Review Requirements Checklist
INDIVIDUAL SPECIFIED DISEASE INSURANCE

REVIEW REQUIREMENTS	REFERENCES	COMMENTS
General Filing Requirements		
Transmittal Letter	14VAC5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14VAC5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both.
	14VAC5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modification of previously approved forms and set forth the exact changes that are intended.
	14VAC5-100-40 3	Certificate of compliance signed by General Counsel, or officer of company, or attorney, or actuary representing company is required.
	14VAC5-100-40 5	Description of market for which form is intended.
	14VAC5-100-40 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.
Variable Language		All variable information must be bracketed and explained in detail. A Statement of Variability (SOV) should be provided in all cases where variable information is presented. The SOV should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. The SOV should be provided under Supporting Documentation.
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.***
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.

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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 state 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).
Forms		
Form Number	14VAC5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14VAC5-100-50 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	14VAC5-100-50 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	14VAC5-100-50 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	14VAC5-100-50 5 14VAC5-110-50 C	Individual accident and sickness forms must be printed with a type size of at least 10-point type.
Readable Policy Requirements	14BAC5-110-50 A	Readable policy must be a precise and accurate legal contract in form and appearance.
Table of Contents	14VAC5-110-50 B	Required for policy of more than 3 pages.
Flesch Score	14VAC5-110-50 D	Flesch score reading of 40 or more.
Readability Certification	14VAC5-110-60	Readability certification is required. Must disclose the score, number of words, sentences, and syllables for each form.
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.

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Required Provisions		
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, and the period during which the insurance is to continue, (5) A statement of premium, (6) Conditions pertaining to the insurance.
Important Notice	§ 38.2-305 B	Each new or renewal policy/contract/certificate/evidence of coverage shall be accompanied by an important notice as stated in the statute.
Breast Cancer Underwriting and Preexisting Conditions Restrictions	§ 38.2-3407.11:3	Plan is prohibited from denying the issuance or renewal of coverage, or from canceling such coverage, or from including the exception or exclusion of benefits based solely on the members having a high risk of breast cancer or having had breast cancer, and having been cancer free for 5 years or more.
Proton Radiation Therapy Decisions	§ 38.2-3407.14:1	Each policy or contract that provides coverage for cancer therapy shall not hold proton radiation therapy to a higher standard of clinical evidence than for decisions regarding coverage of other types of radiation therapy treatment.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) Persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) Chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Reconstructive Breast Surgery	§ 38.2-3418.4	Coverage for reconstructive breast surgery, coincident with a mastectomy performed for breast cancer, to establish symmetry between the two breasts. This requirement applies to cancer and cancer combination policies providing benefits on an expense incurred basis.
Entire Considerations/ Premium	§ 38.2-3500 A 1	The entire consideration must be expressed in the policy.
Effective – Terminates	§ 38.2-3500 A 2	The time (i.e. 12 pm on effective date) at which the policy takes effect and terminates must be stated in the policy.
Exceptions – Reductions	§ 38.2-3500 A 4	Exceptions and Reductions must appear in the policy with the benefit or in an appropriate captioned section. If exception/reduction applies only to single benefit, then it must appear with that benefit.
Definition of Eligible Family Members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.

