Stop Loss Insurance Checklist for SERFF Filings (As of 11.15.21)

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: Complete the "Policy Forms" section.
- Rider or Endorsement: Complete all items in the "Policy Forms" section relevant to the form being submitted.
- Application: Complete the section entitled "Application Forms."

C. For filing of initial rates, complete the section entitled "Actuarial Section For New Product Rate Requirements" 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 "Actuarial Section for Existing Product Rate Requirements" section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the "Actuarial Section for Existing Product Rate Requirements" section.

D. For each item, enter in the last column the form number(s) and page number(s) where the requirement is met in the filing.

E. **Instructions for Citations:** All citations to Department regulations link to the Department of State website and an unofficial copy of the NYCRR. Select title 11 for 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, select the link labeled "ISC."

LINE OF BUSINESS: Excess/Stop Loss Insurance

CODE: H12

LINE(S) OF INSURANCE	CODES
Health – Provider	H12.003
Health – Self-Funded Health Plan	H12.004

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	*Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department Insurance Circular Letters and Office of General Counsel ("OGC") opinions*	*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.*	
Filing Description in SERFF	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The SERFF filing description must contain the following: • The identifying form number of each form submitted. § 52.33(a) • 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 filing description 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 filing description must include the state tracking number, form number, and the submission date. § 52.33(d) • If the form is other than a policy, the filing description 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 filing description 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 filing description 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) *Note: SERFF filing descriptions should advise as to whether the policy is intended for internet sales.*	
Form Requirements	§ 3201(c) § 3217(b) 11 NYCRR 52.1(c) 11 NYCRR 52.31	Each form in the filing must meet the following requirements: • The form provisions are NOT misleading or unreasonably confusing. § 3217(b)(2), § 52.1(c) • The form provisions provide substantial economic value to the insured. § 3217(b)(5), § 52.1(c)	

		• The form provisions are NOT unjust, unfair, inequitable, misleading, or deceptive to the policyholder. §§ 3201(c)(3), 3217(b) • The form contains no strikeouts. § 52.31(b) • The 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) • The 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. A full explanation of the nature and scope of the variable material, contained in an Explanation or Memorandum of Variable Material, should be uploaded to the Supporting Documentation tab in SERFF. § 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 policy form should be set forth as part of the certification, which must be signed by an officer of the company.	
Rider or Endorsement	11 NYCRR 52.16(e)(2) 11 NYCRR 52.18(g)(2) 11 NYCRR 52.31(a)	Except for riders by which the insurer effectuates a request made in writing by the policyholder or exercises a specifically reserved right under the policy, all riders added to a policy after date of issue which reduce or eliminate coverage in the policy shall provide for signed acceptance by the policyholder. § 52.18(g)(2) New policy forms must comply with any statutory requirements without the use of amendatory riders or endorsements except for minor changes, where the minor changes are necessitated by distinctive New York requirements. Previously approved policies may have rider(s) attached to comply with changes in New York law, but only if the rider(s) do not cause the policy in its entirety to mislead or confuse the policyholder. § 52.31(a) *Note: For waivers issued as a condition of insurance, renewal or reinstatement, see 11 NYCRR 52.16(e)(2).*	
Table of Contents	§ 3102(c)(1)(G)	A table of contents is required for policies that are over 3,000 words or more than three pages regardless of the number of words.	
APPLICATION FORMS			Form & Page Number
Authorization	11 NYCRR 420.18(b) Circular Letter No. 8 (2017) 42 USC § 290dd-2 42 CFR § 2.31	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. A written authorization that consents to a disclosure of substance use disorder records must include: (1) the specific name or general designation of the program or person permitted to make the disclosure; (2) the name or title of the individual or the name of the organization to which disclosure is to be made; (3) the name of the patient; (4) the purpose of the disclosure;	

