



**Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Healthcare Section**

Company Name _____

Lead Form # as it appears in SERFF: _____

This form will be used in the following markets (please indicate all that apply):			
Large Group	<input type="checkbox"/>	Small Group	<input type="checkbox"/>
Medical Expense	<input type="checkbox"/>	HMO	<input type="checkbox"/>
Specified Disease	<input type="checkbox"/>	Medicare Supplement	<input type="checkbox"/>
Long Term Care Partnership	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>
AD&D	<input type="checkbox"/>	Life	<input type="checkbox"/>
		Individual	<input type="checkbox"/>
		Accident Only	<input type="checkbox"/>
		Annuity	<input type="checkbox"/>

If the filing is used in a group or group type market, please indicate all that apply:			
Employer/(Single)Employer Trust; 376.421.1(1)	<input type="checkbox"/>	Association; 376.421.1(5)	<input type="checkbox"/>
Creditor; 376.421.1(2)	<input type="checkbox"/>	Assoc. Sm. & Large Empl. 376.421.1(5)(e)	<input type="checkbox"/>
Labor Union; 376.421.1(3)	<input type="checkbox"/>	Credit Union; 376.421.1(6)	<input type="checkbox"/>
Trust (MET, etc); 376.421(4)	<input type="checkbox"/>	Discretionary; 376.421.2	<input type="checkbox"/>

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.

Description of Provisions for Application Forms			
Subject	Citation	Summary	Location in Filing: Section &/or Page number required

Filing Submissions

Filing Description or Cover Letter	20 CSR 400-8.200(3)(C)	Brief, detailed description of benefits, purpose, and intended market. Disclose if form is new or a replacement. If amendment/rider, the policy it will go with.	
Filing Submissions	See Filing Guidelines 20 CSR 400-8.200	Procedures for filing all policy forms	
Separate Submissions	20 CSR 400-8.200(3)(D)&(E)	Life filed separate from health & group from individual.	



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Applications

Agent's authority	20 CSR 400-2.060(3)(C) (health) 20 CSR 400-1.010(1)(C) (life and annuity)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Application processing	20 CSR 400-2.060(4)(E) (health or accident) 20 CSR 400-1.010(6) (life or annuity)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Application Questions	20 CSR 400-2.120	<ul style="list-style-type: none"> • Questions must be factual relating to a diagnosis. • Questions relating to HIV, AIDS, and ARC may be asked if other high risk medical conditions are asked. • Questions relating to medical & other factual matters (not a specific diagnosis) must pertain to a finite period not to exceed 10 years. 	
Disclosure	375.924	Company address and telephone number	
Application/stmnts of the insured	376.426(3) (health or accident) 376.580 (life) 376.697(3) (group life) 20 CSR 400-1.030(3)(C)9. (variable life)	All statements shall be deemed representations and not warranties. No statement shall be used to contest unless a copy has been furnished to insured	
Application shall include notice of compensation (only health or accident)	376.422	Application forms shall include the notice of compensation	
Telephone interview scripts	20 CSR 400-8.200(2)(B)4	Any telephone script that contains additional underwriting criteria not contained on the application is supplemental to the application and must be filed for approval.	

Prohibited provisions

Application – “Declined”	375.936 (11)(f)	Applications cannot ask if the applicant has been <u>declined</u> for other insurance	
Red-lined copies	20 CSR 400-8.200	When submitted, redline copies need to be placed on the SERFF “supporting documentation” area	
Variable Language	20 CSR 400-2.060(4)(B)	Please see Filing Guidelines posted at http://insurance.mo.gov/industry/filings/lh/index.htm	



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Variable Language - Blank pages	376.405 (health or accident) 376.675 (life and annuity)	Brackets around an entire page constitute a "blank" or generic form – not permitted
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