

NEW YORK INSURANCE DEPARTMENT

**Individual Accident Insurance  
for SERFF Filings (As of 4/5/10)**

**Instructions for SERFF Checklist:**

- A. For **ALL** filings, the “General Requirements for All Filings” and the “Review of Product Outline” sections 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 the “Policy Form” section.
  - Rider or endorsement – Also complete all items in the “Policy Form” section relevant to the form being submitted.
  - Application – Also complete the “Application Forms” section.
- C. For filing of **RATES for NEW products**, complete the “New Products – Rate Requirements” section in addition to completion of the applicable form sections identified above.
- For filing of **RATE changes to EXISTING products** (increases, decreases, or change in rate calculation rules or procedures), complete the “Existing Products-Rate Requirements” section.
- For filing of **any OTHER changes to RATE or underwriting manuals** (e.g., changes in commissions or underwriting), complete the “Existing Products-Rate Requirements” section.
- D. Some items have shaded boxes (e.g., indicating whether the filing is individual, franchise or list bill). All of the items with shaded boxes must be answered. Some of the items in the checklist require an attachment or explanation. Failure to include required explanations or attachments or an incomplete explanation (such as “not applicable” or “see form”) will result in the filing being closed without further review.
- E. 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.
- F. Do not make any changes or revisions to this checklist.
- G. **Updates to Checklist:** Any items on the checklist that have been updated since the last posting are shaded.
- H. **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 INDIVIDUAL-ACCIDENT INSURANCE

LINE OF BUSINESS: **Individual Accident Insurance**

LINE(S) OF INSURANCE

CODES

CODE: **H02I**

**Health-Accident Only**

**H02I.000**

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:


REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>			Form/Page/Para Reference
<b>FILING SUBMISSION</b>			
Filing Type	<a href="#">11NYCRR52.2(k)</a> <a href="#">11NYCRR52.19</a> <a href="#">11NYCRR52.70</a> <a href="#">§1117</a>	<p>This filing is: <b>(select only one)</b></p> <p><input type="checkbox"/> <b>Individual.</b> It meets the following requirements:</p> <ul style="list-style-type: none"> <li>NO premium discount. (An individual filing may have a premium discount for factors such as spousal/domestic partner, preferred risk, etc. However, if the filing has a premium discount for group or quasi-group marketing methods, it must meet the requirements of Franchise or Request for Waiver of the Franchise Rules filings below. See <a href="#">Section XIX of the product outline</a> for full explanation.)</li> <li>Individual minimum loss ratio.</li> <li>Available to any individual in the general public.</li> <li>No exclusivity as insurer.</li> <li>No sponsorship.</li> <li>No mass marketing.</li> <li>Regular individual sales methods on a one-to-one basis.</li> <li>No employer or association contributions toward premium.</li> <li>Insurer may have a premium remittance agreement with an employer or association that is willing to participate in a payroll deduction arrangement, but the agreement is irrelevant to how the coverage is being sold.</li> </ul> <p><input type="checkbox"/> <b>List Bill</b> by meeting the following requirements:</p> <ul style="list-style-type: none"> <li>Very few individual policies are sold at a common site or address (employer or association).</li> <li>No exclusivity granted to the insurer by the employer or association.</li> <li>No mass marketing.</li> <li>No employer or association funds are contributed toward premium, but employer or association does/does not remit insured's premium payment. Individual</li> </ul>	

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		<p>policyholder pays the entire premium.</p> <p>When the “list bill” arrangement ceases for any reason, the premium discount for “list bill”, if any, increases to the regular individual rate. The increase in rate upon cessation of the arrangement is disclosed prominently on the cover page of the policy or the policy schedule AND in the application.</p> <p>The premium discount for “list bill”, if any, is no greater than 10%.</p> <p><input type="checkbox"/> <b>Franchise</b> by meeting the following requirements: Franchise definition per §52.2(k). General rules for franchise insurance per §52.70(a). All form content requirements for franchise per §52.19. Class and participation requirements per §§52.70(b) and (c). Policy states whether rates will increase when franchise relationship ends. If the rates will increase, the increase in rate upon cessation of the arrangement is disclosed prominently on the cover page of policy or the policy schedule AND in the application.</p>	
Form Requirements	<a href="#">11NYCRR52.1(c)</a> <a href="#">11NYCRR52.31</a> <a href="#">§3102(c)</a> <a href="#">§3217(b)</a>	<p>Each form in the filing must meet the following requirements:</p> <p>a. The provisions of this form are NOT misleading or unreasonably confusing. §§3217(b)(2), 52.1(c).</p> <p>b. The provisions of this form provide substantial economic value to the policyholder. §3217(b)(5), 52.1(c).</p> <p>c. The provisions of this form are NOT unjust, unfair, inequitable, misleading, deceptive to the policyholder. §§3201(c)(3), 3217(b).</p> <p>d. This form contains no strikeouts. §52.31(b).</p> <p>e. All blank spaces are filled in with hypothetical data. §52.31(f)</p> <p>f. If the form contains more than 3 pages or more than 3,000 words, the form contains a table of contents. §3102(c)(1)(G)</p> <p>g. If the form contains variable material, the form contains minimal variable material and a full explanation of the nature and scope of the variable material is <b>attached</b> in the filing. §52.31(k).</p> <p>h. If the form is available to spouses or dependents, <b>select only one</b>:  <input type="checkbox"/> The spouse/dependent receives their own individually issued policy, OR  <input type="checkbox"/> The spouse/dependent is covered under the one policy issued to the primary insured.</p>	
Discrimination	<a href="#">§2606</a> , <a href="#">§2607</a> , & <a href="#">§2608</a>	Unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, and marital status are prohibited.	
<b>CONSUMER INFORMATION</b>			
Required Disclosure Form	<a href="#">11NYCRR52.54</a> <a href="#">11NYCRR 52.61</a>	<p>The filing includes the required disclosure form that:</p> <p>a. Will accompany or be incorporated in the policy when delivered OR delivered to the applicant at the time application is made and receipt is acknowledged.</p> <p>b. Contains language that conforms to § 52.61 of Regulation 62.</p>	

