

**Group Accident/Accidental Death & Dismemberment Insurance
for SERFF Filings (As of 4/12/10)**

Instructions for SERFF Checklist:

- A. For **ALL** filings, the “General Requirements for All Filings” section must be completed:
- B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:
- Policy – Also complete all sections except the section entitled “Application Forms.”
 - Application – Also complete the section entitled “Application Forms.”
 - Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.
- C. For filing of initial rates, complete the section entitled “Actuarial Section For Initial Rate Filings Only” in addition to completion of the applicable form sections identified above.
- D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing.
- E. Do not make any changes or revisions to this checklist.
- F. **Updates to Checklist:** Any items on the checklist that have been updated since the last posting are shaded.
- G. **Instructions for Citations:** All citations to Insurance Department regulations link to the Department of State’s website and an unofficial copy of the NYCRR. Please select title 11 for Insurance Department regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled “ISC”.

NEW YORK INSURANCE DEPARTMENT
 Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
 Group Commercial Insurers Subject to Article 32

LINE OF BUSINESS: Group Accident/Accidental Death & Dismemberment Insurance

LINE(S) OF INSURANCE

CODES

CODE: H02G
 H03G

Health – Accident only
 Health – Accidental Death &
 Dismemberment

H02G.000
 H03G.000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Hospital Confinement/Medical Care	11NYCRR52.5 11NYCRR52.6	<p>Does this policy provide coverage for hospital confinement benefits with specific dollar amounts that meet or exceed \$240 per day, or \$165 per day if delivered outside of the metropolitan area (the metropolitan area is defined in 11NYCRR52.2(s) as the counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Rockland and Westchester)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this policy provide coverage of medical or surgical care that meets or exceeds the dollar amount listed in 11NYCRR52.6(a)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the policy meets or exceeds either hospital or medical/surgical amounts listed above, please see the Basic Hospital Insurance (11NYCRR52.5) or Basic Medical Insurance (11NYCRR52.6) checklist for a complete listing of mandated benefits and other mandated provisions that would apply to the policy.</p> <p><i>Note: The statute does not provide an exception for accident only policies from the basic hospital, basic medical and mandated benefit requirements.</i></p>	
GENERAL REQUIREMENTS FOR ALL FILINGS	<p><i>Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Insurance Department Circular Letters and OGC opinions</i></p>	<p><i>Note: This checklist is intended to provide guidance in the preparation of policy forms for submission and is not intended as a substitute for statute or regulation.</i></p>	
Form Requirements	11NYCRR52.31(b), (c), (d), (e), (f), (l)	<p>Each form in the filing must meet the following requirements:</p> <ul style="list-style-type: none"> • This form contains no strikeouts. §52.31(b) • This form is submitted in duplicate. §52.31(c) 	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		<ul style="list-style-type: none"> • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as “will conform to law” or “as requested by policyholder” to describe the variable material. §52.31(l) 	
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	
Letter of Submission	11NYCRR52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	<p>The filing must include a letter of submission in duplicate, signed by a representative of the company authorized to submit forms for filing or approval, that contains the following:</p> <ul style="list-style-type: none"> • The identifying form number of each form submitted. §52.33(a) • If the form is a policy, the letter must indicate that the policy is submitted pursuant to 11 NYCRR 52.7. §52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policy form, the letter must identify the form number and approval date of the policy or policies with which it will be used. If the form is for general use, the Department may accept a description of the type of policy with which it may be used in lieu of the form number and approval date. §52.33(g) • If the form is a policy, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy unless the application is required to be attached to the policy upon submission. §52.33(h) • If the policy is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy and a list of all optional pages, together with an explanation of their use. § 52.33(i) <p><i>Note: Submission letters should advise as to whether the policy is intended for internet sales and</i></p>	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		<i>should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy.</i>	
Group Status and Recognition	§4235 §3201(b)(1) 11NYCRR 59	<p>The submission letter should include a statement that policy forms will be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). See below. The size of the group should be indicated (small, large or both). The letter should indicate whether the submission is for general use or is submitted on a one case basis. If the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which the group fits and a confirmation that the group meets all of the requirements of the identified subpart.</p> <p>Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M), must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in the various subparagraphs of §4235(c)(1) or §4237(a)(3), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235 or §4237. The request for allowance of a discretionary group must be granted before it may be used.</p> <p>Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York Law. The group policy that is delivered out-of-state is not reviewed.</p>	
Prefiled Group Coverage	11NYCRR52.32	<p>A copy of the letter of confirmation sent to the policyholder by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following:</p> <ul style="list-style-type: none"> • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. § 52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or approval by the Department. §52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. §52.32(a)(4) <p><i>Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the policyholder requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.</i></p>	
Table of Contents	§3102(c)(1)(G)	A table of contents is required for policies that are over 3,000 words or more than 3 pages regardless of the number of words.	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

