

COMBINATION LIFE INSURANCE, HEALTH INSURANCE, ANNUITY AND HMO APPLICATIONS

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO:	

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

Key:

L&H—life, health insurance, and non-profit (non-HMO)

H—health insurance and non-profit (non-HMO)

HMO—HMO’s

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
A1.	L&H: COMAR 31.04.17.03C HMO: COMAR 31.12.02.03C(4)	Listing of Forms Required		
A2.	L&H: COMAR 31.04.17.03D HMO: COMAR 31.12.02.06A	Form Number - (Form Number must be identical to form number in SERFF Form Schedule)		
A3.	L&H: COMAR 31.04.17.03G HMO: COMAR 31.12.02.06D	Corporate Name and address or administrative office address must be on first page		
A4.	L&H: COMAR 31.04.17.06-I(2) and COMAR 31.04.17.06-H(1) HMO: COMAR 31.12.02.07J(2) (Ind.) and COMAR 31.12.02.07K(2) (Grp)	Check-off boxes for more than one company		
A5.	L&H: COMAR 31.04.17.06H(1) and COMAR 31.04.17.06H(2)(a) L&H: COMAR 31.04.17.06I(1) and COMAR 31.04.17.06I(3) HMO: COMAR 31.12.02.07J(2) (Ind) and COMAR 31.12.02.07K(1) (Grp)	Separate filing required for each company		

	Citation	Description	"X" Means Applicable	Form/ Page
A6.	L&H: COMAR 31.04.17.03H HMO: COMAR 31.12.02.03E	Handwritten Modifications not Acceptable		
A7.	L&H: COMAR 31.04.17.07 HMO: COMAR 31.12.02.06G	Advertising Prohibited		
A8.	L&H: §2-112(a)(10) HMO: COMAR 31.12.02.03C(2)	Filing Fee Insufficient		
A9.	L&H: §12-205(b)(5) HMO: §19-713(f)(5), Health-General Article	Must Be Legible		
A10.	L&H Only: COMAR 31.04.17.03F	Language other than English in the form(s)		
A11.	L&H: COMAR 31.04.17.03I(2) HMO: COMAR 31.12.02.03F(2)	Forms submitted by someone other than the insurer (a consulting firm, for instance) must provide a written authorization from the insurer		

B. Content Problems with Application

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	L&H: COMAR 31.04.17.06E and §12-207 HMO: COMAR 31.12.02.07C	Questions must be asked to the best of the applicant's knowledge and belief or the application must state that all answers are representations and not warranties		
B2.	L&H: COMAR 31.04.17.06C HMO: COMAR 31.12.02.07F	Questions about "hazardous activities" must list activities considered to be "hazardous"		
B3.	L&H: COMAR 31.04.17.06D HMO: COMAR 31.12.02.07G	Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming"		
B4.	L&H Only: COMAR 31.04.17.06C and COMAR 31.04.17.06D	Expressions like "any other" or "habitual use" are too vague. The form must list the specific activities about which it is asking		
B5.	L&H: COMAR 31.04.17.06F and COMAR 31.04.17.06G HMO: COMAR 31.12.02.07H and COMAR 31.12.02.07I	Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications"		
B6.	L&H Only: §12-205(b)(2)	Questions must be specific in order to elicit a factual response		

