYCRR52.17(a)(31) Circular Letter No. 27 (2008)	If dependents are covered under this form: a. Eligibility provisions comply with the definition of "family" in §3216(a)(3) of the Insurance Law. b. 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). c. 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 §3216(a)(4) of the Insurance Law. b. The form complies with §3216(c)(4)(A) of the Insurance Law regarding unmarried dependent children incapable of self-sustaining employment. c. The form complies with §3216(c)(4)(C) of the Insurance Law regarding newborns. 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). 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).	
Fraternal Benefit Society	§4504(g)	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	§3216(c)(13) §3216(c)(14) 11 NYCRR52.17(a)(9) Circular Letter No. 7 (2003)	Suspension provision for insureds called to active duty in the armed forces complies with §§3216(c)(13) and (14) and §52.17(a)(9). *Note: When read together, an insured is entitled to the right to resumption upon termination of military service of no longer than five years.*	
Period of Coverage	§3216(f)	Coverage is provided to the end of the premium payment period when premium is taken.	
Refund of Premium upon Death	§3228	This form provides for a refund of premium upon death per §3228.	
Return of Premium	11 NYCRR52.16(b)	This form does not provide a return of premium or cash value benefit except return of unearned premium upon termination or suspension of coverage, retroactive waiver of premium paid during disability, payment of dividends on participating policies, or experience rating refunds.	
Rider or Endorsement	11 NYCRR52.17(a)(14) 11 NYCRR52.17(a)(5) 11 NYCRR52.17(a)(6) 11 NYCRR52.17(a)(12) 11 NYCRR52.16(e)(2).	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) *Note: For waivers issued as a condition of insurance, renewal or reinstatement, see §52.16(e)(2).*	
Waiver of Premium	§3201(c)(3) §3217(b) 11 NYCRR 52.1(c) 11 NYCRR 52.1(d) 11 NYCRR 52.15 11 NYCRR 52.16(b)	If the form contains a provision for waiver of premium during a period of sickness, it complies with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.15, and 52.16(b).	
SPECIFIED DISEASE REQUIREMENTS			
Benefit Offset	11 NYCRR 52.15(b)(4)	Benefits for specified disease coverage will be paid regardless of other coverage, except for any policy provision regarding other insurance with the insurer providing specified disease coverage. *Note: §3216(d)(2)(C) of the Insurance Law sets forth the optional standard provision for "Other Insurance in This Insurer."*	
Covered Benefits	11 NYCRR52.15(a) 11 NYCRR 52.15(b)(1)	a. The form contains ONLY benefits related to specified disease coverage as defined in §52.15(a). It does not contain any benefits unrelated to specified disease coverage (i.e., categories defined in Regulation 62 other than §52.15). b. All forms of the specified disease or diseases are covered. §52.15(b)(1).	
Diagnosis	11 NYCRR 52.15(b)(2) 11 NYCRR 52.15(b)(6)	a. If the filing uses the term "first diagnosis," "first treatment," "first manifested," or a similar term, such term(s) will be administered in compliance with §52.15(b)(6). b. If the form conditions benefit payment on pathological diagnosis of a covered disease:	

		• The form provides that, if such a pathological diagnosis is medically appropriate, a clinical diagnosis will be accepted instead. • The form provides that any type of medically appropriate diagnosis will be accepted. §52.15(b)(2).	
International Coverage	11 NYCRR 52.15(a) 11 NYCRR 52.15(b) 11 NYCRR 52.15(c)	If this filing provides international coverage, the international benefits meet the minimum requirements of recurring specified disease. §§52.15 (a), (b), and (c).	
Overinsurance	11 NYCRR52.15(b)(8)	This filing contains the insurer's overinsurance rules. Overinsurance exists when: • An insured has more than one specified disease policy for the same specified disease regardless of the insurer, or • A policy is issued to any person that results in that person becoming covered by 8 or more specified diseases. *Note: Maximum number of specified diseases for which an individual may be covered is 7, regardless of the number of insurers.*	
Reduction in Benefits	11 NYCRR 52.15(b)(16)	The form does not contain a reduction in specified disease benefits (e.g., when certain events occur or ages are reached).	