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APPLICATION FORMS			Form/Page/Para Reference
Authorization	<a href="#">11NYCRR420.18(b)</a>	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.	
Conversion	<a href="#">11NYCRR52.51(g)</a>	If this application is an application for conversion coverage, the application does <b>NOT</b> contain questions as to the health of the person(s) entitled to conversion.	
Extra-Hazardous Activities	<a href="#">11NYCRR52.2(i)</a> <a href="#">11NYCRR52.16(e)(2)</a>	<p>If the application contains questions as to whether the applicant has engaged in or contemplates participation in a number of specified activities, the insurer will adhere to the following Regulation 62 guidelines regarding “extra-hazardous” activities:</p> <p>The Department permits an insurer to exercise a number of options depending upon whether or not the activity engaged in by the applicant is an extra-hazardous activity as defined by the Department in §§52.2(i) and 52.16(e)(2). If the activity engaged in by the applicant is <u>within</u> the Department’s definition of an extra-hazardous activity, the insurer may elect one of four options:</p> <ol style="list-style-type: none"> <li>a. The insurer may issue a standard risk policy;</li> <li>b. The insurer may decline to issue any policy at all;</li> <li>c. The insurer may place a waiver on the policy declining coverage for disabilities arising out of such activities; or</li> <li>d. The insurer may charge additional premiums for providing coverage for such activities.</li> </ol> <p>If the activity engaged in is <u>not within</u> the definition of an extra-hazardous activity, the Department permits the insurer to issue a standard risk policy or decline to issue any policy at all.</p>	
Fraternal Benefit Society	<a href="#">§4501(a)</a>	If the insurer is a fraternal benefit society, the application asks if the applicant is a member and, if the applicant is not a member, the application requires the person to apply for membership.	
Fraud Warning Statement	<a href="#">§403(d)</a>	All applications must contain the prescribed fraud warning statement.	
Health Questions	<a href="#">11NYCRR52.51(b)</a>	Any question of past or present health of any person that refers to a specific disease or general health must be asked “to the best of the applicant’s knowledge and belief”. <i>Note: Does not apply to questions about factual information such as doctor visits or hospital confinements.</i>	
Insurance with Other Insurers	<a href="#">11NYCRR52.51(h)</a> <a href="#">§3216(d)(2)(D)</a> <a href="#">§3216(d)(2)(E)</a>	If the application is used with a policy subject to §3216(d)(2)(D) or §3216(d)(2)(E), “Insurance with Other Insurers”, the application contains a question requiring information with respect to other insurance.	
Investigative Consumer Report	<a href="#">§380-c of the General Business Law</a>	If an Investigative Consumer Report will be prepared or procured, a notice complying with §380-c of the General Business Law is included in the application OR in a separate form.	
Medical Information Exchange Center	<a href="#">§321</a>	If a Medical Information Exchange Center (such as a Medical Information Bureau) will be used, the insurer complies with §321 of the Insurance Law.	
Multiple Applications for One Policy	<a href="#">§4224(b)</a>	If more than one application is used to apply for a policy, <b>attach</b> a full explanation of the objective criteria used to determine who completes each application. <i>Note: Objective criteria are necessary to avoid unfair discrimination.</i>	
Multiple Levels of Underwriting	<a href="#">§4224(b)</a>	<p>If more than one level of medical and financial underwriting (e.g., full underwriting, simplified underwriting, or guaranteed issue) is used for a policy, <b>attach</b> a full explanation of:</p> <ol style="list-style-type: none"> <li>a. The various levels of underwriting.</li> <li>b. The objective criteria used to determine the use of each level of underwriting.</li> </ol>	

