

Review Requirements Checklist  
LONG-TERM CARE APPLICATIONS

**NOTICE:** This checklist must be completed in its entirety and included with each submitted form. Failure to provide a completed checklist will result in a delay of the review of the submission and may result in rejection of the filing.

This document is intended to assist carriers in preparing form filings for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that submitted forms comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are paraphrased. Please review the applicable citation for the full text of the requirement.

You can find out more about related laws, rules and orders from the [Administration of Insurance Regulation section](#) of our site.

The Forms and Rates Section of the Life and Health Division will review submissions based on the requirements noted in this checklist. Please contact this Section at (804) 371-9532 if you have questions or need additional information about these requirements.

Company Name:
Third Party Filer:
SERFF Tracking Number:
Form Number:

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REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>General Filing Requirements</b>			
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF or submitted in writing to the Commission. If filed by a Third-party, filing authorization must be included.	
Filing Description	14 VAC 5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; intentions to concentrate on a specialized market should be noted.	
	14 VAC 5-101-50 C 2	Filing description must include the form number of each form that is being filed.	
	14 VAC 5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, and the exact changes that are intended.	
	14 VAC 5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	
	14 VAC 5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	
	14 VAC 5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	
<b>HELP TIP:</b>		If a form filing is submitted as new in Virginia, but was previously disapproved, withdrawn, or rejected in Virginia, please provide details such as the SERFF or State tracking information, form number, and the date that the form filing was disapproved, withdrawn, or rejected if available.	
<b>Forms</b>			
Form Number	14 VAC 5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	
Company Name and Address	14 VAC 5-101-60 2	The full licensed name of the company, including the address of the home office, shall appear in prominent print at the top of the cover page of any policy, application, or enrollment form. The full licensed name of the company shall appear in prominent print on all other forms.	
Marketing Name or Logo	14 VAC 5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the filing company.	

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	14 VAC 5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy, if different from the home office, a company telephone number, and company website address.	
Final Form – John Doe	14 VAC 5-101-60 5	Form must be submitted in “final form” and in “John Doe fashion” to indicate its intended use.	
Electronic Version	14 VAC 5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	
Readability	14 VAC 5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, printed in a legible format and understandable to a person of average intelligence without special insurance knowledge or training.	
	14 VAC 5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	
Variability	14 VAC 5-101-80	Use of variable bracketed information shall be limited. Use of brackets within brackets is not permitted. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. Additional guidance is attached to SERFF General Instructions.	
	14 VAC 5-101-110	Each form filing shall contain a Certificate of Compliance signed by an officer of the company certifying that a review of the form has been conducted and is consistent and complies with the requirements of Title 38.2 and applicable rules and regulations; and a statement that failure to comply with these requirements will result in disapproval of the filing.	
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.	
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Code of Virginia does not define “Insurance Fraud”. Any fraud notice that includes the term “insurance fraud” is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered.	
Prohibited Statements	§ 38.2-316 D 3	No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.	

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Electronic Delivery	§ 38.2-325 F	Any evidence of coverage or other forms that do not contain personally identifiable information that a health carrier is required to provide to a policyholder, subscriber, or enrollee may be delivered electronically to the policyholder, subscriber or enrollee or posted to the health carrier's publicly available website in lieu of any other method or delivery.	
Medicaid Eligibility	§ 38.2-508.3	Cannot use Medicaid status as an insurability factor.	
Inquiry for Prior Adverse Underwriting Decisions	§ 38.2-611	Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.	
Applicant/Agent Certification	§ 38.2-3402	Certification by applicant and agent required with signature lines.	
Direct Response	14 VAC 5-90-60 C 3	The disclosures contained therein must appear in all direct response applications whenever applicable.	
	§ 38.2-5210	A nonforfeiture benefit must be offered and made available.	
	14 VAC 5-200-65 A 1	The notice for lapse or termination must be satisfied in either the application or on a separate form.	
	14 VAC 5-200-65 A 2	Specific provisions for payroll or pension deduction plan.	
	14 VAC 5-200-80 B 1	Provides for listing of medications when applicable.	
	14 VAC 5-200-80 C 1	Caution notice near applicant's signature.	
	14 VAC 5-200-100 A 1	5% compound inflation must be offered.	
	14 VAC 5-200-110 A	Required questions for applicant.	
	14 VAC 5-200-110 B	Required statements for agents.	
	14 VAC 5-200-175 C 2	Long-term care insurance personal worksheet must accompany application.	
<b>Privacy Disclosure Requirements (If included in the form)</b>			
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.	

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	§ 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 a (1)	If the authorization is signed for the purpose of collecting information in connection with the application, the authorization shall remain valid no longer than 30 months from the date the authorization is signed.	
	§ 38.2-606 7 b (1)	If the authorization is signed for the purpose of collecting information in connection with a claim for benefits for accident and sickness insurance, it shall remain valid for the term of the coverage of the policy.	
	§ 38.2-606 7 b (2)	If the authorization is signed for the purpose of collecting information in connection with a claim for benefits but not for accident and sickness insurance, it shall remain valid for the duration of the claim.	
		<i>NOTE: If the authorization is signed for the purpose of collecting information in connection with a claim for benefits associated with life insurance or annuity products <b>AND</b> accident and sickness insurance products, the authorization must include the requirements set forth in subdivisions b (1) and b (2) of subsection 7.</i>	

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	§ 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.	
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.	

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I hereby certify that I have reviewed the attached long-term care application filing and determined that it is in compliance with the long-term care application checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_