Underlying Coverage	11 NYCRR 52.5 11 NYCRR 52.6 11 NYCRR 52.7 11 NYCRR 52.15(b)(12) 11 NYCRR 52.15(b)(14)	a. Specified disease coverage will only be issued to persons covered by either at least major medical insurance (defined in §52.7) or at least basic hospital insurance and basic medical insurance (defined in §§52.5 and 52.6). §52.15(b)(12). b. Within 30 days after policy delivery, the insurer will ask the insured person(s) in a written request whether the insured person(s) has in force at least major medical insurance or at least basic hospital insurance and basic medical insurance on the effective date of the specified disease coverage. If an insured responds that the underlying coverage is not in force on the effective date of the specified disease coverage, the policy will be voided from its beginning with a full premium refund. 52.15(b)(14) *Note: Attached is an explanation of the method by which the insurer will implement these requirements. See outline for details.*	
RECURRING SPECIFIED DISEASE REQUIREMENTS		*Note: An example of Recurring coverage is when benefits are conditioned on ongoing treatment. (If the form benefits provide a lump sum conditioned on diagnosis, use the checklist and outline for Non-Recurring coverage instead.)*	
Benefits Begin	11 NYCRR 52.15(c)(4)	Benefits begin with the first day of medical care or hospital confinement if such care or confinement is for a covered disease, even though the diagnosis is made at some later date.	
Covered Benefits	11 NYCRR 52.15(c)(1)	The policy provides benefits to any covered person not only for the specified disease(s) but also for any other condition(s) or disease(s) directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).	
Design	11 NYCRR 52.15(c)	The policy has been designed as a 52.15(c) recurring (on-going treatment) specified disease policy and not as a §52.15(d) non-recurring lump sum specified disease policy. *Note: If not designed under 52.15(c) only, attach an explanation as to how the form meets requirements of both and why the design is not prohibited by the overinsurance rules.*	
Loss Ratio	11 NYCRR 52.15(c)(7)	The minimum loss ratio for the policy complies with §52.15(c)(7).	
Lump Sum Payment	11 NYCRR 52.15(c)(5)	If the form provides for a lump sum payment: a. The lump sum payment is $5,000 or less. b. The lump sum payment covers resultant costs such as travel, lodging, household costs, and other living expenses.	

Medical Necessity	11 NYCRR 52.15(c)(2)	Payments are conditioned upon a covered person receiving medically necessary care or treatment, given in a medically appropriate location, under a medically accepted course of diagnosis or treatment. *Note: Treatment is a benefit trigger but benefits are calculated without regard to the actual charges incurred for treatment.*	
Probationary Period	11 NYCRR 52.15(c)(3)	If the form contains a probationary period: a. The probationary period is 30 days or less from the effective date of coverage. b. The policy provides that, for a specified disease diagnosed within the initial probationary period, the insured (not the insurer) may elect one of the following actions: (1) The policy is void from its beginning with a full premium refund, or (2) The coverage for such diagnosed specified disease is delayed for 12 months or less from the coverage effective date.	
MINIMUM BENEFIT STANDARDS		(For Each Covered Person)	
Benefit Period	11 NYCRR 52.15(c)(6)(iii)	If this form includes a benefit period: a. The benefit period is at least 2 years. b. If the benefits are not payable for a period of 180 days, the covered person is entitled to a new benefit period.	
Cancer Coverage	11 NYCRR 52.15(c)(6)(i)(b)(1)	If this form provides coverage for cancer, the form must provide coverage for chemotherapy and radiation therapy. The minimum benefit is a fixed sum payment of at least ½ of the hospital confinement inpatient benefit for each day of therapy for at least 365 days.	
Diseases Other Than Cancer	11 NYCRR 52.15(c)(6)(i)(b)(2)	If this form provides coverage for diseases other than cancer, the form must provide coverage for the medically appropriate outpatient treatment. The minimum benefit is a fixed sum payment of at least ½ of the hospital confinement inpatient benefit for each day of medically appropriate outpatient treatment for at least 365 days.	