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DMAS Payor of Last Resort	§ 38.2-3500 A 7	Policy must contain statement regarding the status of the Department of Medical Assistance Services as the payor of last resort.
Notice for Policy/Return	§ 38.2-3502	Each policy must contain a notice on first page stating substantially the wording in this section. If parts of notice inapplicable, it may be modified with the Commission's approval.
Entire Contract/ Changes	§ 38.2-3503 A 1	Provision that this policy, including the amendment and attached papers, if any, constitute the entire contract of insurance. No change is valid unless approved by company executive officer, endorsed hereon or attached hereto. No agent may change or waive any of the policy's provisions.
Time Limit on Certain Defenses (TLCD) Incontestability	§ 38.2-3503 A 2	TLCD – Only fraudulent misstatements may be used after 2 years to deny a claim or void the policy. Incontestable - After 2 years from issue during insured's lifetime, the company cannot contest the statements in application.
Grace Period	§ 38.2-3503 A 3	Grace period provision must state this policy has a 31-day grace period. During the grace period, the policy shall stay in force.
Reinstatement	§ 38.2-3503 A 4	If renewal premium not received within grace period, policy will lapse. Insured may apply for reinstatement, if accepted insurance starts on approval date. If no disapproval received by 45th day insurance is effective on the 45th day after conditional receipt of premium. Reinstatement will cover only loss from injury after approval date or sickness starting more than 10 days after such date.
Notice of Claim	§ 38.2-3503 A 5	Notice of claim must be given to company within 20 days after covered loss starts or as soon as reasonably possible. Notice shall include name of Insured and/or Claimant, and the policy number.
Claim Forms	§ 38.2-3503 A 6	Company must provide claimant with claim forms within 15 days. If not, proof of loss requirements can be met by giving the Company a written statement of the nature and extent of the loss within 90 days.
Proof of Loss	§ 38.2-3503 A 7	Written proof of loss must be given within 90 days to the company. If not reasonably possible to give proof of loss in the time provided company shall not reduce nor deny claim if proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity proof must be given no later than 1 year from the time specified.
Time of Payment of Claims	§ 38.2-3503 A 8	After receiving written proof of loss, company will pay monthly all benefits then due. Benefits for any other loss will be paid as soon as proper written proof is received.
Payment of Claims	§ 38.2-3503 A 9	Benefits will be paid to the Insured if living, otherwise to the beneficiary or the insured's estate. If paid to the insured's estate or beneficiary the amount shall not exceed $2,000.
Physical Examinations & Autopsy	§ 38.2-3503 A 10	The company, at its own expense, can have the insured examined as often as reasonably possible while claim is pending. It may also have autopsy made unless prohibited by law.
Legal Actions	§ 38.2-3503 A 11	No legal action may be brought within 60 days after written proof of loss has been given. No legal action may be brought after 3 years from the time written proof of loss is required to be given.

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Change of Beneficiary	§ 38.2-3503 A 12	Insured may change beneficiary at any time except beneficiary's consent is required if designated as irrevocable beneficiary.
Cancellation by Insured	§ 38.2-3503 A 13	The insured may cancel this policy at any time by written notice to the company. In the event of cancellation, the company shall promptly return the unearned portion of any premium; the earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.
Policies that Include Issue Ages of 65 or Higher	14VAC5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Other Provisions		
Misstatement of Age	§ 38.2-3504 2 § 38.2-3513	If Insured's age has been misstated, benefits will be those that the premium paid would have purchased at the correct age.
Other Insurance in this Company	§ 38.2-3504 3	If insured has more than one policy with insurer, insured may keep the one policy selected and company will return all premiums paid for other such policies.
Unpaid Premium	§ 38.2-3504 7	When a claim is paid, any premium due and unpaid may be deducted from the claim payment.
Conformity with State Statutes	§ 38.2-3504 9	Any provision of this policy that on its effective date is in conflict with the laws of the state in which the Insured resides on that date is hereby amended to conform to the minimum requirement of the law.
Intoxicants and Narcotics	§ 38.2-3504 11	Company will not be liable for any loss resulting from the Insured's being drunk, or under the influence of any narcotic unless taken on the advice of a physician.
Policy Requirements		
Definitions	14VAC5-120-40	Certain terms defined.
Continuation of Coverage for Spouse/Deceased Insured	14VAC5-120-50 1	For guaranteed renewable and noncancellable policies, the spouse of the insured will become the insured in the event of the insured's death.
Specified Disease Policies Guaranteed Renewable	14VAC5-120-50 2	All specified disease policies must be at least guaranteed renewable. Renewal provisions must contain explanatory language.
Military Refund	14VAC5-120-50 3	If a policy includes a status type military exclusion, the insurer will provide for refund of the premium, on a pro rata basis, upon receipt of a written notice of military service.
Transplant Donor Benefits	14VAC5-120-50 5	Any expense incurred policy providing transplant benefits must also provide reimbursement of medical expenses of a live donor to the extent that benefits remain after recipient's expenses have been paid.
Recurrent Disability – 6 Month Maximum	14VAC5-120-50 6	No recurrent disability benefit can be separated by a period greater than 6 months.
Pathological/Clinical Diagnosis	14VAC5-120-50 8	Any policy that conditions payment on pathological diagnosis must also provide for clinical diagnosis if pathological diagnosis in medically inappropriate.
Conditions Aggravated by Specified Disease	14VAC5-120-50 9	Policy cannot deny benefits for specified disease or for any other condition or disease directly caused or aggravated by the specified disease or its treatment.