Discrimination	§2606 , §2607 , & §2608	This form does not contain any unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, and marital status.	
APPLICATION FORMS			Form/Page/Para Reference
Authorization	11NYCRR420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Fraud Warning Statement	§403(d)	The application contains the prescribed fraud warning statement.	
Pre-Existing Conditions	11NYCRR52.51(j)	If the application is used with a policy that contains a “pre-existing conditions” provision, the application must include a statement describing the provision.	
Prohibited Questions and Provisions	§3204 11NYCRR52.51	The application does NOT contain: Questions about the applicant’s race. A provision that changes the terms of the policy to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy void. An agreement that acceptance of any policy issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to §3204(d).	
POLICY FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
Insurer name		This policy contains the name and full address of the issuing insurer on the front or back cover.	
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy (such as on the cover).	
ELIGIBILITY			
Spouse	§4235(f) Circular Letter No. 27 (2008)	If dependent coverage is selected by the policyholder, this policy provides coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes the recognition of marriages between same-sex partners legally performed in other jurisdictions.	
Dependents	§4235(f) §3221(a)(7)	If dependent coverage is selected by the policyholder, this policy provides coverage of dependents, and states the age restrictions for the insurance provided. <i>Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child’s parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent’s federal income tax return, or the child does not reside with the parent or in the insurer’s service area.</i>	
Unmarried Students on Medical Leave of Absence	§3237	If this policy provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student’s attending physician who is licensed to practice in the state of New York.	
Unmarried Disabled Children	§4235(f)(1)	If dependent coverage is selected by the policyholder, this policy provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law,	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		<p>or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate.</p> <p><i>Note: Such coverage shall not terminate while the policy remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.</i></p>	
Newborn Infants	§4235(f)(2)	<p>If dependent coverage is selected by the policyholder, this policy provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care.</p> <p><i>Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.</i></p>	
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3)	<p>If dependent coverage is selected by the policyholder, this policy provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child is eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.</p>	
Domestic Partners	§4235(f) OGC Opinion 01-11-23	<p>This policy may cover domestic partners who are financially interdependent on the employee or member, but such coverage is not required.</p>	
New Family Members		<p>The policy describes the requirements to add new family members to the policy.</p>	
New Employees	§3221(a)(3)	<p>New employees or members of the class must be added to the class for which they are eligible.</p>	
ACCIDENT/ACCIDENTAL DEATH AND DISMEMBERMENT STANDARD PROVISIONS			
Accident Insurance	11NYCRR52.9	<p>An insurance policy which provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by accident or specified kinds of accidents.</p>	
Loss Based on Violent and External Means	11NYCRR52.18(b)(1)	<p>No policy shall predicate benefits on loss due to violent and external means. Under this provision, the policy may not exclude benefits relating to a loss associated with terrorism.</p>	
Dismemberment Benefit Amounts/Loss of Use	11NYCRR52.18(b)(2)	<p>Benefits payable for specific dismemberment may not take the place of other benefits unless the specific dismemberment benefits are at least equal to the other benefits.</p> <p>Loss of use of a limb or body part is includable under the dismemberment benefits, if the definition of loss includes it.</p>	
Means of Loss	11NYCRR52.18(b)(3)	<p>Accidental death and dismemberment benefits are payable if the loss occurs a minimum of 90 days from the date of the accident.</p>	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

