

REVIEW REQUIREMENTS CHECKLIST FOR LIFE, ACCIDENT & HEALTH, ANNUITY AND CREDIT

LINE OF BUSINESS:	LINES OF INSURANCE:	CODES:
<u>Annuities, Life, Health, Long</u>	[] _____	_____
<u>Term Care, Medicare Supplement</u>	[] _____	_____
_____	[] _____	_____

Checklist Not Applicable WHY_CCRCs (Codes: CC01 through CC01), Health Maintenance Plans (Codes: Horg01 through HOrg03) are not eligible lines of business to be filed through the SERFF system in Michigan. Companies will find the Credit (Codes: CR01 through CR07) checklists under the Property and Liability Checklists link for Michigan.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS (FOR ALL FILINGS)	Procedures Manual for Non-SERFF Filings	The following items constitute an acceptable filing: 1) A filing cover letter for each insurer or rating organization wishing to secure approval or acknowledgment of a filing. 2) A duplicate filing cover letter 3) a self-addressed postage stamped envelope of sufficient size to return your duplicate filing cover letter. 4) A filing memorandum 5) An actuarial memorandum 6) FIS 0800 except when you submit FIS 0810-discretionary group life insurance application. 7) FIS 0701 for non-exempt form filings. 8) FIS 0805 for rate/rule filings 9) FIS 0708 when submitting final printed rates, rules, or forms 10) FIS 0810 for discretionary group life insurance with a \$100.00 11) Life & health policy forms/riders 12) Life & health rule/rate pages and marketing materials.	
NO FILE OR FILING EXEMPTIONS	Bulletin No. 97-03	The following is a list of items that should not be filed for approval in Michigan: Annuities, Individual Health forms, Group Health programs (rates and forms), Life Insurance (with the exception of Universal Life Insurance if the company has not had a UL approved in Michigan since 1994), Long Term Care Insurance forms, and Life and Annuity Advertising	
REVIEW	MCLA 500.3474 MCLA 500.2236 MCLA 500.3847 MCLA 500.3941	Failure of the commissioner to act within 30 days after submittal constitutes approval. Each insurer providing Medicare Supplement and Long Term Care Insurance shall file a copy of any written, radio, or television advertisement for Medicare supplement insurance	

		intended for use in this state at least 45 days before the date the insurer desires to use the advertising.	
ADVERTISING/MARKETING MATERIAL	Administrative Rules 500.651	Acceptable content of Accident and Sickness Insurance advertising in Michigan listed in Administrative Code section 500.651 et al	
ASSOCIATION/TRUSTS/DISCRETIONARY GROUPS (Group only)	Discretionary Group Life Maximum Bulletin No. 83-01 MCLA 500.4224 Bulletin No. 84-11	The discretionary group life maximum is calculated annually. Bulletin 83-01: Requirement for an annual adjustment to the discretionary group life maximum. Section 500.4424: Requirements for a group to qualify as a discretionary group. Bulletin 84-11: Groups that are acceptable without discretionary approval.	
ASSUMPTIONS/MERGERS/REDOMESTICATIONS/DEMUTUALIZATION, ETC.	Bulletin No. 97-03	Assumption agreements and certificates are required to be filed for all lines of business. The certificate must include language, which provides for the ceding insurer to assume residual liability. The following language is required to appear in the Assumption Certificate: <u>“Nothing herein shall be construed to remove (the ceding company name) residual liability on the transferred policies in the event and to the extent that (the assuming company name) is unable to meet its obligations under the transferred policies.”</u> If this does not appear in the assumption agreement, it will be necessary to add language to the certificate of assumption which clarifies that: <u>“This residual liability remains, notwithstanding any language to the contrary appearing in the assumption agreement.”</u>	
LINE OF BUSINESS: ANNUITIES CODES: A01 THROUGH A10.00			
POLICY FORMS	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS RELATING TO APPLICATIONS	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS RELATING TO POLICY FORM REVIEW:	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS FOR RATES:	Bulletin No. 97-03	No Filing Required	
LINE OF BUSINESS: CCRC CODES: CC01 through CC01			