Deductible	11 NYCRR 52.15(c)(6)(iii)	If the form includes a deductible, the deductible is $250 or less.	
Home Health Care	11 NYCRR 52.15(c)(6)(ii)	If this form contains benefits for home health care: a. The benefit equals a fixed sum payment of at least ¼ of the hospital confinement inpatient benefit for each day of home health care for at least 100 days. b. Any restriction or limitation applied to this benefit (by definition or otherwise) is no more restrictive than Medicare.	
Hospital Confinement	11 NYCRR 52.15(c)(6)(i)(a)	Fixed sum payment of at least $200 per day for each day of hospital confinement for at least 365 days.	
Other Services	11 NYCRR 52.15(c)(6)(i) 11 NYCRR 52.15(c)(6)(ii) 11 NYCRR 52.15(c)(6)(iii)	If this form covers services other than those required in §§52.15(c)(6)(i) and (ii), and if the form provides an overall aggregate benefit limit for these additional benefits, the overall aggregate benefit limit is at least $10,000 per covered person. §52.15(c)(6)(iii).	
Outpatient Surgery	11 NYCRR 52.15(c)(6)(i)(b)	Hospital or non-hospital: The minimum benefit is a fixed sum payment of at least ½ of the hospital confinement inpatient benefit for at least 365 days of treatment for each day of outpatient surgery.	
Skilled Nursing Home	11 NYCRR 52.15(c)(6)(ii)	If this form contains benefits in a skilled nursing home: a. The benefit equals a fixed sum payment of at least ¼ of the hospital confinement inpatient benefit for each day of skilled nursing home confinement for at least 100 days.	

		b. Any restriction or limitation applied to this benefit (by definition or otherwise) is no more restrictive than Medicare.	
MANDATORY STANDARD PROVISIONS		*Note: These provisions must be included in each policy. The provision must be no less favorable to the insured than the statutory provision.*	
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. *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.*	
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.	
OPTIONAL STANDARD PROVISIONS		*These provisions MAY be included at the insurer's option.*	
Benefit Offsets	§3216(d)(2)(C) §3216(d)(2)(E) 11 NYCRR52.23(e)(3)(i)	If the insurer wishes to offset specified disease 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)(E). *Note: Coordination of benefits is not allowed in an individual policy under §52.23(e)(3)(i). Except for any policy or certificate provision regarding "Other Insurance with this Insurer" providing specified disease coverage, benefits for specified disease coverage must be paid regardless of other coverage. Insurers have the ability to financially underwrite for other coverage before issuance and have the above provisions for excess insurance situations after issuance.*	
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.	
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	11 NYCRR52.16(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	11 NYCRR52.16(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 (*Note: For felony participation, see also §3216(d)(2)(J))*; c. service in the armed forces or units auxiliary thereto; d. suicide, attempted suicide, or intentionally self-inflicted injury *(Note: no distinction is made for sane or insane)*; 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).	
Cosmetic Surgery	11 NYCRR 52.16(c)(5)	If an insurer chooses to place an exclusion or limitation on cosmetic surgery, it must comply with §52.16(c)(5).	
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).	
Eyeglasses, Hearing Aids, and Exams	11 NYCRR 52.16(c)(10)	If an insurer chooses to place an exclusion or limitation on eyeglasses, hearing aids, and exams, it must comply with §52.16(c)(10).	
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).	
Foot care	11 NYCRR 52.16(c)(6)	If an insurer chooses to place an exclusion or limitation on foot care, it must comply with §52.16(c)(6).	
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: Must provide coverage within U.S., its possessions, Canada, and Mexico.*	
Pre-Existing Conditions	11 NYCRR52.15(b)(6)	If an insurer chooses to place a preexisting condition limitation in the coverage, it must comply with §52.15(b)(6). *Note: This is the only permissible pre-existing condition limit allowed for specified disease coverage.*	
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."	