<p>OTHER BENEFITS WITHIN AN ACCIDENT INSURANCE POLICY IN ADDITION TO THE GENERAL ACCIDENT/ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT</p>	<p>§3201(c)(3) §3217(b)(5) 11NYCRR52.1(c)</p>	<p>All benefits must be of real economic value and may not be designed to play upon one's fears of particular illnesses, conditions or injuries. Accident insurance policies which are unduly complex or unduly limited do not meaningfully expand consumer choice, but instead serve to confuse and make intelligent choice more difficult. Those coverages which are of no substantial economic benefit or are contrary to the health care needs of the public, or contain provisions which serve only to confuse or obfuscate are prohibited under 11NYCRR52.1(c). Benefits must be reasonable in relation to the premium charged.</p> <p><i>Note: The following are several examples of benefits that have been approved in the past. This list is not meant to be exhaustive. Any benefit for inclusion in an accident insurance policy, either listed below or not, is subject to the review and approval of the Department.</i></p>	
<p>Contribution Benefit (COLA, 401(k), Pension, Waiver of Premium)</p>		<p>This benefit is paid as employee/insured's contribution while the insured cannot work or an additional benefit paid after the insured satisfies the waiting period. The employer may not profit from any benefit under the policy, as stated in §4235(e), and thus benefits may not be payable to the employer.</p>	
<p>Education Benefit (Child Education, Spousal Retraining)</p>		<p>This benefit defrays the cost of education either while the insured cannot work or after the insured's death. A general or alternative benefit must be provided as a substitute for when no benefit is payable due to the failure of the insured to meet some requirement solely with the insurer's control.</p>	
<p>Family Care Benefit (Child Care, Parental Care)</p>		<p>This benefit pays for the care of a child or family member while the insured's injury prevents him/her from caring for the individual. A general or alternative benefit must be provided as a substitute for when no benefit is payable due to the failure of the insured to meet some requirement solely with the insurer's control.</p>	
<p>Seat Belt/Airbag Benefit</p>		<p>This benefit is paid to an insured who has taken precautionary measures to ensure safety, but is still involved in an accident. The benefit amount may not exceed 10% of the principal sum for accidental death and the benefit must be provided at no premium cost.</p>	
<p>Common Carrier Benefit</p>		<p>This benefit provides an additional benefit if the insured dies as a result of a covered accident while a fare-paying passenger on a train, plane, bus, boat or other common carrier. This benefit is approvable as an additional benefit to the more general accidental death and dismemberment benefit provided under the policy.</p>	
<p>Home Alteration/Vehicle Modification Benefit</p>		<p>This benefit provides an additional benefit to the insured to be used to modify the insured's home or vehicle for use after a disabling accident. This benefit is approvable if the following requirements are included:</p> <ul style="list-style-type: none"> • A physician certifies the benefit is needed to accommodate a physical disability; • The alteration/modification is made by someone experienced in such adaptations; • The alteration/modification is in compliance with applicable laws or requirements for the approval by the appropriate government authorities; and • The alteration/modification expenses do not exceed the usual level of charges for similar alterations/modifications in the locality where the expense is incurred. 	
<p>Repatriation of Remains</p>		<p>This benefit provides an additional benefit to transport the insured's body to a mortuary near the insured's home or primary place of residence when the insured dies as a result of a covered accident more than some specified distance from the insured's home or primary place of residence.</p>	
<p>Exposure/Disappearance Benefits</p>		<p>The exposure benefit provides a benefit where the insured suffers a covered loss due to unavoidable exposure to the weather during a covered loss. The disappearance benefit provides a benefit where the insured is not located within one year of the disappearance, sinking, wrecking of a conveyance in which he or she was riding. The insured is presumed dead and benefits are payable for loss of</p>	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		life.	
MANDATORY STANDARD PROVISIONS		<i>Note: These provisions MUST be included in each policy. The provision must be no less favorable to the insured than the statutory provision.</i>	
Misstatement	§3221(a)(1)	The policy must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	
Changes	§3221(a)(2)	The policy must provide that no agent has the authority to change the policy or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the policyholder and insurer.	
Premium Payment	§3221(a)(4)	This policy includes a statement that all premiums due under the policy shall be remitted by the employer or employers of the persons insured or by some other designated person acting on behalf of the association or group insured, to the insurer on or before the due date thereof, with such grace period as may be specified therein.	
Renewal	§3221(a)(5) 11NYCRR52.18(c)	The policy must specify the conditions under which the insurer may refuse to renew the policy.	
Certificate	§3221(a)(6)	The insurer shall issue either to the employer or person in whose name the policy is issued, for delivery to each member of the insured group, a certificate setting forth in summary form a statement of the essential features of the insurance coverage.	