		Michigan regulates some facilities that fall within the CCRCS Codes under the Living Care Act, thereby making the filings ineligible for SERFF at this time.	
LINE OF BUSINESS: HEALTH CODES: H01 through H21			
POLICY FORMS			
REQUIREMENTS RELATING TO APPLICATIONS	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS RELATING TO POLICY FORM REVIEW:	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS FOR RATES:	MCLA 500.3474	Rates for individual coverage must be filed. This requirement applies to the following codes: H01, H02I (Ind. Accident Only), H03I (Ind. AD&D), H06 (Conversion), H07I (Ind. Specified Disease), H08I (Ind. Intensive Care-Limited Benefit), H09I (Ind. Organ & Tissue Transplant-Limited Benefit), H10I (Ind. Dental), H11I (Ind. DI), H12 (In Michigan, Stop Loss/Excess Loss is considered to be a casualty coverage), H13I (Ind. Short Term Care), H14I (Ind. Hospital Indemnity), H15I (Ind. Hospital, Surgical, Medical Expense), H16I (Ind. Major Medical), H17I (Ind. Prescription Drug), H18I (Ind. Sickness), H19I (Ind. Travel), H20I (Ind. Vision).	
ACTUARIAL MEMORANDUM	Administrative Rules 500.801-500.806	A rate filing must include enough actuarial information to allow the reviewer to determine if the rates are reasonable for the benefits contained in the coverage.	
Actuarial Certification	R 500.803	The policy or rate filings shall include an actuarial certification that the benefits provided are reasonable in relation to the premium charged and shall show the anticipated loss ratio.	
Justification for rates	R 500.803	The benefits provided are presumed unreasonable in relation to the premiums charged if the anticipated loss ratio does not equal or exceed the required loss ratio standards.	
Loss Ratios	R 500.803	(a) Sixty-five percent for rated by age insurance. (b) Sixty percent for collectively renewable insurance or optionally renewable insurance. (c) Fifty-five percent for guaranteed renewable insurance or nonrenewable for stated reasons only insurance. (d) Fifty percent for noncancellable insurance, noncancellable and guaranteed renewable insurance or individual accident insurance. (e) Fifty-five percent for all other insurance.	
Underwriting	MCLA 500.2027 MCLA 500.2020	No unfair discrimination based on sex, marital status, age, residence, location of risk, disability, or lawful occupation of the risk unless the rate differential is based on sound actuarial principles, a reasonable classification system, and is related to the actual and credible loss statistics or reasonably anticipated experience in the case of new	

		coverages. The following are defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance: Making or permitting any unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, membership, or policy fees, or rates charged for any policy or contract of accident or health insurance applicable to individual or family expense coverage or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever.	
LINE OF BUSINESS: HEALTH ORGANIZATIONS CODES: HOrg01 through HOrg03			
		Filing this Line of Business through SERFF is not currently available in Michigan.	
LINE OF BUSINESS: LIFE CODES: L01 THROUGH L08			
POLICY FORMS		The requirements for this Line of Business will only apply to Code L05I (Individual Universal Life) and UL should only be filed if the company has not had a UL form approved in Michigan since 1994.	
REQUIREMENTS RELATING TO APPLICATIONS	Bulletin No. 97-03	No Filing Required	
REPLACEMENT QUESTIONS	Bulletin No. 84-06	Bulletin 84-06: agent/insurer requirements when the sale of the life insurance policy results in a previous policy being replaced.	
REQUIREMENTS RELATING TO POLICY FORM REVIEW:	Bulletin No. 97-03	No filing required with the exception of universal life insurance, which are to be used by an insurer that has not had a filing for universal life insurance approved in this state since January 10, 1994.	
ADVANCE PAYMENT OF PREMIUM	MCLA 500.4010	This section provides for the payment of premiums in advance at either the home office of the company or to an agent of the company.	
ASSIGNMENT			
BENEFICIARY			
CLAIM PAYMENT PROVISION	MCLA 500.2006	This section provides for the timely payment of claims. The company must pay benefits within 60 days of receiving satisfactory proof of loss.	
CLAIMS OF CREDITORS	MCLA 500.4054	This section provides that any life insurer can hold the proceeds of any life or endowment insurance or annuity contract issued by it, the funds can be held as part of its general corporate assets, and are not subject to claims of	