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Other Insurance in This Insurer	<a href="#">11NYCRR52.51(i)</a> <a href="#">§3216(d)(2)(C)</a>	If the application is used with a policy that includes the optional standard provision under §3216(d)(2)(C), "Other Insurance in This Insurer", the application contains a statement describing the provision in the policy OR, if provided at the time of application by separate notice, the notice is included in this filing.	
Pre-Existing Conditions	<a href="#">11NYCRR52.51(i)</a> <a href="#">11NYCRR52.54</a>	If the application is used with a policy that contains a "pre-existing conditions" provision, a statement describing the policy provision is included in the application OR the statement is included in the disclosure statement required by §52.54 of Regulation 62 that is delivered at the time of application.	
Prohibited Questions and Provisions	<a href="#">11NYCRR52.51</a> <a href="#">§3204</a>	The application does NOT contain: a. Questions as to the applicant's race. b. A provision that changes the terms of the policy to which it is attached. c. A statement that the applicant has not withheld any information or concealed any facts. d. An agreement that an untrue or false answer material to the risk will render the contract void. e. 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 insured in the application, except to conform to §3204. f. A question or seek previous HIV test results. <i>Note: Information regarding the diagnosis or treatment of AIDS or ARC may be sought and used. Also, the insurer has the right to conduct its own medical tests as part of the underwriting process.</i>	
Telephone or In-Person Interview	<a href="#">§3204</a> <a href="#">Article III, NY Technology Law</a>	If a telephone or in-person interview will be used with this application, the interview is conducted in the following manner: a. Any questions raised during the interview are limited to those questions appearing on an application approved by the Department (i.e., questions over the phone would be no different than those being asked in the application). b. The applicant must be provided with a written copy and will have an opportunity to review and make corrections to those statements that were attributed to him/her in the interview. c. Any information obtained in the interview that will be used in the underwriting process will be reduced to writing, signed by the applicant and <u>attached</u> to the policy in compliance with §3204. d. If an electronic signature is used, it must comply with the Electronic Signatures and Records Act (Article III of the New York Technology Law). e. If a telephonic application is being used, please provide a description of the procedure for taking a telephonic application. Any scripts used in the telephone interview must be filed for reference.	
<b>CONDITIONAL RECEIPT/INTERIM INSURANCE AGREEMENT FORM</b>			
Advance Premium	<a href="#">11NYCRR52.53</a>	If premium will be taken at the time of application, the filing should <b>include</b> a conditional receipt <u>OR</u> interim insurance agreement that complies with §52.53 of Regulation 62. (e.g., cannot use a hybrid receipt or agreement which is less favorable than §52.53 requirements) See <a href="#">product outline</a> for brief summary of requirements.	

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Reinstatement	<a href="#">§3216(d)(1)(D)</a>	If the conditional receipt is used for reinstatement, the effective date of the reinstated policy complies with §3216(d)(1)(D) of the Insurance Law. <i>Note: If premium is taken with the application and a conditional receipt is issued, coverage becomes effective on the 45<sup>th</sup> day after the date of the conditional receipt unless the insured was previously notified of approval or disapproval in writing.</i>	
<b>POLICY FORM</b>	<a href="#">§3102</a> , <a href="#">§3105</a> , <a href="#">§3201</a> , <a href="#">§3204</a> , <a href="#">§3216</a> & <a href="#">11 NYCRR Part 52 (Reg. 62)</a>		Form/Page/Para Reference
<b>COVER PAGE</b>			
Free Look	<a href="#">§3216(c)(10)</a>	The form contains a “free look” provision that complies with §3216(c)(10). <i>Note: This provision is NOT required for <u>single premium</u> nonrenewable policies insuring against accidents only or accidental bodily injuries only.</i>	
Licensee		The licensed New York insurer’s name and full address appears prominently on the front or back cover.	
Label	<a href="#">11NYCRR52.9</a>	Policy is labeled as “Accident Insurance” within the definition of §52.9.	
Participating Policy	<a href="#">§3216(c)(1)</a>	If the policy is participating, such is stated on the cover page OR schedule page.	
Reduction of Benefits or Benefit Period	<a href="#">11NYCRR52.17(a)(3)</a>	If benefits are reduced due to attainment of an age limit or a benefit period reduction, such reduction is referenced on the cover OR schedule page of the policy.	
Renewability	<a href="#">11NYCRR52.17(a)(1)</a> <a href="#">11NYCRR52.17(a)(2)</a> <a href="#">11NYCRR52.17(a)(5)</a> <a href="#">11NYCRR52.17(a)(6)</a> <a href="#">11NYCRR52.17(a)(7)</a> <a href="#">§3216(c)(11)</a>	The form meets the following requirements: a. The cover indicates whether the policy is renewable or nonrenewable. §52.17(a)(1). b. The cover contains the renewability provision OR briefly describes and references the policy renewability provision pursuant to §52.17(a)(2). c. If the policy is guaranteed renewable, the renewability provision complies with §52.17(a)(6) and §52.17(a)(7). d. If the policy is “non-cancellable” or “non-cancellable and guaranteed renewable”, the renewability provision must comply with §52.17(a)(5). e. If the form contains an age limit, date, or period after which the coverage will not be effective or renewed, the age limit, date, or period after which coverage will not be effective or renewed must be stated on the cover page in either the renewability provision, a separate provision with an appropriate caption, or a brief description in at least 14 point bold type. §3216(c)(11).	
Signature of Company Officer		The signature of company officer(s) appears prominently on the form (such as on the cover).	
<b>DEFINITIONS</b>			
Hospital	<a href="#">11NYCRR52.2(m)</a>	The definition of “Hospital” complies with §52.2(m).	
Injuries, Pre-Existing Condition, First Diagnosed	<a href="#">§3201(c)(3)</a> , <a href="#">§3217(b)</a> <a href="#">11NYCRR52.1(c)</a> <a href="#">11NYCRR52.1(d)</a> <a href="#">11NYCRR52.2(v)</a> <a href="#">11NYCRR52.9</a>	The definitions of “Injuries”, “Pre-existing Condition”, “First Manifest”, “First Diagnosed or Treated” or similar terms comply with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.2(v) and 52.9. <i>Note: See the permissible limitation and the <u>product outline</u> regarding pre-existing conditions in an accident policy.</i>	
Physician	<a href="#">§3201(c)(3)</a> , <a href="#">§3217(b)</a> , <a href="#">11NYCRR52.1(c)</a> <a href="#">11NYCRR52.1(d)</a> <a href="#">11NYCRR52.9</a>	The definition of “Physician” or any substitute term includes any legally qualified practitioner of the healing arts acting within the scope of his/her New York State license. (i.e., chiropractor, licensed social worker, etc.) <i>Note: Form should not unduly limit the insured’s access to benefits.</i>	