Notice of Claim	§3221(a)(8)	The policy must provide that the insured has a minimum of 20 days to provide the insurer with written notice of claim. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	
Proof of Loss	§3221(a)(9)	The policy must provide that the insured has a minimum of 90 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible. <i>Note: Effective 1/1/11, the insured must have a minimum of 120 days to provide the insurer with proof of loss after the date of such loss.</i>	
Filing Proof of Loss	§3221(a)(10)	The policy must provide that the insurer will furnish the insured or the policyholder such forms as are usually furnished for filing proof of loss. If such forms are not furnished before the expiration of fifteen days after the insurer receives notice of the claim, the insured shall be deemed to have complied with the proof of loss requirements upon submitting within the time fixed written proof covering the occurrence, character and extent of the loss for which the claim is made.	
Examination	§3221(a)(11)	The insurer shall have the right and opportunity to examine the insured making a claim as required during the pendency of the claim and the right and opportunity to conduct an autopsy in the case of death unless prohibited by law.	
Payment of Claims	§3221(a)(12)	The policy must provide that benefits payable under the policy other than for benefits for loss of time will be payable not more than sixty days after receipt of proof of loss.	
Indemnity for Loss of Life	§3221(a)(13)	This policy must provide that indemnity for loss of life is payable in accordance with §4235(e). According to §4235(e), the benefits payable under the policy shall be payable to the employee or other insured member of the group or to some beneficiary or beneficiaries designated by him, other than the employer or the association or any officer thereof. If a beneficiary is not designated, then the benefits shall be payable to the estate of the employee or member. The insurer, at its option, may pay such insurance to any one or more of the following surviving relatives of the employee or	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		member: wife, husband, mother, father, child or children, brothers or sisters. Payments so made shall discharge the insurer's obligation with respect to the amount of insurance so paid.	
Action in Law or Equity	§3221(a)(14)	The policy must provide that no action in law or equity shall be brought to recover on the policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy.	
OPTIONAL STANDARD PROVISIONS		<i>If optional standard provisions are included in the policy, they must comply with the following.</i>	
Pre-existing Condition Limitation	11NYCRR52.18(a)(5) 42 USC §§300gg et seq.	<p>This policy includes a pre-existing condition provision which:</p> <ul style="list-style-type: none"> • Defines a pre-existing condition as one which relates to a condition (whether physical or mental), regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the enrollment date. • Excludes pre-existing conditions for a period of 12 months from the enrollment date. <p>If the policy is delivered or issued to a group which includes persons aged 65 or older, such policy shall not contain any provision which excludes, limits or reduces coverage for a loss due to a pre-existing condition for those aged 65 or older for a period greater than six months following the effective date of coverage.</p>	
Wellness Programs	§3239	<p>Wellness programs are permitted and are defined as programs designed to promote health and prevent disease that may contain rewards and incentives for participation. A wellness program may include but is not limited to: the use of a health risk assessment tool; a smoking cessation program; a weight management program; a stress management program; a worker injury prevention program; a nutrition education program; and a health or fitness incentive program. A wellness program may use rewards and incentives for participation provided that where the group health insurance policy or subscriber contract is required to be community-rated, the rewards and incentives shall not include a discounted premium rate or a rebate or refund of premium.</p> <p>Permissible rewards and incentives include: full or partial reimbursement of the cost of participating in smoking cessation or weight management programs; full or partial reimbursement of the cost of membership in a health club or fitness center; the waiver or reduction of copayments, coinsurance and deductibles for preventive services covered under the group policy or subscriber contract; and monetary rewards in the form of gift cards or gift certificates, so long as the recipient of the reward is encouraged to use the reward for a product or a service that promotes good health, such as healthy cook books, over the counter vitamins or exercise equipment.</p> <p>Participation in the wellness program must be available to similarly situated members of the group and must be voluntary on the part of the member. The terms of the wellness program must be set forth in the policy or contract.</p>	
Unilateral Modification	11NYCRR52.18(a)(8)	Unilateral modifications by an insurer to an existing policy must be made with at least 30 days prior written notice to the policyholder. Unilateral modification by the insurer may be made only at the time of renewal. A contractual requirement to provide prior written termination requires at least 14 days notice.	
TERMINATION PROVISIONS			

