

**GROUP DISABILITY INSURANCE**

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.

**A. Filing Incomplete or in Unacceptable Format**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
A1.	COMAR 31.10.01.03A	Premium Rates and Actuarial Memorandum (Include in same SERFF tracking number filing)		
A2.	COMAR 31.04.17.03I(2)	If the filing is not being made by the insurer, the filer must submit a signed third party authorization letter from the insurer		
A3.	COMAR 31.04.17.03C	Listing of Forms		
A4.	COMAR 31.04.17.03J	Description of New Features		
A5.	COMAR 31.04.17.03D	Form Number (Form number must be identical to form number in SERFF Form Schedule)		
A6.	COMAR 31.04.17.03G, COMAR 31.10.01.03B	Corporate Name		
A7.	COMAR 31.04.17.03H	Unacceptable Modifications		
A8.	COMAR 31.04.17.03K	Specimen Data		
A9.	COMAR 31.04.17.03M	Signature of Officer		
A10.	COMAR 31.04.17.04A(2)	Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other text is desired, include specific text		
A11.	COMAR 31.04.17.04B	Contracts Comprised of Insert Pages		
	COMAR 31.04.17.04B(1)(b)(i)	a. Description of How Pages will be Combined		
	COMAR 31.04.17.04B(1)(b)(ii)	b. Listing of Substitute Pages		
	COMAR 31.04.17.04B(3)(a)	c. Form Number and Approval Date for Pages Replaced		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
	COMAR 31.04.17.04B(3)(b)	d. Copy of Currently Approved Contract		
A12.	COMAR 31.04.17.04C	Contracts Comprised of Sections		
	COMAR 31.04.17.04C(1)(b)(i)	a. Description of How Sections will be Combined		
	COMAR 31.04.17.04C(1)(b)(ii)	b. Listing of Substitute Sections		
	COMAR 31.04.17.04C(3)(a)	c. Form Number and Approval Date for Pages Replaced		
	COMAR 31.04.17.04C(3)(b)	d. Copy of Currently Approved Contract		
A13.	COMAR 31.10.01.03E	Signature of Policyholder for Reduction Rider		
A14.	§12-205(b)(5)	Form is Illegible		
A15.	COMAR 31.10.02	Simplified Language (Readability Certification)		
A16.	§2-112(a)(10)	Filing Fee Insufficient		
A17.	COMAR 31.10.02.02A(4)	Size of Type		
A18.	COMAR 31.04.17.03F	Language other than English in Forms		

## **B. Required Standard Provisions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
B1.	COMAR 31.11.10.03	Required Standard Provisions		
B2.	COMAR 31.11.10.04A	Entire Contract		
B3.	COMAR 31.11.10.04B	Contestability of Coverage		
B4.	COMAR 31.11.10.04C	Notice of Claim		
B5.	COMAR 31.11.10.04D	Claim Forms		
B6.	COMAR 31.11.10.04E	Proofs of Loss		
B7.	COMAR 31.11.10.04F	Time of Payment of Claims		
B8.	COMAR 31.11.10.04G	Payment of Claims		
B9.	COMAR 31.11.10.04H	Legal Actions		
B10.	COMAR 31.11.10.04I	Grace Period		
B11.	COMAR 31.11.10.04J	Certificates		
B12.	COMAR 31.11.10.04K	Addition of Employees/Members		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
B13.	COMAR 31.11.10.04L	Misstatement of Age		
B14.	COMAR 31.11.10.04N	Premium Due Date		

### **C. Optional Standard Provisions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
C1.	COMAR 31.11.10.07A	Physical Examination		
C2.	COMAR 31.11.10.07B	Autopsy		
C3.	COMAR 31.11.10.07C	Arbitration Provision – May not Require Insured or Policyholder to Use Arbitration to Settle Disputes with Insurer		

### **D. Prohibited Provisions, Limitations and Exclusions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
D1.	COMAR 31.04.17.11B	Self Destruction		
D2.	COMAR 31.10.01.03N	Damage to Conveyance		
D3.	COMAR 31.10.01.03-O	Chronic or Organic Disease		
D4.	COMAR 31.10.01.03I	Frequency of Physician Visits		
D5.	COMAR 31.10.01.03P	Reimbursement Language		
D6.	§27-504	Prohibited Discrimination for Domestic Violence Victims		
D7.	COMAR 31.10.01.03Q	Strict Compliance Language		
D8.	COMAR 31.11.10.06A(2)(a), COMAR 31.11.10.06A(2)(b)	May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss which a contributing cause was the insured's commission or of, or attempt to commit a felony		
D9.	COMAR 31.11.10.06B(2)(a), COMAR 31.11.10.06B(2)(b)	May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss which a contributing cause was the insured's being engaged in an illegal occupation		
D10.	COMAR 31.11.10.06C(2)(a), COMAR 31.11.10.06C(2)(b)	May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss to which a contributing cause was the insured's being intoxicated or under the influence of any narcotic		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
D11.	COMAR 31.11.10.06D	Pre-existing Conditions		
D12.	§15-503	May not deny, cancel, or refuse to renew coverage because the insured has been exposed to diethylstilbestrol		
D13.	§15-104(c)	May not coordinate against guaranteed renewable individual intensive care or specified disease policies		
D14.	§15-104(d)	May not provide benefits that are secondary to benefits under an automobile policy, including PIP		
D15.	§12-211	Discretionary Clauses Prohibited		
D16.	§ 27-209, Senate Bill 725, Chapter 38, Acts of 2023	Value Added Services/ Non Insurance Benefits		
D17.	COMAR 31.04.17.07	Advertising Prohibited		
D18.	COMAR 31.10.01.03D	Policy may not be issued at an age which does not provide full coverage for a reasonable period of time		
D19.	COMAR 31.04.17.10B	Good Health Warranty Not Permitted		
D20.	§15-505	House Confinement, Medical Treatment Permitted Elsewhere		
D21.	§15-711(b)	Physical Therapist Time Limitation		
D22.	§ 27-909.1(c), House Bill 1007, Chapter 394, Acts of 2025 (effective October 1, 2025)	<p>Discrimination based on genetic information in life and disability coverage</p> <p>An insurance carrier offering life insurance or disability insurance policies or contracts in Maryland may not:</p> <ul style="list-style-type: none"> <li>a. access sensitive medical information, including the genetic data of an individual, without first obtaining the individual's signed, written consent</li> <li>b. mandate existing or new genetic testing or full genome sequencing as a prerequisite for life insurance or disability insurance eligibility or coverage</li> </ul>		