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FORM PROVISIONS			
Arbitration	<a href="#">§3216(d)(1)(k)</a>	The form does NOT provide for mandatory arbitration.	
Assignment	<a href="#">§3201(c)(3)</a> <a href="#">§3217(b)</a> <a href="#">11NYCRR52.1(c)</a> <a href="#">11NYCRR52.1(d)</a> <a href="#">11NYCRR52.9</a> <a href="#">11NYCRR52.16(b)</a>	If the form contains an assignment provision, it complies with §§3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.9 and 52.16(b).	
Attained Age Rates	<a href="#">11NYCRR52.17(a)(29)</a>	If the rates are based upon attained age, the forms contain the applicable schedule of rates.	
Children	<a href="#">§3216(a)(4)</a> <a href="#">§3216(c)(4)</a> <a href="#">11NYCRR52.17(a)(30)</a> <a href="#">11NYCRR52.17(a)(31)</a>	If children are covered under this form: a. Eligibility provisions must comply with the definition of “dependent children” in §3216(a)(4). b. The form must comply with §3216(c)(4)(A) regarding unmarried dependent children incapable of self-sustaining employment. c. The form must comply with §3216(c)(4)(C) regarding newborns. d. The family form must provide for coverage for adopted children and stepchildren dependent upon the insured on the same basis as natural children. §52.17(a)(30). e. The family form must cover a proposed adoptive parent upon whom the child is dependent and provides that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child’s adoption. §52.17(a)(31).	
Dependents	<a href="#">§3216(a)(3)</a> <a href="#">§3216(c)(3)</a> <a href="#">11NYCRR52.17(a)(10)</a> <a href="#">Circular Letter No. 27 (2008)</a>	If Dependents are covered under this form: a. The eligibility provisions must comply with the definition of “family” in §3216(a)(3). b. The form must comply with §3216(c)(3). c. If the form provides a new contestable period for each new member added, the form must NOT provide a new contestable period for the policy. §52.17(a)(10). d. 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.	
Conversion	<a href="#">§3216(c)(5)</a>	If the insurer opts to include a conversion provision for accident insurance for dependents, the provision complies with §3216(c)(5).	
Fraternal Benefit Society	<a href="#">§4501(p)</a> <a href="#">§4504(g)</a> <a href="#">§4512(a)</a> <a href="#">§4527(b)</a>	If the insurer is a Fraternal Benefit Society: a. The policy <b>includes</b> a provision that complies with §4504(g) regarding a member’s portion of any reserve deficiency b. The maximum monthly accident disability benefits comply with §§4501(p), 4527(b) and 4512(a).	
Military Suspension	<a href="#">§3216(c)(13)</a> <a href="#">§3216(c)(14)</a> <a href="#">11NYCRR52.17(a)(9)</a> <a href="#">Circular Letter No. 7 (2003)</a>	Suspension provision for insureds called to active duty in the armed forces complies with §§3216(c)(13) and (14) and §52.17(a)(9). <i>Note: When read together, an insured is entitled to the right to resumption upon termination of military service of no longer than five years.</i>	
Premium Payment Period	<a href="#">§3216(f)</a>	Coverage is provided to the end of the premium payment period when premium is taken. <i>Note: For example, if the insurer has accepted premium for a time period during which retirement or employment cessation occurs, coverage must be provided to the end of the time period for which premium has been accepted.</i>	
Reduction of Benefits	<a href="#">§3216(d)(2)(A)</a> , <a href="#">§3216(d)(2)(F)</a> ; <a href="#">11NYCRR52.17(c)(3)</a>	If benefits are reduced prior to age 65 due to a change in employment status or the income of the insured, the reduction complies with the optional standard provision entitled “Change of Occupation” (§3216(d)(2)(A)) or “Relation of Earnings to Insurance” (§3216(d)(2)(F)), whichever is applicable. <i>Note: Section 3216(d)(2)(F) is applicable to accident disability income benefits.</i>	