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

Notice of Termination	11NYCRR52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	
PERMISSIBLE EXCLUSIONS AND LIMITATIONS		<i>No policy shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions which may, but are not required to be included in the policy.</i>	
Mental or Emotional Disorders, Alcoholism or Drug Addiction	11NYCRR52.16(c)(2)	This policy excludes coverage of mental or emotional disorders, alcoholism or drug addiction.	
Pregnancy	11NYCRR52.16(c)(3)	This policy excludes coverage for pregnancy, except to the extent coverage is required pursuant to Section 3221 of the Insurance Law. Complications of pregnancy as defined in 11NYCRR52.2(e) are not excludable. <i>Complications of pregnancy is defined as conditions requiring hospital stays (when the pregnancy is not terminated) whose diagnosis is distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, and shall not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy. Complications of pregnancy also includes nonelective caesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.</i>	
War or Act of War, Participation in Felony, Riot or Insurrection, Service in the Armed Forces	11NYCRR52.16(c)(4)(i)	This policy excludes coverage for illness, accident, treatment or medical condition arising out of war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection and service in the Armed Forces or units auxiliary thereto. Exclusions for terrorism are not included in this permissible exclusion.	
Suicide, Attempted Suicide, Intentionally Self-Inflicted Injury	11NYCRR52.16(c)(4)(ii)	This policy excludes coverage for illness, accident, treatment or medical condition arising out of suicide, attempted suicide or intentionally self-inflicted injury.	
Aviation	11NYCRR52.16(c)(4)(iii)	This policy excludes coverage for illness, accident, treatment or medical condition arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	
Cosmetic Surgery	11NYCRR52.16(c)(5) 11NYCRR56	This policy excludes coverage for cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. <i>Note: All exclusions for cosmetic surgery must be based on medical necessity, with the insured receiving all utilization review and external appeal rights under Article 49, except as otherwise provided in 11NYCRR56.</i>	
Foot Care	11NYCRR52.16(c)(6)	This policy excludes coverage for foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet.	
Chiropractic Care	11NYCRR52.16(c)(7)	This policy excludes care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		related to distortion, misalignment or subluxation of or in the vertebral column.	
Mandatory No-Fault Recovered or Recoverable	11NYCRR52.16(c)(8)	This policy excludes benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.	
Medicare, Other Governmental Programs and Workers' Compensation	11NYCRR52.16(c)(8)	This policy excludes coverage for treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal workers' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute.	
Hospital Employees	11NYCRR52.16(c)(8)	This policy excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	
Immediate Family	11NYCRR52.16(c)(8)	This policy excludes coverage for services performed by a member of the insured's immediate family.	
Services For Which No Charge Normally Made	11NYCRR52.16(c)(8)	This policy excludes coverage for services for which no charge is normally made.	
Dental Care or Treatment	11NYCRR52.16(c)(9)	This policy excludes coverage of dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly. <i>Note: It is impermissible to exclude treatment of temporomandibular joint dysfunction where the treatment is medical in nature, unless a medical necessity determination is made and the insured receives all utilization review and external appeal rights under Article 49.</i>	
Eyeglasses and Hearing Aids	11NYCRR52.16(c)(10)	This policy excludes coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof. <i>Note: It is impermissible to exclude lasik and other surgeries or treatments to the eyes, unless a medical necessity determination is made and the insured receives all utilization review and external appeal rights under Article 49.</i>	
Custodial Care and Transportation	11NYCRR52.16(c)(11)	This policy excludes coverage for custodial care as defined in 11NYCRR52.16(l) and for transportation. <i>Note: All exclusions for custodial care that exceed the definition contained in 11NYCRR52.16(l) must be based on medical necessity, with the insured receiving all utilization review and external appeal rights.</i>	
Rest Cures	11NYCRR52.16(c)(11)	This policy excludes coverage for rest cures.	
Outside the U.S.	11NYCRR52.16(c)(12)	This policy excludes coverage while the insured is outside the United States, its possessions or the countries of Canada or Mexico.	
Illegal Occupation	§3221(c) §3216(d)(2)(J)	The policy excludes losses to which a contributing cause was the insured's participation in a felony or attempted felony. If included, the exclusion can be no more restrictive than to provide that the insurer shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.	
Intoxicants and Narcotics	§3221(c) §3216(d)(2)(K)	The policy excludes losses in consequence of the insured's being intoxicated or under the influence of a narcotic. If included, the exclusion can be no more restrictive than to provide that the insurer shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

