



**Missouri Department of Insurance, Financial Institutions & Professional Registration  
Insurance Market Regulation Division  
Life & Healthcare Section**

<http://insurance.mo.gov/industry/filings/lh/index.php>

Company Name \_\_\_\_\_

Lead Form # as it appears in SERFF: \_\_\_\_\_

<b>This form will be used in the following markets (please indicate all that apply):</b>					
Large Group	<input type="checkbox"/>	Small Group	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Medical Expense	<input type="checkbox"/>	HMO	<input type="checkbox"/>	Accident Only	<input type="checkbox"/>
Specified Disease	<input type="checkbox"/>	Medicare Supplement	<input type="checkbox"/>		
Long Term Care Partnership	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>		
AD&D	<input type="checkbox"/>	Life	<input type="checkbox"/>	Annuity	<input type="checkbox"/>

<b>If the filing is used in a group or group type market, please indicate all that apply:</b>			
Employer/(Single)Employer Trust; <a href="#">376.421.1(1)</a>	<input type="checkbox"/>	Association; <a href="#">376.421.1(5)</a>	<input type="checkbox"/>
Creditor; <a href="#">376.421.1(2)</a>	<input type="checkbox"/>	Assoc. Sm. & Large Empl. <a href="#">376.421.1(5)(e)</a>	<input type="checkbox"/>
Labor Union; <a href="#">376.421.1(3)</a>	<input type="checkbox"/>	Credit Union; <a href="#">376.421.1(6)</a>	<input type="checkbox"/>
Trust (MET, etc); <a href="#">376.421.1(4)</a>	<input type="checkbox"/>	Discretionary; <a href="#">376.421.2</a>	<input type="checkbox"/>

**This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.**

<b>Description of Provisions for Application Forms</b>			
<b>Subject</b>	<b>Citation</b>	<b>Summary</b>	<b>Location in Filing:  Section &amp;/or Page number required</b>

**Filing Submissions**

General Description	<a href="#">20 CSR 400-8.200(3)(C)</a>	Brief, detailed description of benefits, purpose, and intended market. Disclose if form is new or a replacement. If amendment/rider, the policy it will go with.	
Filing Submissions	See <a href="#">Filing Guidelines 20 CSR 400-8.200</a>	Procedures for filing all policy forms	
Separate Submissions	<a href="#">20 CSR 400-8.200(3)(E)&amp;(F)</a>	Life filed separate from health & group from individual.	
Form Number	<a href="#">20 CSR 400-8.200(3)(I)</a>	Each form must have a form number assigned by the submitting company in the lower left corner of the face page or first page.	



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**Applications**

Agent's authority	<a href="#">20 CSR 400-2.060(3)(C)</a> (health)  <a href="#">20 CSR 400-1.010(1)(C)</a> (life and annuity)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Application processing	<a href="#">20 CSR 400-2.060(4)(E)</a> (health or accident)  <a href="#">20 CSR 400-1.010(6)</a> (life or annuity)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Application Questions	<a href="#">20 CSR 400-2.120</a> (health or accident)	<ul style="list-style-type: none"> <li>• Questions must be factual relating to a diagnosis.</li> <li>• Questions relating to HIV, AIDS, and ARC may be asked if other high risk medical conditions are asked.</li> <li>• Questions relating to medical &amp; other factual matters (not a specific diagnosis) must pertain to a finite period not to exceed 10 years.</li> </ul>	
Disclosure	<a href="#">375.924</a>	Company address and telephone number	
Application/stmnts of the insured	<a href="#">376.426(3)</a> (health or accident)  <a href="#">376.580</a> (life) <a href="#">376.697(3)</a> (group life) <a href="#">20 CSR 400-1.030(3)(C)9.</a> (variable life)	All statements shall be deemed representations and not warranties. No statement shall be used to contest unless a copy has been furnished to insured	
Application shall include notice of compensation (only health or accident)	<a href="#">376.422</a>	Application forms shall include the notice of compensation	
Telephone interview scripts	<a href="#">20 CSR 400-8.200(2)(C)4</a>	Any telephone script that contains additional underwriting criteria not contained on the application is supplemental to the application and must be filed for approval.	



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**For Health Plans Covering Contraception**

Offer of exclusion REQUIRED	<a href="#">376.1199.4</a>	The carrier shall offer and issue coverage that excludes contraception if contrary to the policyholder's moral, ethical or religious beliefs	
Applications and enrollment forms must give notice	<a href="#">376.1199.6</a>	Statute details the notice required for specific situations	

**Prohibited provisions**

Application – “Declined”	<a href="#">375.936 (11)(f)</a>	Applications cannot ask if the applicant has been <u>declined</u> for other insurance
Red-lined copies	<a href="#">20 CSR 400-8.200</a>	When submitted, redline copies need to be placed on the SERFF “supporting documentation” area
Variable Language	<a href="#">20 CSR 400-2.060(4)(B)</a>	Please see Filing Guidelines posted at <a href="http://insurance.mo.gov/industry/filings/lh/index.php">http://insurance.mo.gov/industry/filings/lh/index.php</a>
Variable Language - Blank pages	<a href="#">376.405</a> (health or accident)  <a href="#">376.675</a> (life and annuity)	Brackets around an entire page constitute a “blank” or generic form – not permitted

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