

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

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

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Form/Page

A. Filing Incomplete or in Unacceptable Format

A1. NAIC Company Number on Submission Letter COMAR 31.04.17.03B		
A2. Duplicate Forms - COMAR 31.04.17.03A (Paper filing)		
A3. Premium Rates - COMAR 31.10.01.03A (Include in same SERFF tracking number filing)		
• Unacceptable Loss Ratio - §12-205(b)(6)		
A4. Listing of Forms - COMAR 31.04.17.03C		
A5. Description of New Features - COMAR 31.04.17.03J		
A6. Form Number - COMAR 31.04.17.03D (Form number must be identical to form number on SERFF Form Schedule)		
A7. Corporate Name - COMAR 31.04.17.03G and COMAR 31.10.01.03B		
A8. Unacceptable Modifications - COMAR 31.04.17.03H		
A9. Specimen Data - COMAR 31.04.17.03K		
A10. Signature of Officer - COMAR 31.04.17.03M		

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Form/Page

A11. Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other text is desired, include specific text COMAR 31.04.17.04A(2)		
A12. Contracts Comprised of Insert Pages COMAR 31.04.17.04B		
a. Description of How Pages will be Combined COMAR 31.04.17.04B(1)(b)(i)		
b. Listing of Substitute Pages COMAR 31.04.17.04B(1)(b)(i)		
c. Form Number and Approval Date for Pages Replaced COMAR 31.04.17.04B(3)(a)		
d. Copy of Currently Approved Contract COMAR 31.04.17.04B(3)(b)		
A13. Contracts Comprised of Sections COMAR 31.04.17.04C		
a. Description of How Sections will be Combined COMAR 31.04.17.04C(1)(b)(i)		
b. Listing of Substitute Sections COMAR 31.04.17.04C(1)(b)(ii)		
c. Form Number and Approval Date for Pages Replaced COMAR 31.04.17.04C(3)(a)		
d. Copy of Currently Approved Contract COMAR 31.04.17.04C(3)(b)		
A14. Advertising Prohibited - COMAR 31.04.17.07		
A15. Signature of Policyholder for Reduction Rider COMAR 31.10.01.03E		
A16. Form is Illegible - §12-205(b)(5)		
A17. Simplified Language (Readability Certification) COMAR 31.10.02		
A18. Filing Fee Insufficient - §2-112(a)(9)		
A19. Size of Type – COMAR 31.10.02.02A(4)		

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A20. If any portion of a form is in a language other than English, an English translation shall appear in the same form – COMAR 31.04.17.03F		
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B. Required Standard Provisions

B1. Required Standard Provisions - COMAR 31.11.10.03		
B2. Entire Contract - COMAR 31.11.10.04A		
B3. Contestability of Coverage - COMAR 31.11.10.04B		
B4. Notice of Claim - COMAR 31.11.10.04C		
B5. Claim Forms - COMAR 31.11.10.04D		
B6. Proofs of Loss - COMAR 31.11.10.04E		
<ul style="list-style-type: none">• Methods for claim submission - §15-1011, Senate Bill 450, Chpt. 35, Acts of 2015 (effective 10/1/15, applicable 10/1/17)		
B7. Time of Payment of Claims - COMAR 31.11.10.04F		
B8. Payment of Claims - COMAR 31.11.10.04G		
B9. Legal Action - COMAR 31.11.10.04H		
B10. Grace Period - COMAR 31.11.10.04I		
B11. Certificates - COMAR 31.11.10.04J		
B12. Addition of Employees/Members - COMAR 31.11.10.04K		
B13. Misstatement of Age - COMAR 31.11.10.04L		
B14. Premium Due Date - COMAR 31.11.10.04N		

C. Optional Standard Provisions

C1. Physical Examination - COMAR 31.11.10.07A		
C2. Autopsy - COMAR 31.11.10.07B		
C3. Arbitration - COMAR 31.11.10.07C		

D. Prohibited Benefits, Limitations and Exclusions

D1. Self Destruction - COMAR 31.04.17.11B		
D2. Damage to Conveyance - COMAR 31.10.01.03N		
D3. Chronic or Organic Disease - COMAR 31.10.01.03-O		
D4. Frequency of Physician Visits - COMAR 31.10.01.03-I		
D5. Reimbursement Language - COMAR 31.10.01.03P		
D6. Domestic Violence - §27-504		
D7. Strict Compliance Language - COMAR 31.10.01.03Q		
D8. May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss which a contributing cause was the insured's commission or of, or attempt to commit a felony. COMAR 31.11.10.06A(2)(a) & 31.11.10.06A(2)(b)		
D9. May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss which a contributing cause was the insured's being engaged in an illegal occupation. COMAR 31.11.10.06B(2)(a) & 31.11.10.06B(2)(b)		
D10. May not contain an exclusion or limitation, which is more restrictive to the insured than the exclusion or limitation for a loss to which a contributing cause was the insured's being intoxicated or under the influence of any narcotic. COMAR 31.11.10.06C(2)(a) & 31.11.10.06C(2)(b)		
D11. Pre-existing Conditions - COMAR 31.11.10.06D		
D12. Exposure to Diethylstilbestrol - §15-503		
D13. May not include an exclusion for expenses covered by an automobile policy (PIP) – §15-104		
D14. May not provide benefits that are secondary to benefits under an automobile policy, including PIP – §15-104		
D15. Discretionary Clauses Prohibited - §12-211, (effective 10/1/11)		