		creditors.	
CLARITY			
Policy title & headings	Bulletin No. LH 72-02	This bulletin requires all life policy titles to clearly describe the type of life insurance being offered by the policy.	
DEATH BENEFIT PROCEEDS			
DISCLOSURES			
Replacement disclosure	R 500.601-500.606	Please review the requirements for replacement disclosures using the link to the left and then scrolling to Rules 500.601 through 500.606	
ENTIRE CONTRACT	MCLA 500.4004	Every policy of life insurance issued or delivered within this state by any life insurer doing business within this state shall contain the entire contract between the parties.	
EXCLUSIONS	MCLA 500.4042	A life insurer is not prohibited from placing provisions limiting its liability with respect to death resulting from aviation other than as a fare-paying passenger on a regularly scheduled route between definitely established airports or military or naval service.	
AVOCATIONAL OR OCCUPATIONAL EXCLUSION RIDERS	MCLA 500.2236	This section provides information regarding forms; filing; approval; type size; effect of membership in or subscription to rating organization; substitute form; readability score and other requirements; approval of changes or additions; notice of disapproval or withdrawal of approval; hearing; separate violation; penalty; applicability of filing requirements; “exempt commercial policyholder” defined; court review of order.	
WAR RISK	MCLA 500.4014	Contract is incontestable after it has been in force for 2 years from its date, except for non-payment of premiums and except for violations of the policy relating to naval and military services in time of war.	
FAIRNESS	MCLA 500.2236	This section provides information regarding forms; filing; approval; type size; effect of membership in or subscription to rating organization; substitute form; readability score and other requirements; approval of changes or additions; notice of disapproval or withdrawal of approval; hearing; separate violation; penalty; applicability of filing requirements; “exempt commercial policyholder” defined; court review of order.	
GRACE PERIOD	MCLA 500.4012	A life insurance policy shall contain provisions allowing a 1 month grace period for the payment of premium after the first year and that written notice shall sent by the insurer to the policyowner's last known address at least 30 days prior to termination of coverage.	
INCONTESTABILITY	MCLA 500.4014	Contract is incontestable after it has been in force for 2 years from its date, except for non-payment of premiums and except	

		for violations of the policy relating to naval and military services in time of war.	
ILLUSTRATIVE REPORTS	MCLA 500.4037	The link to the left describes the various illustrative requirements the company must provide to the policyholder of a UL policy in Michigan.	
STATEMENT OF POLICY COST & BENEFITS	MCLA 500.4038 Bulletin No. 00-02	Section 500.4038 provides information about policy cost factors; initial disclosure; statement of policy information; delivery; extension of free-look period; furnishing statement at time of policy delivery. Bulletin 00-02 allows insurers to use the NAIC Model for Universal Life Illustrations.	
INSURABLE INTEREST	MCLA 500.2209 MCLA 500.2210 MCLA 500.2211 MCLA 500.2212	Insurable interest relative to a spouse Insurable interest relative to an employer Insured's consent for insurance being taken on his/her life. Non-profit entity exemption from insurable interest laws.	
LOANS	MCLA 500.4022	This section provides information regarding loans taken against the policy after 3 full years of premiums have been paid.	
Policy loan interest rate	MCLA 500.4023	Interest rates that can be charged on a policy loan.	
ACCELERATED BENEFIT RIDERS	MCLA 500.603	This section provides information regarding accelerated benefits and qualifying events.	
MISSTATEMENT OF AGE	MCLA 500.4018	This section provides information regarding misstating age or sex of insured and how that would affect the death benefit paid.	
NONFORFEITURE VALUES – POLICY PROVISIONS	MCLA 500.4024	This section provides information regarding nonforfeiture benefits; cash surrender values; provision required	
NONFORFEITURE VALUES – COMPUTATION OF VALUES	MCLA 500.4058 MCLA 500.4060 MCLA 500.4061	Nonforfeiture benefits on old policies. Standard nonforfeiture law for life insurance. Flexible premium universal life insurance policies; provisions applicable to minimum cash surrender values.	
PARTICIPATING PROVISIONS	MCLA 500.4020	The policy shall participate in the surplus of the company.	
REINSTATEMENT	MCLA 500.4028	In the event of default in premium payments, the value of the policy shall be applied to the purchase of other insurance	
RIGHT TO EXAMINE	MCLA 500.4015	This section provides information regarding the cancellation of an insurance policy and the refund of premium.	
SETTLEMENT			
SETTLEMENT OPTIONS			
SPECIFICATIONS PAGE			
SUICIDE	MCLA 500.4014	This section provides information regarding the contract being incontestable after it has been in force for 2 years from its date, except for non-payment of premiums and except for violations of the policy relating to naval and military services in time of war.	