Extra-hazardous Activities	11NYCRR52.16(e) 11NYCRR52.2(i)	This policy may exclude coverage for extra-hazardous activities. Extra-hazardous activities are defined as aviation and related activities, such as sky diving and parachuting, and participation as a professional in athletics or sports.	
Coverage for Sickness		If this policy provides coverage for accidents only, then it may exclude coverage for sickness. If the policy excludes coverage for sickness, then the policy may not exclude coverage for an infection that was the result of a covered accident.	
ACTUARIAL SECTION NEW PRODUCTS – RATE REQUIREMENTS		<p><i>Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>The submission contains only application forms, disclosure statements, and/or advertising, OR</i> <input type="checkbox"/> <i>The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR</i> <input type="checkbox"/> <i>The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.</i> <p>(For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.)</p>	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: <ul style="list-style-type: none"> a. Member of the Society of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	11NYCRR52.40(e) 11NYCRR52.40(f)	<ul style="list-style-type: none"> a. Development of manual rates including actuarial assumptions used and justification thereof. b. Provide rating methodology, including experience rating formula, if applicable. c. Provide all elements of the experience rating formula, such as claims run-off, credibility and trend factors. d. Provide actuarial justification of all assumptions used. e. Non-claim expense components as a percentage of gross premium. f. Expected loss ratio(s). 	
Loss Ratios	11NYCRR52.45(f)	Expected loss ratio(s) with actuarial justification.	
Actuarial Certification	11NYCRR52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans” as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is: 	
RATE MANUAL	11NYCRR52.40(e)	<ul style="list-style-type: none"> a. Rate manual pages, unless schedules of rates or formulas applicable to the forms have been previously filed. In such case the rates shall be identified by reference to the specific page number(s) of the manual that apply. b. Table of Contents. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Outline of benefits, coverages, limitations, exclusions, and issue limits. f. Description of rating classes and premium discounts. 	

NEW YORK INSURANCE DEPARTMENT
Review Standards for Accident Insurance or Accidental Death & Dismemberment Insurance for
Group Commercial Insurers Subject to Article 32

		<ul style="list-style-type: none"> g. Examples of rate calculations. h. Commission schedule(s). i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s). 	
EXISTING PRODUCTS – RATE REQUIREMENTS		<p><i>Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.</i></p> <p><i>(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)</i></p>	Form/Page/Para Reference
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> a. Member of the Society of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	11NYCRR52.40(e) 11NYCRR52.40(f) 11NYCRR52.45(f)	<ul style="list-style-type: none"> a. Description of proposed revision in premiums, commissions, underwriting rules/risk classification, or benefits. b. Provide New York and nationwide claims experience since inception respectively, including: <ul style="list-style-type: none"> (i) Earned premium (ii) Paid and incurred claims (iii) Incurred loss ratios c. History of previous New York rate revisions. d. Average premium impact of the revision. e. Actuarial justification for the proposed revision. f. Demonstration that applicable minimum loss ratio will be met. g. Specific reference to new rate manual pages to be added or pages to be deleted or replaced. h. Expected loss ratio(s) after the proposed changes. 	
Actuarial Certification	11NYCRR52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is: 	
REVISED RATE MANUAL PAGES	11NYCRR52.40(e) 11NYCRR52.40(j)	<ul style="list-style-type: none"> a. Revised rate manual pages or pages to be added. b. Insurer name on each consecutively numbered rate page. 	