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Probationary Period - 30 days	14VAC5-120-50 10	No policy shall contain a waiting or probationary period greater than 30 days.
Reduction in Benefits – Other Ins.	14VAC5-120-50 13	Benefits for specified disease shall be paid regardless of other health insurance coverage (except Insurance with this Insurer provision).
1st Day Coverage Retro 90 Days	14VAC5-120-50 14	Benefits shall begin on first day of care or confinement even though the diagnosis is made at some later date. Retroactive application of such coverage may not be less than 90 days prior to such diagnosis.
Prohibited Policy Provisions		
Dividend Policy or Rider	14VAC5-120-60 A	No policy, rider or endorsement may be issued as a dividend unless cash equivalent has also been offered. No dividend form shall be issued for an initial term of less than 6 months.
Return of Premium/Cash Value	14VAC5-120-60 C	Return of premium or cash value benefits may be in policy so long as: (1) Such return of premium is not reduced by an amount greater than the aggregate of claims paid; and (2) Insurer demonstrates that the reserve basis is adequate.
Federal Government Hospital Exclusion (Hospital Indemnity Policies)	14VAC5-120-60 D	Polices providing hospital confinement indemnity coverage shall not exclude coverage for confinement in a hospital operated by Federal Government.
Specified Disease Exclusions	14VAC5-120-60 E	No policy shall limit or exclude coverage by type of illness, treatment or medical condition, except as listed in this section.
Waivers Require Signed Acceptance	14VAC5-120-60 F	When waivers are required as a condition or issuance, signed acceptance by the insured is required unless full text of waiver is on first page or specification page of the policy or unless notice of waiver appears on first page or specification page.
Minimum Standards for Specified Diseases		
Non-Cancer Policies	14VAC5-120-70 1	Minimum standards for non-cancer policies.
Cancer Only/Cancer Combination Policy	14VAC5-120-70 2	Minimum standards for cancer and cancer combination policies.
Required Disclosures		
Renewal Provision – 1st Page	14VAC5-120-80 A	Each specified disease policy shall contain a renewal provision on the first page of the policy and appropriately captioned.
Add Premium for Rider or Endorsement	14VAC5-120-80 C	When additional benefits are provided by rider or endorsement, additional premium charges shall be in the policy or attached schedule page.
UCR Definition Required if UCR used in policy	14VAC5-120-80 D	If policy provides benefits based on “usual and customary” or word of similar import shall include explanation of such terms.
Preexisting Condition Limitation	14VAC5-120-80 E	If a policy contains a preexisting condition limitation, the limitations must appear in a separate paragraph and labeled as “Preexisting Conditions Limitations.”

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Conversion Privilege	14VAC5-120-80 F	If a policy contains a conversion privilege it shall: 1) Be captioned "Conversion Privilege", 2) indicate who is eligible, by whom privilege may be exercised and circumstances applicable to conversion including limitations.
Limited Benefit Policy Disclosure	14VAC5-120-80 G	Each specified disease policy shall have the statement prominently displayed on the first page: "THIS IS A LIMITED POLICY. READ IT CAREFULLY."
Replacement Provisions		
Replacement Question on Application	14VAC5-120-90 A	Applications for specified disease must contain a question regarding the applicant's intent to replace policy in force.
Replacement Notice	14VAC5-120-90 B	If answer is yes, applicant must be provided with notice complying with subsection C or D of this provision.
Rates		
	14VAC5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

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

The Forms and Rates Section of the Life and Health Division reviews individual specified disease insurance. 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 individual specified disease filing and determined that it is in compliance with the individual specified disease checklist.

Signed: _____

Name (please print): _____

Company Name: _____

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

E-Mail Address: _____