



**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; <u>376.421.1(1)RSMo</u> _____	Association; <u>376.421.1(5) RSMo</u> _____
Creditor; <u>376.421.1(2) RSMo</u> _____	Assoc. Sm. & Large Empl.; <u>376.421.1(5)(e) RSMo</u> _____
Labor Union; <u>376.421.1(3) RSMo</u> _____	Credit Union; <u>376.421.1(6) RSMo</u> _____
Trust (MET, etc); <u>376.421(4) RSMo</u> _____	Discretionary; <u>376.421.2 RSMo</u> _____

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

Filing Submissions

Transmittal Document	20 CSR 400- 8.200(3)(B)	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.	

Policies

Free Look	20 CSR 400- 2.010	10 day free look period for all individual and discretionary group policy forms	
Government Hospital	20 CSR 400- 2.020	Hospital indemnity contracts not affected by confinement in government hospital	
Definitions	20 CSR 400- 2.060(2)	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Elements of coverage required	20 CSR 400- 2.060(3)	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. Review Reg. for <u>additional</u> specific prohibited exclusions	
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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 definition of Total Disability	
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 for 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 376.421 RSMo.	
Disclosure	<u>375.924 RSMo</u>	Company address and telephone number	

GROUP policies

Required provisions for GROUP policies

Grace period	<u>376.426 RSMo</u> (1)	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 to insured	
Evidence of individual insurability	(4)	Conditions, if any, for which the insurer reserves the right to require evidence of insurability	
Preexisting conditions	(5)	Exclusion or limitation may only apply to condition which medical advise or treatment	



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		was received during 12 months prior	
Misstatement of age	(6)	Amount of coverage to equal amount premium would have purchased at actual age at issue	
Certificate required	(7)	Insurer shall deliver to policy holder, to give to insured persons, a certificate of coverage's	
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.	
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	



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Claim forms	(6)	Shall furnish claimant with forms with in 15 days. Actions deem to comply	
Proofs of loss	(7)	With in 90 days of the date of loss. Shall not be reduced	
Time of payment of claims	(8)	Provision indicating the immediate payment of claim upon receipt of written proof of loss	
Payment of claims	(9)	Provision indicating benefits payable in accordance with beneficiary designation	
Physical examinations & autopsy	(10)	Examination and autopsy at company expense	
Legal action	(11)	No action at law prior to 60 days; within 3yrs	
Change of beneficiary	(12)	Provision indicating the right to change beneficiary, unless irrevocable	
Extension of Benefits - group	<u>376.438</u>	Provision for extension of benefits in the event of total disability at the date of any termination	

Optional provisions – Individual policies

Change of Occupation	<u>376.777.2(1)</u> <u>RSMo</u>	If insured changes occupation to one that is classified by insurer as more (or less) hazardous	
Misstatement of Age	(2)	If insurers age is misstated, amounts payable shall be as the premium would have purchased at the correct age	
Other Insurance in this Insurer	(3)	Accident and sickness policy previously issued by the insurer	
Insurance with Other Insurers	(4)	Other valid coverage providing benefits for the same loss. "Expense Incurred Benefits". "In applying the foregoing policy provision no third party liability coverage shall be included as "other valid coverage".	
Insurance with Other Insurers	(5)	Other valid coverage providing benefits for the same loss. "Other Benefits"	
Relation of Earnings to Insurance	(6)	Provision indicating the insurers liability in proportion to amount of earnings	
Unpaid Premium	(7)	Any premium due and unpaid may be deducted from the payment of a claim	
Cancellation	(8)	Written notice, delivered to insured's last known address	
Conformity with State Statutes	(9)	Any provision which is in conflict with statutes of the state which insured resides, policy is amended to conform	
Illegal Occupation	(10)	Insurer shall not be liable for loss which contributing cause was an attempt to commit a felony or engaged in an illegal occupation	
Intoxicants and Narcotics	(11)	Insurer shall not be liable for loss sustained by insured being intoxicated of any narcotic unless administered on the advice of a physician.	

PROHIBITED



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Arbitration	<u>435.350 RSMo.</u>	Arbitration is not allowed in contracts of insurance	
Subrogation & Third party recovery	<u>20CSR 400-2.030</u> <u>376.777.2(4)</u>	"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"	
Application	<u>375.936 (11)(f)</u> <u>RSMo.</u>	Applications cannot ask if the applicant has been declined for other insurance	

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. The **Bolded** descriptions are areas that MDI frequently requires Insurers to make revisions of their policies or contracts. With respect to ordinary Health & Accident policies, the remaining provisions are similar in substance to NAIC model regulations. **Please refer to the statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.**