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Return of Premium Upon Death	<a href="#">§3228</a>	Form provides for a refund of premium upon death that complies with §3228.	
Rider or Endorsement	<a href="#">11NYCRR52.16(e)(2)</a> <a href="#">11NYCRR52.17(a)(5)</a> <a href="#">11NYCRR52.17(a)(6)</a> <a href="#">11NYCRR52.17(a)(12)</a> <a href="#">11NYCRR52.17(a)(14)</a>	If this filing contains a rider or endorsement, the following requirements must be met: a. If the rider or endorsement provides a benefit for which a specific premium is charged, the premium is shown on the application, rider or elsewhere in the policy. 52.17(a)(14). b. If the rider or endorsement will be issued with an existing “guaranteed renewable” policy, such rider will be made available at the option of the insured. §52.17(a)(5) or §52.17(a)(6). c. If the rider or endorsement reduces or eliminates coverage after policy issuance, it provides for signed acceptance by the insured. § 52.17(a)(12). <i>Note: For waivers issued as a condition of insurance, renewal or reinstatement, see §52.16(e)(2).</i>	
Sex or Marital Status	<a href="#">§2607</a> <a href="#">§4224(b)(1)</a> <a href="#">11NYCRR52.17(c)(3)</a>	Benefits are NOT reduced solely on the basis of the sex or marital status of the insured. The insurer or its agents will NOT refuse to issue, cancel, or decline to renew coverage because of the sex or marital status of the applicant.	
Triggers for Benefits	<a href="#">§3201(c)(3)</a>	The form must explain the triggers (definitions and benefit provisions) for benefits payable.	
Waiver of Premium	<a href="#">§3201(c)(3)</a> ; <a href="#">§3217(b)</a> ; <a href="#">11NYCRR52.1(c)</a> ; <a href="#">11NYCRR52.1(d)</a> ; <a href="#">11NYCRR52.9</a> ; <a href="#">11NYCRR52.16(b)</a>	If the form contains a provision for waiver of premium, it complies with §§ 3201(c)(3), 3217(b), 52.1(c), 52.1(d), 52.9 and 52.16(b).	
<b>ACCIDENT INSURANCE PROVISIONS</b>			
Accident Disability Benefits	<a href="#">§3216</a> <a href="#">11NYCRR52.17(a)(15)</a> <a href="#">11NYCRR52.17(c)(4)</a> <a href="#">11NYRR52.17(c)(5)</a>	If the form provides accident disability benefits: a. The benefits are due to accident only. b. The insurer must review the Individual Disability Income <u>product checklist and outline</u> for the requirements pertaining to this type of benefit. c. If accident disability benefits are conditioned upon hospital confinement, the renewability and eligibility provisions must comply with §3216 and any relevant regulations including §52.17(a)(15) and 52.17(c)(4). d. If accident disability benefits are provided for <u>dependents</u> , <b>attach</b> an explanation of how the form complies with §52.17(c)(5). <i>Note: Accident disability benefits for dependents must adequately define the conditions establishing disability.</i>	
Accidental Death and Dismemberment Benefits	<a href="#">§3201(c)(3)</a> <a href="#">§3217(b)(5)</a> <a href="#">11NYCRR52.1(c)</a> <a href="#">11NYCRR52.17(b)(1)</a>	If the form contains accidental death and dismemberment benefits: a. Benefits are payable if the loss occurs within 90 days from the date of the accident, irrespective of total disability. §52.17(b)(1). b. The benefit amount is at least \$500. §§3201(c)(3), 3217(b)(5), and 52.1(c).	
Additional Benefits	<a href="#">11NYCRR52.9</a>	If the form provides benefits in addition to those described under §52.9, the filing provides additional benefits such as hospital indemnity, disability insurance, benefits based on sickness, etc. <i>Note: If benefits in addition to accident insurance defined in §52.9 are submitted in this filing, <b>attach</b> an explanation.</i>	
Hospital Confinement	<a href="#">11NYCRR360.2</a>	If this form provides hospital confinement benefits with specific dollar amounts that exceed \$240 per day (\$165 if delivered in non-metro area), open enrollment and community rating are required.	
Means of Loss	<a href="#">11NYCRR52.17(a)(8)</a>	Accident benefits are NOT predicated upon loss occurring through accidental means or violent and external means.	
Medical or Surgical Benefits	<a href="#">§3216(l)</a>	If the policy covers ancillary or incidental medical or surgical benefits due to accident (such as	

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	<a href="#">§3216(i)</a> <a href="#">11NYCRR52.5</a> <a href="#">11NYCRR52.6</a>	physician treatment, x-rays, emergency room treatments) on an expense-incurred or indemnity basis and the benefits approach the levels set forth in §§52.5 or 52.6, the form must provide the appropriate mandates in §§3216(i) and (j).	
Probationary Period	<a href="#">11NYCRR52.16(d)(3)</a>	No probationary or similar period is applicable to accident coverage.	
Renewal	<a href="#">11NYCRR52.17(a)(26)</a>	If the insurer may cancel or refuse to renew this policy, the policy does NOT require that the policy be in force at the time loss commences if the accident occurred while the policy was in force. <i>Note: If the policy is guaranteed renewable through a specific period and can be continued by payment of premium, the policy then becomes conditionally renewable and subject to this regulation.</i>	
Specific Accident Dismemberment Benefits	<a href="#">11NYCRR52.17(b)(3)</a>	If the form contains specific accident dismemberment benefits, the specific accident dismemberment benefits are NOT payable in lieu of other benefits unless the specific benefit exceeds the other benefit.	
Specific Injury	<a href="#">11NYCRR52.17(c)(1)</a>	Benefits for a specific injury due to accident are NOT payable in lieu of disability benefits unless the specific benefit exceeds the disability benefit.	
Specified Disease	<a href="#">11NYCRR52.15(a)</a> <a href="#">11NYCRR52.16(a)</a>	The form does NOT provide benefits for specified disease as defined in §52.15(a) or for procedures or treatments unique to specified diseases.	
Time Period for Loss	<a href="#">11NYCRR52.17(a)(26)</a>	Loss from accidental injury is NOT required to commence within less than 30 days after the date of the accident.	
Vending Machine	<a href="#">11NYCRR52.17(b)(2)</a>	If the form will be sold by vending machine, the insurer must attach information and the directions used in connection with the machine. <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>	
<b>MANDATORY STANDARD PROVISIONS</b>			
Change of Beneficiary	<a href="#">§3216(d)(1)(L)</a>	When applicable, this provision must be included but must be no less favorable to the insured than the statutory provision.	
Claim Forms	<a href="#">§3216(d)(1)(F)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Entire Contract	<a href="#">§3216(d)(1)(A)</a> <a href="#">§3204</a>	This provision must be included and must be no less favorable to the insured than the statutory provision of §3216(d)(1)(A). This provision must also comply with §3204. There is no incorporation by reference.	
Grace Period	<a href="#">§3216(d)(1)(C)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Legal Actions	<a href="#">§3216(d)(1)(K)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Notice of Claim	<a href="#">§3216(d)(1)(E)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Payment of Claims	<a href="#">§3216(d)(1)(I)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Physical Examinations and Autopsy	<a href="#">§3216(d)(1)(J)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Proofs of Loss	<a href="#">§3216(d)(1)(G)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Reinstatement	<a href="#">§3216(d)(1)(D)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision. <i>Note: If premium is taken with the application and a conditional receipt is issued, coverage becomes effective on the 45<sup>th</sup> day after the date of the conditional receipt unless the</i>	

