



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

Company Name: _____

Form # as it appears on the TD-1: _____

This form will be used in the following markets (please indicate all that apply):		
Large Group	Small Group	Individual

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)RSMo _____	Association; 376.421.1(5) RSMo _____
Creditor; 376.421.1(2) RSMo _____	Assoc. Sm. & Large Empl.; 376.421.1(5)(e) RSMo _____
Labor Union; 376.421.1(3) RSMo _____	Credit Union; 376.421.1(6) RSMo _____
Trust (MET, etc); 376.421(4) RSMo _____	Discretionary; 376.421.2 RSMo _____

DESCRIPTION OF PROVISIONS FOR DISABILITY INCOME			
REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable

Filing Submissions

Transmittal Document	<u>20 CSR 400-8.200(3)(B)</u>	Format may be different for SERFF filings.	
Cover Letter	(3)(C)	Letter of transmittal which briefly describes benefits, purpose, and intended market. Disclose if form is new or a replacement.	
Separate Submissions	(3)(D)&(E)	Life filed separate from health & group from individual.	

Policy Forms

Filing submissions	<u>20 CSR 400-8.200</u>	Procedures for filing all policy forms	
Free Look	<u>20 CSR 400-2.010</u>	10 day free look period for all individual and discretionary group policy forms	
Definitions	<u>20 CSR 400-2.060(2)</u>	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Elements of coverage required	<u>20 CSR 400-2.060(3)</u>	Elements of coverage required	-----
Insured in the Military	(A)	If benefits are not provided for those who joined the military; pro-rata unearned refund	
Benefits reduced	(B)	If benefits are reduced due to age, policy must disclose in conspicuous print and location	
Application changes	(C)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Government hospital	(D)	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	



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Prohibited language	(F)	Prohibits “accidental means” tests. See Reg. for additional prohibited exclusions	
Alcoholism	(G)	Coverage for hospital or treatment facility for alcoholism treatment. May be limited to 30days	

Essential conditions to be contained in the policy

Certificate, group	<u>20 CSR 400-2.060(4) (A)</u>	Certificate of Coverage to be delivered must be submitted for approval with master policy	
Variables, group	(B)	With accompanying statement, master contracts may be filed with variable wording	
Total Disability defined	(C)	Minimum standard for the definition	
Residual Disability	(D)	Shall be defined in relation to the insured’s reduction in earnings	
Application processing	(E)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Suicide exclusion	(F)	May not exclude coverage of attempted suicide while insane	
Excluded occupational injuries	(G)	May exclude injuries arising in the course of employment	
Benefit reduction clauses, group only	<u>20 CSR 400-2.060(5)</u>	Minimum amount payable of 15% or \$50	
Application questions	<u>20 CSR 400-2.120</u>	<ul style="list-style-type: none"> • Questions must be factual relating to a diagnosis. • Questions relating to HIV, AIDS, 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. 	
Group health filings	<u>20 CSR 400-2.130</u>	True or discretionary group as defined in 376.421RSMo.	
Disclosure	<u>375.924 RSMo</u>	Company address and telephone number	

**GROUP policies
Required provisions for GROUP policies**

Grace period	<u>376.426 RSMo (1)</u>	Grace period provision (31 days)	
Incontestability	(2)	Validity of the policy shall not be contested after it has been in force for 2 years from date of issue	
Application	(3)	All statements shall be deemed representations and not warranties. No statement shall be used to contest unless a copy has been furnished	
Evidence of individual insurability	(4)	Conditions, if any, for which the insurer reserves the right to require evidence of insurability	



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Preexisting conditions	(5)	Exclusion or limitation may only apply to condition which medical advise or treatment was received during 12 months prior...	
Misstatement of age	(6)	Coverage to equal amount premium paid would have purchased at actual age at issue	
Certificate required	(7)	Insurer shall deliver certificate of coverage to policy holder	
Notice of claim	(8)	Provision: written notice of claim must be given to insurer within 20 days after occurrence. Failure may not invalidate claim	
Claim forms	(9)	Insurer shall furnish forms for proof of loss within 15 days of request	
Proof of claim	(10)	Written proof of loss for disability claim within 90 days – no later than 1 year after first 90 days; Except in the absence of legal capacity	
Time benefits are payable	(11)	Benefits payable within 30 days and/or not less frequently than monthly	
To whom benefits are payable	(12)	Benefits payable to beneficiary, estate, or minor. See statute for specific language	
Autopsy	(13)	Examination and autopsy at company expense	
Legal action	(14)	No action at law prior to 60 days; within 3yrs	
Termination of policy	(15)	Provision: conditions for which the policy may be terminated	
Limiting age - handicapped children	(16)	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the certificateholder	
Dependent coverage	(17)	Coverage provided for dependents who are no more than 25 years old	
Insuring Debtors	(18)	Issuance of a certificate to each debtor describing coverage.	

INDIVIDUAL policies

Required provisions for INDIVIDUAL policies

Limiting age - handicapped children	<u>376.776.2</u>	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Dependent coverage	<u>376.776.3</u>	Coverage provided for dependents who are no more than 25 years old	
Entire contract; changes	<u>376.777.1 RSMo</u> (1)	Policy, endorsements, attached application(s) constitute the entire contract. "No change shall be valid until approved by an officer and attached"	
Time limit on certain defenses	(2)	Incontestability	
Grace period	(3)	Grace period provision: 31 days for monthly premiums. Not less than 7 days for weekly	
Reinstatement	(4)	Provision indicating the reinstatement of the policy	
Notice of claim	(5)	Written notice of claim given to insurer within 20 days after occurrence	