		(5) how much and what kind of information is to be disclosed; (6) the signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under 42 C.F.R. § 2.14 or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under 42 C.F.R. § 2.15 on behalf of the patient; (7) the date on which the consent is signed; (8) a statement that the consent is subject to revocation at any time except to the extent that the program or person that is to make the disclosure has already acted in reliance on it, where acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer; and (9) the date, event or condition upon which the consent will expire if not revoked before that date, event or condition.	
Discrimination	§ 2606 § 2607 § 2608 § 2612 Circular Letter No. 3 (2016)	No insurer or entity shall refuse to issue any insurance policy, or cancel or decline to renew the policy or otherwise unfairly discriminate because of race, color, creed, national origin, disability, sex, marital status, status as a victim of domestic violence, or engage in sexual stereotyping. "Sex" includes sexual orientation, gender identity or expression and transgender status. No insurer or entity shall refuse to issue or renew, or shall cancel any insurance policy because of any past treatment for a mental disability of the insured. With respect to past treatment for a mental disability, an issuer may refuse to issue, renew, or cancel a policy if the issuer relies on sound underwriting and actuarial principles reasonably related to actual or anticipated loss experience.	
Electronic Application	§ 3201(c)(3) 11 NYCRR 52.1(c) NY Technology Law Article III	If an insurer is seeking approval to use a previously approved paper application in electronic format, screen shots of the previously approved paper application must be filed for reference for informational purposes. Any drop downs, pop-ups, FAQs, or linked material that could appear in the application process must be included either within the screen shots or as a supporting document provided for informational purposes. If an insurer is seeking approval of an application not previously approved that will only be available in an electronic format (i.e., will be completed and signed electronically) and there is no corresponding paper application, then screen shots must be submitted for approval as the application form. In this case, the screen shots must contain a distinct form number in the lower left corner and must comply with all applicable application requirements. Reflexive material, including drop down options, must be submitted for approval in a corresponding Explanation of Variable Material. Include any pop-ups, FAQs, or linked material that could appear in the application process as a supporting document provided for informational purposes. If an electronic signature is used, it must comply with the Electronic Signatures and Records Act (New York Technology Law Article III) and associated regulations (9 NYCRR Part 540). The filing should describe the procedures for the use of electronic signatures.	
Electronic Delivery of Documents	NY Technology Law Article III OGC Opinion No. 09-01-01 OGC Opinion No. 05-11-28	Before an insurer transmits policy forms or any other documents to an insured electronically, it must obtain the insured's consent. • If the electronic application includes a consent for the electronic delivery of documents, the opt-in to deliver documents electronically must be separate from the agreement to electronically purchase and/or electronic signature. • If the insured refuses to consent to receiving documents electronically, the insurer must send a hard copy of the policy forms or other documents to that insured.	

		• If the insured refuses to consent to receiving documents electronically, the insurer should allow the insured the ability to proceed with submitting the application and purchasing the insurance electronically.	
Fraud Warning Statement	§ 403(d) 11 NYCRR 86.4(d)	The application form contains the prescribed fraud warning statement listed below. The fraud warning statement must be placed directly above the signature line and printed in such a way that it is conspicuous to the insured such as by using bold font or larger font size. "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."	
Prohibited Questions and Provisions	§ 3204 11 NYCRR 52.51	The application does NOT contain: a. Questions regarding an individual'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 policy 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 inserted in the application, except to conform to Insurance Law § 3204(d). f. Questions regarding HIV, such as HIV testing, test results, or treatment. *Note: Information regarding the diagnosis or treatment of AIDS may be sought and used. The insurer has the right to review medical records or conduct its own medical records as part of the underwriting process. References to AIDS Related Complex (ARC) should also not be used as the terminology has been discontinued in the medical community.*	
Representations not Warranties	§ 3105 § 3204(c)	Statements made on the application by the applicant are representations and not warranties and only material misrepresentations can avoid a contract of insurance. No representation is deemed material unless knowledge by the insurer of the facts misrepresented would have led to a refusal by the insurer to issue the policy. *Note: The insurer may make insertions to the application only for administrative purposes if 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 the applicant's written consent pursuant to Insurance Law § 3204(d).*	
POLICY FORMS			Form & Page Number
COVER PAGE			
Insurer Name	11 NYCRR 52.1(c)	The policy form contains the name and full address of the New York-licensed issuing insurer on the front or back cover.	
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy form (such as on the cover page).	
DEFINITIONS			

