

Review Requirements Checklist
FOREIGN LANGUAGE FORMS

| REVIEW REQUIREMENTS | REFERENCES | COMMENTS |
|---|--------------------------------------|--|
| General Filing Requirements | | |
| | 14 VAC 5-100-40 5 | Description of market for which the form is intended. |
| | 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, or other. |
| | | (ii) 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. |
| 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. |
| 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. |
| Other Filing Requirements | | |
| | | A. The content of forms printed or written in a foreign language must be identical to the English version of the approved or filed form. The form number may be the same as the form number of the English version; however, the company must advise how the foreign version will be distinguished from the English version. |
| | | B. The approved English version of the form must accompany the foreign version. Both versions must be placed under the Supporting Documentation Tab. |
| | | C. The approval date and identification of SERFF or state tracking number for the approved or filed English version of the form must be provided. |
| | | D. The following statement must be translated and included in the non-English version of the form: "In the event of a dispute, the provisions of the approved English version of the form will control." |

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| | | <p>E. The credentials of the translator must be supplied and should be listed concisely, clearly, and accurately to indicate that the translator has the expertise needed to make the translation and is certified. These credentials may be the translator's certifications, accreditations, degrees in translation, and other pertinent credentials.</p> |
| | | <p>F. Translator must certify that:</p> <ol style="list-style-type: none"> 1. The person or entity did perform the translation. 2. The translation of the approved English version of the form to the foreign version of the form is accurate and describes in its entirety the terms and conditions of the policy. 3. There is no change in substance or emphasis from the provisions in the English version of the form. |
| | | <p>G. A statement signed by an officer of the insurer, its General Counsel or any attorney or actuary representing the company stating that:</p> <ol style="list-style-type: none"> a. The company will bear any translation expenses incurred by the State Corporation Commission, Bureau of Insurance, in the performance of its duties resolving complaints, conducting market conduct exams, financial exams, or any other expenses incurred because a form is printed or written in a foreign language. b. The content of the form in its foreign translation is the same as its English version. |

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

The Life and Health Division, Forms and Rates Section reviews foreign language forms. Please contact this section at (804) 371-9110 if you have questions or need additional information.

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I hereby certify that I have reviewed the attached foreign language form(s) and determined that it is in compliance with the foreign language forms checklist.

Signed: _____

Name (please print): _____

Company Name: _____

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

E-Mail Address: _____