UNFAIR DISCRIMINATION	MCLA 500.2019	Unfair methods of competition and unfair and deceptive acts or practices in the business of insurance: Making or permitting any unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract.	
VALUES DEFINED			
Accumulation values			
Cash values			
Separate Account values			
REQUIREMENTS FOR RATES:	Bulletin No. 97-03	No Filing Required	
LINE OF BUSINESS: LONG TERM CARE CODES: LTC01 through LTC06			
POLICY FORMS	Bulletin No. 97-03	No Filing Required	
REQUIREMENTS FOR RATES:	MCLA 500.3474	A rate filing must include enough actuarial information to allow the reviewer to determine if the rates are reasonable for the benefits contained in the coverage.	
ACTUARIAL MEMORANDUM			
Justification of rates	MCLA 500.3929 MCLA 500.3927	The premiums charged to an insured for long-term care insurance shall not increase due to either of the following: (a) The increasing age of the insured at ages beyond 65. (b) The duration the insured has been covered under the policy. Consideration shall be given to all relevant factors, including: (a) Statistical credibility of incurred claims experience and earned premiums. (b) The period for which rates are computed to provide coverage. (c) Experienced and projected trends. (d) Concentration of experience within early policy duration. (e) Expected claim fluctuation. (f) Experience refunds, adjustments, or dividends. (g) Renewability features. (h) All appropriate expense factors. (i) Interest. (j) Experimental nature of the coverage. (k) Policy reserves. (l) Mix of business by risk classification. (m) Product features such as long elimination periods, high deductibles, and high maximum limits.	

		(n) Premiums charged and losses incurred for other similar policies. (This section does not apply to fixed indivisible premium life insurance policies that fund long-term care benefits entirely by accelerating the death benefit.)	
Loss Ratios	MCLA 500.3927	The expected loss ratio must be at least 60%, calculated in a manner that provides for adequate reserving of the long-term care insurance risk	
Reserving method	MCLA 500.3927	Consideration shall be given to policy reserves and product features such as long elimination periods, high deductibles, and high maximum limits.	
Underwriting	MCLA 500.2027	Unfair methods of competition and unfair or deceptive acts or practices in the business of insurance include: Charging a different rate for the same coverage based on sex, marital status, age, residence, location of risk, disability, or lawful occupation of the risk unless the rate differential is based on sound actuarial principles, a reasonable classification system, and is related to the actual and credible loss statistics or reasonably anticipated experience in the case of new coverages. This subdivision shall not apply if the rate has previously been approved by the commissioner.	
ADVERTISING	R 500.651 et al	Generally, advertising cannot be misleading, ambiguous, or coercive. Please refer to the link for detailed information.	
LINE OF BUSINESS: MEDICARE SUPPLEMENT CODES: MS01 through MS06			
POLICY FORMS			
REQUIREMENTS RELATING TO APPLICATIONS	MCLA 500.3827	This section provides information regarding duplicate Medicare benefits prohibited; application; statements and questions whether another policy in force; list of policies sold to applicant; notice regarding replacement coverage.	
SMOKING DURING OPEN ENROLLMENT	MCLA 500.3829	Michigan does not allow insurer's to impose the smoking rate during open enrollment.	
GUARANTEE ISSUE OF PLANS A & C	MCLA 500.3831	Insurers that are writing expense incurred hospital, surgical, or medical insurance in Michigan, must make Medicare supplement plans A and C available to any person that has Parts A and B of Medicare, including the under 65, disabled population.	
REQUIREMENTS RELATING TO POLICY FORM REVIEW:			
AMENDMENTS			
CLAIM FORMS	MCLA 500.3413	The insurer must provide a form to file a proof of loss within 15 days of receiving a notice of claim.	

