

Review Requirements Checklist
GROUP MEDICARE SUPPLEMENT APPLICATIONS

REVIEW REQUIREMENTS	REFERENCES	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a “stamped” copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a “rejected” filing.
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).

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Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Insurance Fraud	§ 38.2-316 D 1	Application must comply with laws of the Commonwealth.
Misrepresentation	§ 38.2-316 D 3	No form shall contain any statement of question, which has the potential or capacity to encourage misrepresentation.
Medicaid Eligibility	§ 38.2-508.3	Eligibility for Medicaid may not be used in determining eligibility for coverage or for determining benefits payable.
Genetic Information Privacy	14 VAC 5-170-215	Prohibits genetic characteristics and testing information in underwriting.
Certification by Applicant and Agent	§ 38.2-3402	Application must contain certification by applicant and agent. See subsection A of this section for required wording.
Eligible Individual Defined	§ 38.2-3430.2 B 1	Application must include definition of eligible individual.
Creditable Coverage Reduction Disclosure	§ 38.2-3430.2 B 6	Aggregate period of creditable coverage is reduced to twelve months when coverage nonrenewed as described in subdivision C 2 of § 38.2-3430.7.
Eligibility Questions	§ 38.2-3430.3 C	Application must include questions that enable health insurance issuer to determine if applicant is applying for coverage as eligible individual under § 38.2-3430.2.
Receipt of Buyer's Guide	14 VAC 5-170-150 A 6	Delivery of buyer's guide must be made to applicant at time of application and issuer must obtain acknowledgement of receipt of guide.
Requirements for Application	14 VAC 5-170-160 A 14 VAC 5-170-160 B	Required statements and questions. See 14 VAC 5-170-160 A and C. Statements for agents (when applicable).
Notice to Buyer prominent on first page of certificate	14 VAC 5-170-180 A 3	Notice to Buyer must appear prominently on first page of certificate.
Legibility	14 VAC 5-110-50 C 1	Text of policy must be in no less than 10-point type.
Form Number	14 VAC 5-100-50 1	Form number must appear in the lower left-hand corner of the first page.

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Full and Proper Name	14 VAC 5-100-50 2	Full and proper corporate name must prominently appear on the cover sheet.
Final Form	14 VAC 5-100-50 3	Form must be in final print form.
Privacy Disclosure Requirements (when applicable)		
Full Notice of Information Practices	§ 38.2-604 B 1	The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage.
	§ 38.2-604 B 2	The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used.
	§ 38.2-604 B 3 § 38.2-613	The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization.
	§ 38.2-604 B 4 § 38.2-608 § 38.2-609	The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised.
	§ 38.2-604 B 5	The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons.
Abbreviated Notice of Information Practices	§ 38.2-604 C 1	Personal information may be collected from persons other than an individual proposed for coverage.
	§ 38.2-604 C 2	Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization.
	§ 38.2-604 C 3	A right of access and correction exists with respect to all personal information collected.
	§ 38.2-604 C 4 § 38.2-604 B	The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request.
Authorization Form Contents	§ 38.2-606 1	The authorization must be written in plain language.
	§ 38.2-606 2	The authorization must be dated.
	§ 38.2-606 3	The authorization must specify the types of persons authorized to disclose information about the individual.
	§ 38.2-606 4	The authorization must specify the nature of the information authorized to be disclosed.
	§ 38.2-606 5	The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.
	§ 38.2-606 6	The authorization must specify the purpose(s) for which the information is collected.
	§ 38.2-606 7	The authorization must specify the length of time such authorization shall remain valid.
	§ 38.2-606 8	The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form.

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Investigative Consumer Reports	§ 38.2-607 A 1	The authorization must state that the individual may request to be interviewed in connection with the preparation of the report.
	§ 38.2-607 A 2	The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Forms Section of the Life and Health Division reviews group Medicare supplement applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached group Medicare supplement application filing and determined that it is in compliance with the group Medicare supplement checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____