



**Application Forms**  
**Missouri Department of Commerce and Insurance**  
**Insurance Market Regulation Division**  
**Life & Healthcare Section**

**COMPANY NAME:** \_\_\_\_\_

Lead Form # as it appears in SERFF: \_\_\_\_\_

<b>This form will be used in the following markets, please indicate all that apply:</b>					
Large Group	<input type="checkbox"/>	Small Group	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Medical Expense	<input type="checkbox"/>	HMO	<input type="checkbox"/>	Accident Only	<input type="checkbox"/>
Specified Disease	<input type="checkbox"/>	Medicare Supplement	<input type="checkbox"/>	Annuity	<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"/>		

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

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

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

**To expedite filings and ensure an efficient use of resources, the L&H Section offers the following tips:**

1. Please complete this form by listing the location of the provision in the forms. Please 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, make sure the attached form is an application.
3. The Form Number:
  - A. Cannot be reused, except when original filing rejected or withdrawn.
  - B. Provided under the Form Schedule tab must match the form number that is provided on the lower left hand corner of the first page.
4. Provide an explanation of variability for all bracketed alpha and numeric text.
5. If filing a rider, endorsement or application, please provide the SERFF tracking number or copy of TD1 and approved policy forms.
6. If the company wishes to mark a form confidential, please provide an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400.
7. If providing a red line version, please attach to the Supporting Documentation tab; the forms for approval should be in final format.
8. Rate filings must be separate filings: Please see <https://insurance.mo.gov/industry/filings/healthrates/>



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

**Filing Submissions**

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 separate from health & group from individual.	

**Applications**

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 agents authority to alter contract or grant insurability – Prohibits certain language	
Application processing	<a href="#">20 CSR 400-2.060(4)(E)</a> (health or accident)  <a href="#">20 CSR 400-1.010(6)</a> (life or annuity)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Disclosure	<a href="#">375.924 RSMo</a>	Company address and telephone number	

Application/statements of the insured	<a href="#">376.426(3) RSMo</a> (health or accident)  <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.	
Application shall include notice of compensation (only health or accident)	<a href="#">376.422 RSMo</a>	Application forms shall include the notice of compensation	

**For Health Plans Covering Contraception**

Offer of exclusion <b>REQUIRED</b>	<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	
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Applications and enrollment forms must give notice	<a href="#">376.1199.6 RSMo</a>	Statute details the notice required for specific situations	
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**Prohibited Provisions**

Application – “Declined”	<a href="#">375.936 (11)(f)</a>	Applications cannot ask if the applicant has been <u>declined</u> for other insurance
Variable Language	<a href="#">20 CSR 400-2.060(4)(B)</a>	
Variable Language - Blank pages	<a href="#">376.405 RSMo</a> (health or accident)  <a href="#">376.675 RSMo</a> (life and annuity)	Brackets around an entire page constitute a "blank" or generic form – not permitted