

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF/MIA Tracking No.:	

### INDIVIDUAL TERM LIFE INSURANCE

All section references are to the Insurance Article of the Annotated Code of Maryland, unless otherwise specified.

#### Brief Description & Law/Regulation Cite

"X" Means  
Form Does  
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#### A. Filing Requirements

Brief Description & Law/Regulation Cite	"X" Means Form Does Not Comply	Form/ Page
A1. NAIC Company Number on Submission Letter – <b>COMAR 31.04.17.03B</b>		
A2. Duplicate Forms - <b>COMAR 31.04.17.03A</b>		
A3. Listing of Forms - <b>COMAR 31.04.17.03C</b>		
A4. Description of New Features - <b>COMAR 31.04.17.03J</b>		
A5. Form Number - <b>COMAR 31.04.17.03D</b>		
A6. Form must be Legible – <b>§12-205(b)(5) and COMAR 31.04.17.03E</b>		
A7. Corporate Name - <b>COMAR 31.04.17.03G</b>		
A8. Unacceptable Modifications - <b>COMAR 31.04.17.03H</b>		
A9. Specimen Data - <b>COMAR 31.04.17.03K</b>		
A10. Advertising Prohibited - <b>COMAR 31.04.17.07</b>		
A11. Variable information and Statement of Variability – <b>COMAR 31.04.17.04A(1)</b>		
A12. Filing Fee Insufficient - <b>§2-112(a)(9)</b>		
A13. Form number in lower left corner of form must match the SERFF field		
A14. Illustration notice and certification - <b>COMAR 31.09.09.05A and COMAR 31.09.0911B, C, and D(1)(b)</b>		
A15. Contracts Comprised of Insert Pages - <b>COMAR 31.04.17.04B</b>		
A16. Contracts Comprised of Sections - <b>COMAR 31.04.17.04C</b>		
A17. Actuarial memo required – <b>COMAR 31.04.17.03N</b>		

#### B. Content of form(s) – Required Provisions

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B1. Exclusions for payment of death benefit - <b>§16-215</b>		
B2. Payment in event of exclusion - <b>§16-215</b>		
B3. Advertising – <b>COMAR 31.04.17.07</b>		
B4. Term “special” - <b>§16-213(b)(6)</b>		
B5. Brief descriptions front and back – <b>COMAR 31.04.17.10A</b>		
B6. Brief description contents - <b>§16-213</b>		
B7. Rated policy - <b>§16-213</b>		
B8. War restrictions or aviation restriction – <b>COMAR 31.04.17.09E</b>		
B9. Free look - <b>§16-105 and COMAR 31.09.05.06A(5)</b>		
B10. Change of nonforfeiture interest rate - <b>§16-309(k)</b> and <b>COMAR 31.04.17.03L</b>		
B11. Name of beneficiary - <b>§16-212(a)</b>		
B12. Entire contract - <b>§16-204</b>		
B13. Application statements representations not warranties - <b>§16-204</b>		
B14. Incontestability - <b>§16-203</b>		
B15. Misstatement of age - <b>§16-205(b)</b>		
B16. Reinstatement - <b>§16-210</b>		
B17. Proceeds in installments - <b>§16-209</b>		
B18. Dividends - <b>§16-206</b>		
B19. Paid-up additions cost – <b>COMAR 31.04.17.16</b>		
B20. Cash surrender of paid-up additions - <b>§16-309(i)</b>		
B21. When cash values required - <b>§16-301</b>		
B22. Contract governed by Maryland law and courts – <b>§§12-209(1), (2), and (4)</b>		
B23. Time limit for legal action - <b>§12-209(3)</b>		
B24. Premium different than policy states - <b>§27-216(b)</b>		
B25. Renewable term insurance requires table of premiums – <b>COMAR 31.04.17.09B</b>		
B26. Grace period - <b>§16-202</b>		

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B27. Refund of premiums beyond month of death - <b>§16-211</b>		
B28. Term policy must pay face amount at age 120 - <b>§12-205</b>		
B29. "Renewable" or "convertible" in brief description – <b>COMAR 31.04.17.09C</b>		

**C. Content of form(s) – Prohibited Provisions**

C1. No health benefits – <b>COMAR 31.04.17.13A</b>		
C2. No single and joint life contracts - <b>§16-213</b>		
C3. Arbitration cannot be required - <b>§12-209(4)</b>		
C4. Inconsistent, ambiguous, or misleading provisions - <b>§12-205(b)</b>		

**D. Applications**

D1. Corporate name and address – <b>COMAR 31.04.17.03G</b>		
D2. Check-off blocks – <b>COMAR 31.04.17.06I(2)</b>		
D3. Good Health Warranty – <b>COMAR 31.04.17.10B</b>		
D4. Domestic Violence - <b>§27-504</b>		
D5. Legal travel - <b>§27-208(a)(4)</b>		
D6. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties- <b>COMAR 31.04.17.06E and §12-207</b>		
D7. Questions about "hazardous activities" must list activities considered to be "hazardous" - <b>COMAR 31.04.17.06C</b>		
D8. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming" – <b>COMAR 31.04.17.06D</b>		
D9. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications" - <b>COMAR 31.04.17.06F and 31.04.17.06G</b>		
D10. Application Changes - <b>§12-202(c)</b>		
D11. If the insurer uses an application form which contains language substantially as follows, "Except that no change in amount, classification, plan of insurance or benefits shall be effective unless agreed to in writing by the applicant," with an additional statement that this exception is effective only in certain states, the form shall specifically name Maryland as one of the states in which the exception is effective – <b>COMAR 31.04.17.06B</b>		
D12. Proxy - <b>COMAR 31.04.17.08</b>		
D13. Inconsistent, ambiguous, or misleading clauses or exceptions and conditions - <b>§12-205(b)(2)</b>		

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D14. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual – <b>COMAR 31.04.17.06J</b>		
D15. Plan and amount of Insurance - <b>COMAR 31.04.17.06A</b>		
D16. Insurance Fraud-Required Disclosure - <b>§27-805, House Bill 404, Chpt. 271, Acts of 2008</b>		
D17. Replacement questions – <b>COMAR 31.09.05.04A</b>		

**E. Riders**

E1. Actuarial memo - <b>§16-312(d)</b>		
E2. Signature – <b>COMAR 31.04.17.03M</b>		
E3. Rider cash value - <b>§16-207</b>		
E4. Requirement for visible wound must have exception for drowning or internal injuries - <b>§12-205(b)(4)</b>		
E5. Risks may not be excluded from accidental death unless it caused the insured's death – <b>§12-205(b)(4)</b>		
E6. Exclusion for drugs or poison must be only if voluntary – <b>§12-205(b)(4)</b>		
E7. Exclusion for insurrection or riot must be for voluntary participation – <b>COMAR 31.04.17.17</b>		
E8. Disability benefit must be waiver of premium, or disability must be total and permanent - <b>§1-101(x)</b>		
E9. Purchase rates for paid-up additions rider – <b>COMAR 31.04.17.09B</b>		
E10. Rider providing long term care benefits may be subject to <b>Title 18</b> and <b>COMAR 31.14.01.</b>		

**COMMENTS:** \_\_\_\_\_

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