	Citation	Description	"X" Means Applicable	Form/ Page
B7.	L&H: COMAR 31.04.17.06A HMO: COMAR 31.12.02.07A	Plan and Amount of Insurance and optional benefits must be stated <u>Life Insurance Only:</u> Plan of Insurance must include the type of insurance applied for such as: Term, Whole Life, Universal and/or Variable Life, etc. Amount of Insurance for UL and VL must also include the death benefit option to be selected as A, B, C or 1, 2 and 3 in addition to the amount of insurance.		
B8.	L&H Only: §12-202(c)	Written acceptance required for changes in amount, classification, plan of insurance, or benefits		
B9.	L&H Only: COMAR 31.04.17.06B	Exception to above B8 for some states must name Maryland		
B10.	L&H: COMAR 31.04.17.08 HMO: COMAR 31.12.02.07E	Proxy Statement Prohibited		
B11.	L&H Only: COMAR 31.04.17.10B	Good Health Warranty not permitted		
B12.	L&H: COMAR 31.04.17.06J HMO: COMAR 31.12.02.07L	Signature box must indicate that each signature applies only to portion of application completed by each individual		
B13.	L&H: COMAR 31.04.17.04A(1) or COMAR 31.04.17.04A(2) HMO: COMAR 31.12.02A(2) or COMAR 31.12.02.04B(1)(b)	Variable items require separate Statement of Variability. Only specific items allowed for variability		
B14.	L&H Only: §12-202(a)(2)(ii)	Employee consent required if employer is owner		
B15.	L&H Only: §12-205(b)(3)	If coverage is "guaranteed issue," then it is misleading to ask about health history		
B16.	L&H and HMO: §27-805; MIA Bulletin 12-07 HMO: §19-706(e), Health-General	Insurance Fraud-Required Disclosure Statement		
B17.	COMAR 31.09.05.04A	<u>Life Insurance & Annuities Only:</u> Replacement question required		
B18.	§27-208(a)(4)	<u>Life Insurance Only:</u> May not ask about previous legal travel		

	Citation	Description	"X" Means Applicable	Form/ Page
B19.	§16-119	<u>Individual Life Insurance Only</u> : Life of a Minor Bulletin 19-10. HB 193, SB 533 (Acts of 2019) Underwriting Standards and Procedures		
B20.	COMAR 31.09.02.08A	<u>Variable Life Only</u> : Prominent statement that death benefit may be variable		
B21.	COMAR 31.09.02.08B	<u>Variable Life Only</u> : Prominent statement that cash value may increase or decrease with experience of separate account		
B22.	COMAR 31.09.02.08C	<u>Variable Life Only</u> : suitability questions required		
B23.	COMAR 31.09.04.07A	<u>Variable Annuity Only</u> : Prominent statement on first page that payments and termination values are variable and not guaranteed		
B24.	L&H: §15-201(d) HMO: COMAR 31.12.02.06B	Improper Size of Type		
B25.	H & HMO: §15-403.2; COMAR 31.10.35	Expand application to include a selection of Domestic Partner, including Child Dependents of Domestic Partner for applying for coverage		
B26.	H: §12-205(b)(9) HMO: COMAR 31.12.02.07B(1)(a)	Seven-Year Limit for Health Questions		
B27.	H and HMO: §27-909(c)	May Not Ask About Genetic Tests or Genetic Information		
B28.	H & HMO: §12-205(b)(2); COMAR 31.04.17.18, COMAR 31.10.28.03D and COMAR 31.11.10.06D	Description of preexisting conditions limitation not the same as policy		
B29.	H & HMO: COMAR 31.10.28.03D and COMAR 31.11.10.06D(4)	There is a statement that if the applicant answers the question in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance that a carrier uses a signed waiver/exclusion rider that must be attached to insurance contract to exclude person from coverage		

	Citation	Description	"X" Means Applicable	Form/ Page
B30.	H & HMO: §15-1301(l)(iv)3; 45 CFR §145.220(b)(4)(iv)	Required Notice For Hospital Indemnity/Fixed Indemnity Coverage (association)		
B31.	HMO: §19-705.1(d)(4)(ii), Health General	Required Bold Notice		
B32.	§27-504	May not ask about Domestic Violence		
B33.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards		
B34.	L&H: COMAR 31.04.17.06l(3)(b) HMO: COMAR 31.12.02.07K(3)	Application must clearly identify coverages underwritten by each carrier, when more than one carrier uses the same application with the same group applicant		
B35.	H & HMO: 42 USC § 300gg-1, 45 CFR §147.104(a), §15-1410	May not reject entire group due to underwriting		
B36.	H & HMO: §15-1406	May not deny coverage to individual due to underwriting		
B37.	HMO: COMAR 31.12.02.07D	If a rider or endorsement modifies the coverage applied for, signed acceptance is required by applicant before delivery of contract		
B38.	Non-Profit Only: §14-103, Insurance	Disclosure of non-profit status		