RATE-RELATED INFORMATION			
Sex Basis for Rates		This form is rated on the following basis: **(select only one)** ☐ Unisex basis, or ☐ 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	11 NYCRR52.31 (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	11 NYCRR52.31 (f) §3216 (c)(2)	The schedule page includes spaces for effective date of insurance, renewal dates and renewal terms.	
Hypothetical Data	11 NYCRR52.31(f)	The schedule page is completed with hypothetical data.	
Name of Insured	11 NYCRR52.31 (f) §3216 (c)(3)	The schedule page includes space for the insured's name.	
Premium Summary	11 NYCRR52.31 (f) §3216 (c)(1)	The schedule page contains premium summary amounts and provisions dealing with insured participation status in surplus or dividends.	
Varying Elements	11 NYCRR 52.15(d)(2) 11 NYCRR52.31 (f) §3204 (a)	The schedule page sets forth amounts payable for benefits, probationary period time provisions complying with §52.15(c)(2), and similar varying elements of the policy selected	

		by the insured.	
REMINDERS		• 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. • No advertisement of the policy will imply coverage beyond the terms of the policy. Synonymous terms will not be used to refer to any disease so as to imply broader coverage than is the fact. §52.15(b)(10). • 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 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. • The insurer will not refuse to issue coverage, cancel coverage or decline to renew coverage because of the sex or marital status of the applicant or policyholder. §2607 of the Insurance Law.	
REVIEW OF PRODUCT OUTLINE			
		In preparing this filing, the insurer or its designated agent reviewed the most current product outline dated / / *Note: Insert effective date of product outline.*	
NEW PRODUCTS – RATE REQUIREMENTS	11 NYCRR52.40(c)(1)	*Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising, or* ☐ *The submission is an out-of-state filing pursuant to §3201(b)(2), or* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* ***(For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.)***	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11 NYCRR52.40(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	11 NYCRR52.40(d)(1) 11 NYCRR52.15(a) 11 NYCRR52.15(b) 11 NYCRR52.15(c)	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	

Loss Ratios	11 NYCRR52.40(d)(1)(ix) & (x) 11 NYCRR52.45(j)(1)(i) & (ii)	Expected loss ratios by duration and in the aggregate – with actuarial justification	
Reserve Bases	11 NYCRR94(Reg. 56)	Description of bases for active life, claim, and extra reserves (if any)	
Underwriting	11 NYCRR52.40(c)(2)(vii)	Description of general underwriting rules that are related to rates determinations	
Actuarial Certification	11 NYCRR52.40(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	11 NYCRR52.45(j)(1)(i) & (ii)	The expected loss ratio is: % for issue ages 64 and under, % for issue ages 65 and over, and % for all issue ages combined.	
ACTIVE RATE MANUAL	11 NYCRR52.40(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 h. Commission schedules i. Underwriting guidelines and/or underwriting manual j. Expected loss ratios	
EXISTING PRODUCTS – RATE REQUIREMENTS	11 NYCRR52.40(c)(1)	*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.* ***(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)***	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11 NYCRR52.40(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	11 NYCRR 52.40(d)(2) 11 NYCRR52.15(a) 11 NYCRR52.15(b) 11 NYCRR52.15(c)	a. Description of benefits b. History of previous New York rate revisions. If nationwide experience is included per item (e) below, provide history of previous non-New York rate revisions as well. c. First and last years of issue d. Actual and expected loss ratios by duration e. Complete New York experience since inception. If New York experience is not	

		credible, provide nationwide experience as well. (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. f. Derivation of the proposed rate revision in detail, including demonstrations that: (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 §52.45(j)(1) of Regulation 62. g. 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.	
Actuarial Certification	11 NYCRR52.40(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	11 NYCRR52.45(j)(1)(i) & (ii)	The expected loss ratio is: % for issue ages 64 and under, % for issue ages 65 and over, and % for all issued ages combined.	
REVISED RATE MANUAL PAGES	11 NYCRR52.40(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 h. Commission schedules i. Underwriting guidelines and/or underwriting manual j. Expected loss ratio	