Complications of Pregnancy	11 NYCRR 52.2(e)	"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.	
STOP LOSS POLICY REQUIREMENTS			
Stop Loss Insurance	§ 4237-a (c)	The stop loss policy shall clearly indicate the following: (1) The entire money or other consideration for the policy; (2) The time at which the insurance takes effect and terminates; (3) The specified per-claim, per-employee or, in the case of a student health plan under Insurance Law § 1124, per student, or aggregate amount of claims above which payment or reimbursement is to be made by the insurer; and (4) The payments to be made by the insurer once the specified stop-loss thresholds have been exceeded.	
Employer Group Size	§ 3231(h) § 4237-a § 4317(e)(1)	Stop loss insurance may only be issued to an employer who is considered a "Large Employer" (i.e., an employer with 101 or more Full Time Equivalent Employees over the prior calendar year).	
Institutions of Higher Education	§ 1124	Only self-funded student plans certified under Insurance Law §1124 are permitted to purchase stop-loss insurance.	
Specific Deductible	NAIC Stop Loss Insurance Model Act, MDL-92	The specific deductible amount may not be below $25,000 for new business or $20,000 for renewal business.	
Minimum Attachment Point	NAIC Stop Loss Insurance Model Act, MDL-92	The minimum aggregate attachment point allowed is 110% of expected claims.	
No Denial or Limitation of Coverage for Specific Diseases	§ 3234	No insurer, subsidiary of an insurer, or controlled person of a holding company may provide stop loss, catastrophic or reinsurance coverage to groups which deny or limit benefits for a specific disease or condition or for a procedure or treatment unique to a specific disease or condition in a manner which would be inconsistent with the Insurance Law or regulations promulgated by the Superintendent had the group purchased insurance. A limit, maximum, or other mechanism that controls total coverage without regard to a specific disease or condition shall not be deemed one that denies or limits benefits for a specific disease or condition, or for a procedure or treatment unique to a specific disease or condition.	
REQUIREMENTS FOR PROVIDER STOP LOSS INSURANCE POLICIES		*No stop loss insurer may issue or deliver in New York a policy of provider stop loss insurance unless the insurer is authorized to issue a provider stop loss insurance policy in this State pursuant to the provisions of Insurance Law § 4237-a. See 11 NYCRR 101.6(a).*	
Rescission	11 NYCRR 101.6(b)	No policy of provider stop loss insurance shall permit the stop loss insurer to rescind the policy and no insurer shall rescind such policy.	