#### **E. Other**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
E1.	COMAR 31.10.01.03C	Standard of Time		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
E2.	§15-501	Social Security Freeze		
E3.	COMAR 31.10.01.03L	Definition of Total Disability		
E4.	COMAR 31.10.01.03M	Definition of Partial Disability		
E5.	§15-813	Disability Benefits for Pregnancy or Childbirth		
E6.	§15-413	Conversion Privilege (non-employer contracts only)		
E7.	§12-209(1), §12-209(2) §12-209(4)	Contract Governed by Maryland Law and Maryland Courts		
E8.	§15-701(b)	Permit Licensed Health Care Provider to Attest to Rendition of Service Within the Lawful Scope of His/Her Practice		
E9.	COMAR 31.10.01.03R	Notice of Premium Increase		
E10.	§15-603	Reimbursement for Services Paid for or Provided by Department of Health		
E11.	COMAR 31.15.08	Payment of Claims, Unfair Trade Practices		
E12.	§12-201	Insurable Interest Required		
E13.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payments and Charging of Fees for Use of Credit Cards		

## F. Applications

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
F1.		Questions on Applications		
	§12-205(b)(9); COMAR 31.11.10.06D	a. Seven-Year Limit for Health Questions		
	§27-504(b)	b. Domestic Violence		
	COMAR 31.04.17.06E; §12-207	c. 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		
	COMAR 31.04.17.06C	d. Questions about "hazardous activities" must list activities considered to be "hazardous"		
	COMAR 31.04.17.06D	e. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming"		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
	COMAR 31.04.17.06F, COMAR 31.04.17.06G	f. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications"		
F2.	§12-202(c)	Application Changes		
F3.	COMAR 31.04.17.08	Proxy		
F4.	COMAR 31.04.17.10B	Good Health Warranty not permitted		
F5.	COMAR 31.04.17.06B	Certain States		
F6.	§12-205(b)(2)	The description of the preexisting conditions limitation is not the same as in the policy		
F7.	COMAR 31.11.10.06D(4)	There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance that carrier uses a signed waiver/exclusion rider that must be attached to insurance contract to exclude person from coverage		
F8.	COMAR 31.04.17.06I(2)	Check-off boxes required for carrier name if application is to be used by more than one carrier		
F9.	COMAR 31.04.17.06J	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		
F10.	COMAR 31.04.17.06A	Application shall stipulate the plan and amount of insurance and any added optional benefits applied for		
F11.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		

#### **G. Disability Benefit Claims Procedures**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
G1.	COMAR 31.10.30.03B(3)	Insurer must allow a period of at least 180 days following an adverse benefit determination for an appeal to be filed		

G2.	COMAR 31.10.30.04B	Required Time Periods and Content for Adverse Benefit Determination Notice <ul style="list-style-type: none"> <li>a. Insurer must give written or electronic notice of adverse benefit determination within 45-days of receipt of the claim for disability benefits, unless the 45-days period is extended</li> </ul>		
	COMAR 31.10.30.04D	<ul style="list-style-type: none"> <li>b. Notice may be extended for 2 30-days extensions. Extensions are available if necessary for reasons beyond the control of the insurer, and if the proper notice is sent to the covered individual</li> </ul>		
	COMAR 31.10.30.04E(4)	<ul style="list-style-type: none"> <li>c. If covered individual needs to provide additional information, the insurer must give written statement that will allow at least 45-days for that information to be provided</li> </ul>		
G3.	COMAR 31.10.30.05A	Required Time Periods and Content for Adverse Appeal Determination Notice <ul style="list-style-type: none"> <li>a. Insurer must give written or electronic notice of adverse appeal determination within 45-days of receipt of the appeal of an adverse benefit administration, unless the 45-days period is extended</li> </ul>		
	COMAR 31.10.30.05C	<ul style="list-style-type: none"> <li>b. Notice may be extended for a 45-days extension. Extension is available if necessary due to special circumstances and if insurer provides the required notice to the covered individual prior to the 45-days extension</li> </ul>		