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		<i>insured was previously notified of approval or disapproval in writing.</i>	
Time Limit on Certain Defenses	<a href="#">§3216(d)(1)(B)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
Time of Payment of Claims	<a href="#">§3216(d)(1)(H)</a>	This provision must be included and must be no less favorable to the insured than the statutory provision.	
<b>OPTIONAL STANDARD PROVISIONS</b>		<i>These provisions MAY be included at the insurer's option.</i>	
Benefit Offsets	<a href="#">§3216(d)(2)(C)</a> <a href="#">§3216(d)(2)(D)</a> <a href="#">§3216(d)(2)(E)</a> <a href="#">§3216(D)(2)(F)</a> <a href="#">11NYCRR52.23(e)(3)(i)</a>	If the insurer wishes to offset the benefits, select from the following provisions: a. An "Other Insurance in This Insurer" provision that complies with §3216(d)(2)(C). b. An "Insurance with Other Insurers" provision that complies with §3216(d)(2)(D) or (E). c. A "Relation of Earnings to Insurance" provision that complies with §3216(d)(2)(F). <i>Note: Applicable to any accident only disability income benefits.</i> <i>Note: Coordination of benefits is not allowed in an individual policy under §52.23(e)(3)(i). Insurers have the ability to financially underwrite for other coverage <u>before</u> issuance and have the above provisions for excess insurance situations <u>after</u> issuance.</i>	
Cancellation	<a href="#">§3216(d)(2)(H)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Change in Occupation	<a href="#">§3216(d)(2)(A)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Conformity with State Statutes	<a href="#">§3216(d)(2)(I)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Illegal Occupation	<a href="#">§3216(d)(2)(J)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Intoxicants and Narcotics	<a href="#">§3216(d)(2)(K)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Misstatement Of Age	<a href="#">§3216(d)(2)(B)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Unpaid Premium	<a href="#">§3216(d)(2)(G)</a>	If this provision is included, it must comply with the standard provision language of the statutory provision and may NOT be less favorable in any respect to the insured.	
Subrogation	<a href="#">Chapter 494 of the Laws of 2009</a>	If a subrogation provision is included in this policy, it must comply with Chapter 494 of the Laws of 2009.	
<b>PERMISSIBLE EXCLUSIONS &amp; LIMITATIONS</b>			
Accident Medical Expense	<a href="#">11NYCRR52.16(c)(5)</a> <a href="#">11NYCRR52.16(c)(6)</a> <a href="#">11NYCRR52.16(c)(10)</a>	If the form provides coverage for accident medical expense: a. The form may exclude coverage for cosmetic surgery in compliance with §52.16(c)(5); b. The form may exclude coverage for foot care in compliance with §52.16(c)(6); c. The form may exclude coverage for eyeglasses, hearing aids, and exams in compliance with §52.16(c)(10).	
Alcoholism and Drug Addiction	<a href="#">11NYCRR52.16(c)(2)</a> <a href="#">§3216(d)(2)(K)</a>	If an insurer chooses to place an exclusion or limitation on coverage for treatment arising out of alcoholism or drug addiction, it must comply with §52.16 (c)(2) of Regulation 62 and §3216 (d)(2)(K) as pertinent.	
Cause of Illness, Treatment, or Medical	<a href="#">11NYCRR52.16(c)(4)</a> <a href="#">§3216(d)(2)(J)</a>	If an insurer chooses to place an exclusion or limitation on coverage for illness, treatment, or medical condition arising out of the following situations, it must comply with §52.16 (c)(4) of	

