



Missouri Department of Commerce and Insurance  
Market Regulation Division  
Insurance Product Filing Section  
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## Life and Health Application Checklist

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.

All filings and payments must be made through SERFF. A filing fee of \$150 applies to each filing, per 374.230 RSMo.

For appropriate use of TOIs, please see the NAIC Uniform Product Coding Matrix at: [NAIC.org](http://NAIC.org).



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## **Instructions**

1. Please complete this checklist by listing the location of the provision in the forms and attach to the Supporting Documentation tab.
2. Please ensure the Form Type under the Form Schedule tab matches the attached form. For example, if the Form Type is an application, ensure the attachment is also an application.
3. The Form Number:
  - a) Cannot be reused, except when the original filing was rejected or withdrawn.
  - b) Form Number provided on the Form Schedule tab must match the form number that is provided on the lower left-hand corner of the first page of the filed form
4. Provide an explanation of variability on the Supporting Documentation tab for all bracketed alpha and numeric text.
5. If filing a rider, endorsement, or application, please provide the SERFF tracking number for the approved policy forms to which the form will be attached.
6. If the company wishes to mark a form confidential, please explain how the request complies with 374.070 RSMo and 20 CSR 10-2.400. Entire filings must not be marked confidential.
7. If providing a redline version, please attach it to the Supporting Documentation tab; forms for approval should be in final format.
8. Health Rate filings must be separate from the Form filing.
9. Life products should be filed separately from Health products.

## Provisions Applicable to Application Forms

Subject	Citation	Summary	Form & Page Number
Filing Submissions	<a href="#">20 CSR 100-9.100</a>	Procedures for filing all policy forms	
Separate Submissions	<a href="#">20 CSR 100-9.100</a>	Life filed separately from health & group from individual	
Offer of Exclusion; Required	<a href="#">376.1199.4 RSMo</a>	The carrier shall offer and issue coverage that excludes contraception if contrary to the policyholder's moral, ethical or religious beliefs.	
Agent's Authority	<a href="#">20 CSR 400-2.060(3)(C)</a> (health) <a href="#">20 CSR 400-1.010(1)(C)</a> (life and annuity)	Company may disclaim an agent's authority to alter the contract or grant insurability. Prohibits certain language.	
Application Processing	<a href="#">20 CSR 400-2.060(4)(E)</a> (health) <a href="#">20 CSR 400-1.010(6)</a> (life and annuity)	60 days to notify prospective insured of acceptance or rejection	
Disclosure	<a href="#">375.924 RSMo</a>	Company address and phone	
Applicant's Statements	<a href="#">376.426(3) RSMo</a> (health) <a href="#">376.580 RSMo</a> (life) <a href="#">376.697(3) RSMo</a> (group life) <a href="#">20 CSR 400-1.030(3)(C)9</a> (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.	
Notice of Compensation (health)	<a href="#">376.422 RSMo</a>	Application shall include notice of compensation	
Certain Exclusions (health)	<a href="#">376.1199.6 RSMo</a>	Notice required for specific situations	
Application Declined	<a href="#">375.936 (11)(f)</a>	Applicant cannot be asked whether declined other insurance	