Termination	11 NYCRR 101.6(c)	Termination of the policy shall not affect or reduce the stop loss insurer's obligation to, or responsibility for, coverage to health care providers for covered claims which occurred during the term of the policy. In the event of the termination of the financial risk transfer agreement by the superintendent, pursuant to the provisions of 11 NYCRR 101.9(a)(7), the insurer is the designated beneficiary for subscribers covered by the stop loss insurance coverage for incurred but unpaid benefits for the time frame for which in-network capitation payments were received by the health care provider. The stop loss insurer will provide notice (whether initiated by the insured or the stop loss insurer) of termination, cancellation, nonrenewal, or material change to the terms of the coverage, to the health care provider and insurer at least 90 days prior (or 45 days' notice of cancellation for nonpayment of premium) to the effective date of the notice.	
MANDATORY STANDARD PROVISIONS		*These provisions MUST be included in each policy. The provision must be no less favorable to the insured than the statutory provision.*	
Changes	§ 3221(a)(2)	The policy form 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.	
Claim Forms	§ 3221(a)(10)	The policy form must provide that the insurer will furnish 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.	
Entire Contract	§ 3204	The policy form, including any endorsements or attached papers (if any), constitutes the entire contract of insurance. No change in the policy will be valid unless it is approved by an executive officer of the insurer and the approval is endorsed on or attached to the policy. No agent or broker has the authority to change the policy or waive any of its provisions. Incorporation by reference is not permitted.	
Legal Action	§ 3221(a)(14)	The policy form must provide that no action in law or equity shall be brought to recover on the policy prior to the expiration of 60 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.	
Misstatement	§ 3221(a)(1)	The policy form 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.	
Notice of Claim	§ 3221(a)(8)	The policy form 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.	
Payment of Claims	§ 3221(a)(12)	The policy form must provide that benefits payable under the policy other than for benefits for loss of time will be payable not more than 60 days after receipt of proof of loss.	
Premium Payment and Grace Period	§ 3221(a)(4)	The policy form 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.	
Proof of Loss	§ 3221(a)(9)	The policy form must provide that the insured has a minimum of 120 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.	
Renewal	§ 3221(a)(5) 11 NYCRR 52.18(c)	The policy form must specify the conditions under which the insurer may refuse to renew the policy.	
OPTIONAL STANDARD PROVISIONS		*If optional standard provisions are included in the policy, they must comply with the following.*	
Subrogation	General Obligations Law § 5-335	Any subrogation provision must comply with the General Obligations Law that affects an insurer's reimbursement rights. When an insured settles a claim, whether in litigation or otherwise, against one or more other persons for personal injuries, medical, dental, or podiatric malpractice, or wrongful death, it shall be conclusively presumed that the settlement does not include any compensation for the cost of health care services, loss of earnings or other economic loss to the extent those losses or expenses have been or are obligated to be paid or reimbursed by an insurer. By entering into any such settlement, an insured shall not be deemed to have taken an action in derogation of any right of any insurer that paid or is obligated to pay those losses or expenses; nor shall an insured's entry into such settlement constitute a violation of any contract between the insured and such insurer. No insured entering into such a settlement shall be subject to a subrogation claim or claim for reimbursement by an insurer and an insurer shall have no lien or right of subrogation or reimbursement against any such settling person or any other party to such a settlement, with respect to those losses or expenses that have been or are obligated to be paid or reimbursed by said insurer. There may be an issue if the underlying self-funded plan does not contain a subrogation clause while the stop loss policy does. We recommend that the subrogation clause in the stop loss policy be bracketed as variable, with an explanation in the Explanation of Variability that the subrogation clause will only be included if the underlying plan includes a subrogation clause.	
Unilateral Modification	11 NYCRR 52.18(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. When a policyholder is contractually required to provide prior written notice to terminate coverage, an insurer must provide notice of a unilateral modification at least 14 days prior to the date by which the policyholder is required to provide notice to terminate coverage.	
Mandatory Arbitration		Mandatory arbitration is permissible in stop loss policies.	
TERMINATION PROVISIONS		*Note: Bankruptcy and insolvency are not grounds for termination unless they also result in termination of the employee benefit plan or failure to pay premiums.*	
Notice of Termination	11 NYCRR 52.18(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		***The exclusions in a stop loss insurance policy should mirror the exclusions in the underlying self-funded plan to ensure consistency. Generally, the exclusions should comply with 11 NYCRR 52.16(c); however, non-complying exclusions may be permissible in a stop loss insurance policy so long as the company provides an assurance that the non-complying exclusions are identical to the exclusions in the underlying self-funded plan. If an exclusion or limitation listed below is included, the language from the statute or regulation must be used.***	
Alcoholism and Drug Addiction	11 NYCRR 52.16(c)(2)	The policy form may exclude coverage for alcoholism or drug addiction.	
Aviation	11 NYCRR 52.16(c)(4)(iii)	The policy form may exclude coverage for illness, accident, treatment or medical condition care or treatment arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	
Chiropractic Care	11 NYCRR 52.16(c)(7)	The policy form may exclude 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 related to distortion, misalignment or subluxation of or in the vertebral column.	
Convalescent, Custodial Care and Transportation	11 NYCRR 52.16(c)(11)	The policy form may exclude coverage for services related to rest cures, custodial care, and for transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities.	
Cosmetic Surgery	11 NYCRR 52.16(c)(5)	The policy form may exclude 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. *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.*	
Coverage Outside of the United States, Canada or Mexico	11 NYCRR 52.16(c)(12)	The policy form may exclude for coverage for claims outside of the United States, its possessions, Canada or Mexico.	
Dental Care	11 NYCRR 52.16(c)(9)	The policy form may exclude 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 for dental care or treatment necessary due to congenital disease or anomaly.	
Eyeglasses, Hearing Aids and Exams	11 NYCRR 52.16(c)(10)	The policy form may exclude coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof.	
Felony Participation, Riot, or Insurrection	§ 3216(d)(2)(J) 11 NYCRR 52.16(c)(4)(i)	The policy form may exclude coverage for any illness, treatment or medical condition due to an individual's participation in a felony, riot or insurrection.	
Foot Care	11 NYCRR 52.16(c)(6)	The policy form may exclude coverage for foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet.	
Government Hospital	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise provided by law.	
Illegal Occupation	§ 3221(c) § 3216(d)(2)(J)	The policy form may exclude losses to which a contributing cause was the individual's commission of or attempt to commit a felony or to which a contributing cause was the individual being engaged in an illegal occupation.	