CLAIM PAYMENT PROVISION	MCLA 500.2006 MCLA 500.3418	Timely payment of claims. The company must pay benefits within 60 days of receiving satisfactory proof of loss.	
CREDITABLE COVERAGE	MCLA 500.3830 MCLA 500.3829	Situations under which insurers may not impose pre-existing condition limitations and under which issuance must be guaranteed.	
ELIGIBILITY	MCLA 500.3830a	Eligibility standards for guarantee issue of Medicare supplement.	
ENTIRE CONTRACT	MCLA 500.3407	The policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the policy is valid until approved by an executive officer of the insurer and unless such approval is endorsed or attached. No agent has authority to change the policy or to waive any of its provisions.	
EXCLUSIONS & LIMITATIONS	MCLA 500.3825	A Medicare supplement policy shall not use waivers to exclude, limit, or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.	
GRACE PERIOD	MCLA 500.3410	A grace period of (insert a number not less than “7” for weekly premium policies, “10” for monthly premium policies and “31” for all other policies) days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.	
INCONTESTABILITY	MCLA 500.3408	The contestability period is two years from policy issuance.	
LEGAL ACTION	MCLA 500.3422	No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.	
NOTICE OF CLAIM	MCLA 500.3412	Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy.	
OTHER REQUIREMENTS (Medicare Select)	MCLA 500.3817	Fling a Medicare Select product in Michigan.	
OUTLINE OF COVERAGE	MCLA 500.3815	Contents of the outline of coverage and the delivery of the document.	
PAYMENT OF CLAIM	MCLA 500.3418	Indemnity for loss of life will be payable in accordance with the beneficiary designation	
PRE-EXISTING CONDITIONS	MCLA 500.3829	The pre-existing condition limitation may not exceed six months.	
PROOF OF LOSS	MCLA 500.3414	Written proof of loss must be furnished to the insurer at its office in case of claim for loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within 90 days after the date of	

		such loss.	
REFUNDS	MCLA 500.3849	Section 3849 instructs insurers on what is allowed to be used in determining if a refund is required.	
REINSTATEMENT	MCLA 500.3411	Provisions regarding reinstatement.	
RENEWABLE	MCLA 500.3839	Must be guaranteed renewable. The insurer may change premiums if all premium are changed on a class basis for the entire state.	
TERMINATION	MCLA 500.3849	Insurers that discontinue the availability of Medicare supplement coverage must give notice to the Commissioner at least 30 days prior to the discontinuance. The insurer may not file a Medicare supplement plan of the same type for a period of 5 years from the date of discontinuance.	
TIME LIMIT ON CLAIMS	MCLA 500.3414	Written proof of loss must be furnished to the insurer at its office in case of claim for loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within 90 days after the date of such loss.	
TIME LIMIT ON CERTAIN DEFENSES	MCLA 500.3408	a. After 3 years from the date of issue of a policy no misstatements, except fraudulent misstatements, made in the application can be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such 3-year period. b. No claim for loss incurred or disability (as defined in the policy) commencing after 3 years from the date of issue of the policy will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of the policy.	
REQUIREMENTS FOR RATES AND RATING PLANS:			
Actuarial Certification	MCLA 500.3855	Provisions that apply to Medicare Supplement insurers regarding annual filing of rates, rating schedule, and supporting documentation; premium adjustments; public hearing for rate increase; failure to make premium adjustments.	
Justification for rates	MCLA 500.3851	Provisions that apply to Medicare Supplement insurers regarding Aggregate benefits; rates, rating schedules, and rate revisions.	
Loss Ratio	MCLA 500.3851	Provisions that apply to Medicare Supplement policies regarding aggregate benefits (75% for group policies and 65% for individual); rates, rating schedules, and rate revisions.	
Underwriting	MCLA 500.3829	Denying or conditioning issuance based on health status, claims experience, receipt of health care, or medical condition	

		of applicant prohibited; condition; exclusion of benefits based on preexisting conditions; reduction; creditable coverage.	
Advertising	R 500.651 et al	Advertising cannot be misleading, ambiguous, or coercive.	
LINE OF BUSINESS: MULTI-LINE CODES: ML01 through ML02			
POLICY FORMS			
REQUIREMENTS RELATING TO APPLICATIONS ©			
SAME AS LIFE AND HEALTH CHECKLISTS	Yes	Please review requirements under appropriate Code.	
REQUIREMENTS RELATING TO POLICY FORM REVIEW:			
SAME AS LIFE AND HEALTH CHECKLISTS	Yes	Please review requirements under appropriate Code.	
REQUIREMENTS FOR RATES:			
SAME AS LIFE AND HEALTH CHECKLISTS	Yes	Please review requirements under appropriate Code.	
LINE OF BUSINESS: VIATICAL SETTLEMENT CODES: VS01			
		This line of business is governed by the Securities Act in Michigan, thereby making it ineligible for filing through SERFF.	