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Condition		Regulation 62: a. war or act of war (whether declared or undeclared); b. participation in a felony, riot or insurrection ( <i>Note: for felony participation, see also §3216(d)(2)(J)</i> ); c. service in the armed forces or units auxiliary thereto; d. suicide, attempted suicide, or intentionally self-inflicted injury (no distinction made for sane or insane); or e. aviation (this exclusion applies only to nonfare paying passengers).	
Chiropractic Care	<a href="#">11NYCRR52.16(c)(7)</a>	If an insurer chooses to place an exclusion or limitation on coverage for structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference, it must comply with §52.16(c)(7).	
Custodial care	<a href="#">11NYCRR52.16(c)(11)</a>	If an insurer chooses to place an exclusion or limitation on coverage for rest cures, custodial care and transportation, it must comply with §52.16(c)(11).	
Dental Care	<a href="#">11NYCRR52.16(c)(9)</a>	If an insurer chooses to place an exclusion or limitation on coverage for dental care or treatment, it must comply with §52.16(c)(9).	
Family Provider	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on services provided by a member of he covered person's immediate family, it must comply with §52.16(c)(8).	
Government Facility	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on treatment provided in a government facility (unless otherwise required by law), it must comply with §52.16(c)(8).	
Mandatory No-Fault	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on services for which benefits are <u>provided</u> by any <u>mandatory</u> motor vehicle no-fault law, it must comply with §52.16(c)(8).	
Medicare or Other Governmental Program	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on services for which benefits are <u>provided</u> by Medicare or other governmental program (except Medicaid), it must comply with §52.16(c)(8).	
Mental or Emotional Disorders	<a href="#">11NYCRR52.16(c)(2)</a>	If an insurer chooses to place an exclusion or limitation on coverage for mental or emotional disorders, it must comply with §52.16(c)(2).	
Outside U.S. and Possessions	<a href="#">11NYCRR52.16(c)(12)</a>	If an insurer chooses to place an exclusion or limitation on coverage while the insured is outside the United States and its possessions, it must comply with §52.16(c)(12). <i>Note: Must provide coverage within U.S., its possessions, Canada and Mexico.</i>	
Pre-Existing Conditions	<a href="#">§3216(d)(1)(B)(ii)</a> <a href="#">11NYCRR52.2(v)</a> <a href="#">11NYCRR52.16(c)(1)</a> <a href="#">11NYCRR52.17(a)(27)</a> <a href="#">11NYCRR52.17(a)(28)</a>	If an insurer chooses to place a pre-existing condition limitation in the coverage: a. The provision must comply with §§3216(d)(1)(B)(ii), 52.2(v), 52.16(c)(1), 52.17(a)(27), 52.17(a)(28) and b. The insurer must <b>attach</b> an explanation as to why a pre-existing condition limitation is necessary in an accident policy.	
Separate Billing	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions, it must comply with §52.16(c)(8).	
Services for Which No Charge is Normally Made	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on services for which no charge is normally made in the absence of insurance, it must comply with §52.16(c)(8) of Regulation 62.	
Transportation	<a href="#">11NYCRR52.16(c)(11)</a>	If an insurer chooses to place an exclusion or limitation on transportation, it must comply with §52.16(c)(11).	

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Workers' Compensation	<a href="#">11NYCRR52.16(c)(8)</a>	If an insurer chooses to place an exclusion or limitation on services for which benefits are <u>provided</u> by any state or Federal workers' compensation, employer's liability or occupational disease law, it must comply with §52.16(c)(8).	
<b>RATE-RELATED INFORMATION</b>			
Level Premium	<a href="#">11NYCRR52.40(b)(1)(ii)</a>	If the rates in the filing are level premium, the policy is "guaranteed renewable", "non-cancellable" or provides that non-renewal is subject to the approval of the Superintendent.	
Sex Basis for Rates	<a href="#">11NYCRR52.41</a>	This form is rated on the following basis: <b>(select only one)</b> <input type="checkbox"/> Unisex basis, OR <input type="checkbox"/> Sex-distinct basis and will NOT be issued in any employer/employee situation subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.	
<b>SCHEDULE OF BENEFITS</b>			
Benefit Selections	<a href="#">11NYCRR52.31(f)</a> <a href="#">§3204(a)(1)</a>	The schedule page sets forth: a. principal sum amounts, daily benefit amounts, monthly benefit amounts and similar choices made by the insured. b. Optional choices of insured regarding certain benefits and/or riders selected by the insured.	
Effective Date and Renewal Dates	<a href="#">11NYCRR52.31(f)</a> <a href="#">§3216(c)(2)</a>	The schedule page includes spaces for effective date of insurance, renewal dates and renewal terms.	
Hypothetical Data	<a href="#">11NYCRR52.31(f)</a>	The schedule page is completed with hypothetical data.	
Name of Insured	<a href="#">11NYCRR52.31(f)</a> <a href="#">§3216(c)(3)</a>	The schedule page includes space for the insured's name and covered family members.	
Premium Summary	<a href="#">11NYCRR52.31(f)</a> <a href="#">§3216(c)(1)</a>	The schedule page contains premium summary amounts and provisions dealing with insured participation status in surplus or dividends.	
<b>REMINDERS</b>		<ul style="list-style-type: none"> <li>The company may only offer discounts that are submitted and acknowledged by the Health Bureau's Rating Section as justifiable discounts before being placed on file by the Rating Section.</li> <li>The insurer is obligated under <a href="#">§2611</a> of the Insurance Law and §2782 of the Public Health Law regarding written informed consent, authorization and disclosure of confidential information when the insurer uses an HIV antibody test in underwriting. <a href="#">Circular Letter 3 (1989)</a> and <a href="#">Circular Letter 5 (1997)</a> are relevant.</li> <li>The insurer may make insertions to the application only for administrative purposes as long as the insertions are clearly not ascribed to the applicant. No other insertions or alterations of a written application will be made by anyone other than the applicant without his written consent pursuant to <a href="#">§3204</a>.</li> </ul>	
<b>REVIEW OF PRODUCT OUTLINE</b>			
		In preparing this filing the insurer or its designated agent reviewed the most current <a href="#">product outline</a> dated     /     /     . <i>Note: Insert effective date of product outline.</i>	

