

INDIVIDUAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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

The items listed below may paraphrase the law or regulation. The 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. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
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(1)	Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other items are desired, include the item.		
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		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.04.17.04B(3)(a)	c. Form Number and Approval Date for Pages Replaced		
	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)	Illegible Form		
A15.	COMAR 31.10.02	Simplified Language (Readability Certification)		
A16.	§2-112(a)(10)	Filing Fees Insufficient		
A17.	§15-201(d)	Size of Type		
A18.	COMAR 31.04.17.03F	Language other than English in Forms		

B. Required Standard Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	§15-202	Required Standard Provisions		
B2.	§15-207	Entire Contract		
B3.	§15-208	Time Limit on Certain Defenses		
B4.	§15-209	Grace Period		
B5.	§15-210	Reinstatement		
B6.	§15-211	Notice of Claim		
B7.	§15-212	Claim Forms		
B8.	§15-213	Proof of Loss		
B9.	§15-214	Time of Payment of Claims		
B10.	§15-215	Payment of Claims		

	Citation	Description	"X" Means Applicable	Form/ Page
B11.	§15-216	Physical Examination and Autopsy		
B12.	§15-217	Legal Actions		
B13.	§15-218	Change of Beneficiary		

C. Optional Standard Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
C1.	§15-202	Optional Provisions		
C2.	§15-219	Change of Occupation		
C3.	§15-220, §15-204	Misstatement of Age		
C4.	§15-221	Other Insurance with Insurer		
C5.	§15-222, §15-223	Insurance with Other Insurers		
C6.	§15-224	Relation of Earnings to Insurance		
C7.	§15-225	Unpaid Premiums		
C8.	§15-226	Conformity with State Statutes		
C9.	§15-203	Optional Renewal by Insurer		

D. Prohibited Provisions, Limitations and Exclusions

	Citation	Description	"X" Means Applicable	Form/ Page
D1.	COMAR 31.04.17.13B	Natural Death Benefit		
D2.	COMAR 31.04.17.11B	Self-Destruction		
D3.	COMAR 31.10.01.03N	Damage to Conveyance		
D4.	COMAR 31.10.01.03O	Chronic or Organic Disease		
D5.	COMAR 31.10.01.03I	Frequency of Physician Visits		
D6.	COMAR 31.10.01.03P	Reimbursement Language		
D7.	COMAR 31.10.01.03Q	Strict Compliance Language		
D8.	COMAR 31.10.28.03A(3)	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 of or attempt to commit a felony		

	Citation	Description	"X" Means Applicable	Form/ Page
D9.	COMAR 31.10.28.03B(2)	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 31.10.28.03C(2)	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		
D11.	COMAR 31.04.17.18, COMAR 31.10.28.03D	Pre-existing Condition Limitation		
D12.	§15-505	House Confinement, Medical treatment Permitted Elsewhere		
D13.	§15-503	May not deny, cancel, or refuse to renew coverage because the insured has been exposed to diethylstilbestrol		
D14.	§15-104(c)	May not coordinate against guaranteed renewable individual intensive care or specified disease policies		
D15.	§15-104(d)	May not provide benefits that are secondary to benefits payable under Personal Injury Protection (PIP)		
D16.	§27-504	Prohibited Discrimination on Domestic Violence Victims		
D17.	COMAR 31.10.28.04	Arbitration Provision – May Not Require Insured to Use Arbitration to Settle Dispute with Insurer		
D18.	§27-221	May not re-underwrite an individual for health coverage under individual contract after individual contract has been issued.		
D19.	§27-914	Collection of racial and ethnic data may not be used to reject, deny, limit, cancel, refuse to renew, increase rates or affect terms or conditions of contract.		
D20.	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.		
D21.	COMAR 31.04.17.07	Advertising Prohibited		
D22.	§27-915	Prohibits denying organ transplantation solely on basis of an insured's or enrollee's disability (if contract provides organ transplantation)		

E. Other

	Citation	Description	"X" Means Applicable	Form/ Page
E1.	COMAR 31.10.13	Return of Premium Benefits		
E2.	COMAR 31.10.01.03C	Standard of Time		
E3.	COMAR 31.10.01.03G	Right to Elect Alternative Benefits		
E4.	§12-209(1), §12-209(2), §12-209(4)	Contract Governed by Maryland Law and Maryland Courts		
E5.	§15-919	Medicare Supplement Disclaimers for Individuals eligible for Medicare Due to Age		
E6.	COMAR 31.10.01.03R	Notice of Premium Increase		
E7.	COMAR 31.10.28.05	Premium Due Date		
E8.	§15-126	Access to the 911 Emergency System		
E9.	§15-603	Reimbursement for Services Paid for or Provided by Maryland Department of Health		
E10.	§15-701(b)	Permit Licensed Health Care Provider to Attest to Rendition of Service Within the Lawful Scope of His/Her Practice		
E11.	COMAR 31.04.17.12	Military Service Exclusion		
E12.	§15-833(i)	Extension of Benefits		
E13.	COMAR 31.04.17.10B	Good Health Warranty Not Permitted		
E14.	§15-1005(g)	Payment of Interest on Unpaid Claims		
E15.	COMAR 31.15.08	Payment of Claims, Unfair Trade Practices		
E16.	§12-201	Insurable Interest Required		
E17.	§15-809; COMAR 31.10.09	Hospice (Required Offering)		
E18.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards.		

F. Applications

	Citation	Description	"X" Means Applicable	Form/ Page
F1.		Questions on Applications		
	§12-205(b)(9)	a. Seven-Year Limit for Health Questions		

	Citation	Description	"X" Means Applicable	Form/ Page
	§27-909(c)	b. May not Inquire About Genetic Tests or Genetic Information		
	§27-504(b)	c. Domestic Violence		
	§12-207; COMAR 31.04.17.06E	d. 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	e. Questions about "hazardous activities" must list activities considered to be "hazardous."		
	COMAR 31.04.17.06D	f. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming."		
	COMAR 31.04.17.06F, COMAR 31.04.17.06G	g. 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 pre-existing 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 policy 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.		

	Citation	Description	"X" Means Applicable	Form/ Page
F11.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		