Immediate Family	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for services performed by a member of an individual's immediate family. Immediate family has the same meaning as defined in 42 CFR § 411.351: husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.	
Intoxicants and Narcotics	§ 3221(c) § 3216(d)(2)(K)	The policy form may exclude coverage for any loss sustained or contracted in consequence of the individual's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.	
Medicare, Other Governmental Programs and Workers' Compensation	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for benefits provided under Medicare or other governmental programs (except Medicaid) or any state or federal workers' compensation, employers' liability or occupational disease law, unless where otherwise provided in State or Federal statute.	
Mental or Emotional Disorders	11 NYCRR 52.16(c)(2)	The policy form may exclude coverage of mental or emotional disorders.	
Military Service	11 NYCRR 52.16(c)(4)(i)	The policy may exclude coverage for an accident or treatment due to service in the armed forces or auxiliary units. *Note: If the insurer excludes coverage for an accident or treatment due to service in the armed forces, then the insurer should offer to suspend the individual's coverage during a period of active duty of up to four years.*	
No-Fault Automobile Insurance	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	
Pregnancy	11 NYCRR 52.16(c)(3) 11 NYCRR 52.2(e)	The policy form may exclude coverage for pregnancy except for complications of pregnancy. *Note: See the "Complications of Pregnancy" definition under the "Definitions" section.*	
Services Separately Billed by Hospital Employees	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	
Services For Which No Charge Is Normally Made	11 NYCRR 52.16(c)(8)	The policy form may exclude coverage for services for which no charge is normally made.	
Suicide, Attempted Suicide, Intentionally Self-Inflicted Injury	11 NYCRR 52.16(c)(4)(ii)	The policy form may exclude coverage for illness, accident, treatment or medical condition arising out of suicide, attempted suicide or intentionally self-inflicted injury. *Note: No distinction is made for whether the individual is sane or insane.*	
War or Act of War	11 NYCRR 52.16(c)(4)(i)	The policy form may exclude coverage for illness, accident, treatment or medical condition arising out of war or act of war (whether declared or undeclared) *Note: Exclusions for terrorism are not permissible.*	
ACTUARIAL SECTION FOR NEW PRODUCT RATE REQUIREMENTS		*Complete this section for all forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising; OR* ☐ *The submission is an out-of-state filing pursuant to § 3201(b)(2); OR*	Form & Page Number

		☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* (For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below instead.)	
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	The actuary preparing the filing meets the following actuarial qualifications: a. Member of the Society of Actuaries, Casualty Actuarial Society, or American Academy of Actuaries; and b. Meets the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11 NYCRR 52.40(e) 11 NYCRR 52.40(f)	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. Any rating variables must be clearly defined and consistently applied e. Provide non-claim expense components as a percentage of gross premium. f. Expected loss ratio(s).	
Actuarial Certification	11 NYCRR 52.40(a)(1)	g. The filing is in compliance with all applicable laws and regulations of the State of New York. h. 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. i. The expected loss ratio meets the minimum requirements of the State of New York. j. The benefits are reasonable in relation to the premiums charged. k. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	11 NYCRR 52.45(f)	Expected loss ratio(s) with actuarial justification. The expected loss ratio is: _____ %	
RATE MANUAL	11 NYCRR 52.40(e)	a. Rate manual pages including all rates, factors, and calculation formulas. 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. g. Examples of rate calculations. h. Commission schedule(s). i. Underwriting guidelines and/or underwriting manual.	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE REQUIREMENTS		*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.*	Form & Page Number

		(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above.)	
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	The actuary preparing the filing meets the following actuarial qualifications: a. Member of the Society of Actuaries, Casualty Actuarial Society, or American Academy of Actuaries; and b. Meets the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11 NYCRR 52.40(e) 11 NYCRR 52.40(f) 11 NYCRR 52.45(f)	a. Description of proposed revision(s) to any rates, factors or adjustments, commissions, underwriting rules/risk classification, or benefits. b. Provide New York and nationwide claims experience from the past 5 years or since inception, whichever is less, respectively, including: (i) Earned premium (ii) Paid and incurred claims (iii) Incurred loss ratios c. History of two previous New York rate revisions, not including revisions with no rate impact. d. Average premium impact of the revision, in total, and the estimated effect of each change in this filing. 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	11 NYCRR 52.40(a)(1)	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	11 NYCRR 52.45(f)	Expected loss ratio(s) with actuarial justification. The expected loss ratio is: _____ %.	
REVISED RATE MANUAL PAGES	11 NYCRR 52.40(e) 11 NYCRR 52.40(j)	a. Provide any new or revised rate manual page or pages to be added, with page numbers. b. Insurer name on each properly numbered rate page. c. Provide all information required to be submitted for a new filing, updated to include all subsequent revisions and amendments.	