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NEW PRODUCTS – RATE REQUIREMENTS		(For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.)  <i>Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (<b>select one</b>)</i> <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>	Form/Page/Para Reference
<b>ACTUARIAL MEMORANDUM</b>	<a href="#">11NYCRR52.40(a)(1)</a>	Actuarial qualifications: 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	<a href="#">11NYCRR52.40(d)(1)</a> <a href="#">11NYCRR52.45</a>	a. Outline of the benefits and coverages, and specific formulas and supporting assumptions used in calculating rates b. Expected claim costs in the aggregate c. Actuarial justification and derivation (including all assumptions) for <u>each</u> benefit provided d. Description of gross premium differentials based on sex e. Description of marketing methods f. If there are risk classifications, please describe them and provide the actuarial justification thereof g. Non-claim expense components as a percentage of gross premium h. Demonstration of expected loss ratio	
Loss Ratios	<a href="#">11NYCRR52.45</a>	Expected loss ratios with actuarial justification thereof	
Reserve Bases	<a href="#">11NYCRR94(Reg. 56)</a>	Description of bases for all reserves (if applicable)	
Underwriting	<a href="#">11NYCRR52.40(c)(2)(vi)</a> <a href="#">and (vii)</a>	Description of underwriting rules that are related to rate determination	
Actuarial Certification	<a href="#">11NYCRR52.40(a)(1)</a>	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 ratios is: <span style="background-color: #cccccc; display: inline-block; width: 50px; height: 15px;"></span> %.	
<b>ACTIVE RATE MANUAL</b>	<a href="#">11NYCRR52.40(c)(2)</a>	a. Table of Contents b. Rate pages 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. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits f. Description of rating classes	

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		<ul style="list-style-type: none"> <li>g. Examples of rate calculations</li> <li>h. Commission schedule(s)</li> <li>i. Underwriting guidelines and/or underwriting manual</li> <li>j. Expected loss ratios</li> </ul>	
<b>EXISTING PRODUCTS – RATE REQUIREMENTS</b>		<p>(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)</p> <p><b><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></b></p>	Form/Page/Para Reference
<b>ACTUARIAL MEMORANDUM</b>	<a href="#">11NYCRR52.40(a)(1)</a>	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> <li>a. Member of the Society of Actuaries; and</li> <li>b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.</li> </ul>	
Justification of Rates	<a href="#">11NYCRR52.40(d)(2)</a> <a href="#">11NYCRR52.45</a>	<ul style="list-style-type: none"> <li>a. Description of benefits and changes in benefits, (if any)</li> <li>b. History of previous New York rate revisions. If nationwide experience is included, provide history of previous non-New York rate revisions as well.</li> <li>c. Provide complete New York experience since inception. <ul style="list-style-type: none"> <li>(i) Yearly and in total</li> <li>(ii) All items except reserves accumulated with interest (accumulated from midpoint of calendar year to most recent Dec. 31).</li> <li>(iii) As in (i), but with premiums adjusted to the current New York rate schedule. Describe the basis for all reserves.</li> </ul> </li> <li>d. First and last years of issue</li> <li>e. Actual and expected loss ratios for each type of provided benefit.</li> <li>f. Derivation of proposed rate revision in detail, including demonstration that: <ul style="list-style-type: none"> <li>(i) The expected future loss ratio and expected lifetime loss ratio are at least as large as the disclosure loss ratio, and</li> <li>(ii) The expected future loss ratio is at least as large as the applicable minimum loss ratio.</li> </ul> </li> <li>g. Statement that the rates when approved will be applied to all policies originally delivered or issued for delivery in New York State, regardless of place of current residence.</li> </ul>	
Actuarial Certification	<a href="#">11NYCRR52.40(a)</a>	<ul style="list-style-type: none"> <li>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</li> <li>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</li> <li>c. The expected loss ratio meets the minimum requirements of the State of New York.</li> <li>d. The benefits are reasonable in relation to the premiums charged.</li> <li>e. The rates are not unfairly discriminatory.</li> </ul>	
Expected Loss Ratio Certification		The expected loss ratio is: <span style="background-color: #cccccc; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span> %.	
<b>REVISED RATE MANUAL PAGES</b>	<a href="#">11NYCRR52.40(c)(2)</a>	<ul style="list-style-type: none"> <li>a. Table of Contents</li> <li>b. Rate pages</li> <li>c. Insurer name on each consecutively numbered rate page</li> <li>d. Identification by form number of each policy, rider, or endorsement to which the rates apply</li> </ul>	

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		<ul style="list-style-type: none"><li>e. Brief description of benefits, types of coverage, limitations, exclusions</li><li>f. Description of rating classes</li><li>g. Examples of rate calculations</li><li>h. Commission schedule(s)</li><li>i. Underwriting guidelines and/or underwriting manual</li><li>j. Expected loss ratio</li></ul>	
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