E. Other

E1. Standard of Time - COMAR 31.10.01.03C		
E2. Social Security Freeze - §15-501		
E3. Definition of Total Disability - COMAR 31.10.01.03L		
E4. Definition of Partial Disability - COMAR 31.10.01.03M		
E5. Disability Benefits for Pregnancy or Childbirth §15-813		
E6. Conversion Privilege (non-employer contracts only) §15-413		
E7. Contract Governed by Maryland Law and Maryland Courts - §§12-209(1), 12-209(2) and 12-209(4)		
E8. House Confinement, Medical Treatment Permitted Elsewhere - §15-505		
E9. Permit Licensed Health Care Provider to Attest to Rendition of Service Within the Lawful Scope of His/Her Practice - §15-701(b)		
E10. Notice of Premium Increase COMAR 31.10.01.03R		
E11. Arbitration Provision – May not Require Insured or Policyholder to Use Arbitration to Settle Disputes with Insurer – COMAR 31.11.10.07C		
E12. Reimbursement for Services Paid for or Provided by Department of Health and Mental Hygiene §15-603		
E13. Policy may not be issued at an age which does not provide full coverage for a reasonable period of time COMAR 31.10.01.03D		
E14. Good Health Warranty Not Permitted COMAR 31.04.17.10B		

F. Applications

F1. Questions on Applications a. Seven-Year Limit for Health Questions - §12-205(b)(9), COMAR 31.11.10.06D		
b. Domestic Violence - §27-504		
c. Health questions must be asked to the best of the applicant’s knowledge and belief or application must include statement that all answers provided are representations and are not warranties COMAR 31.04.17.06E; §12-207		
d. Questions about “hazardous activities” must list activities considered to be “hazardous” - COMAR 31.04.17.06C		
e. Questions about the use of “habit-forming drugs” must list specific drugs considered to be “habit-forming” COMAR 31.04.17.06D		
f. Questions about symptoms or indications of physical/mental conditions must ask about “known symptoms” and “known indications” COMAR 31.04.17.06F and 31.04.17.06G		
F2. Application Changes - §12-202(c)		
F3. Proxy - COMAR 31.04.17.08		
F4. Good Health Warranty not permitted - COMAR 31.04.17.10B		
F5. Certain States - COMAR 31.04.17.06B		
F6. The description of the preexisting conditions limitation is not the same as in the policy. - §12-205(b)(2)		
F7. There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance that carrier must use a signed waiver/exclusion rider attached to policy to exclude person from coverage. - COMAR 31.10.28.03D and COMAR 31.11.10.06D(4)		
F8. Check-off boxes required for carrier name if application is to be used by more than one carrier - COMAR 31.04.17.06-I(2)		

F9. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual - COMAR 31.04.17.06J		
F10. Policyholder's application shall stipulate the plan and amount of insurance and any added optional benefits applied for COMAR 31.04.17.06A		
F11. Insurance Fraud-Required Disclosure Statement - §27-805; MIA Bulletin 12-07		

G. Disability Benefit Claims Procedures

G1. Insurer must allow a period of at least 180 days following an adverse benefit determination for an appeal to be filed - COMAR 31.10.30.03B(3)		
G2. Required Time Periods and Content for Adverse Benefit Determination Notice a. Insurer must give written or electronic notice of adverse benefit determination within 45 days of receipt of the claim for disability benefits, unless the 45 day period is extended - COMAR 31.10.30.04B		
b. Notice may be extended for 2 30-day extensions. Extensions are available if necessary for reasons beyond the control of the insurer, and if the proper notice is sent to the covered individual COMAR 31.10.30.04D		
c. If covered individual needs to provide additional information, the insurer must give written statement that will allow at least 45 days for that information to be provided - COMAR 31.10.30.04E(4)		
G3. Required Time Periods and Content for Adverse Appeal Determination Notice a. Insurer must give written or electronic notice of adverse appeal determination within 45 days of receipt of the appeal of an adverse benefit administration, unless the 45 day period is extended COMAR 31.10.30.05A		
b. Notice may be extended for a 45 day extension. Extension is available due to special circumstances and provides the required notice to the covered individual prior to the 45 day extension COMAR 31.10.30.05C		

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