

Review Requirements Checklist
GROUP MEDICARE SUPPLEMENT APPLICATIONS

| REVIEW REQUIREMENTS | REFERENCE | COMMENTS |
|--|--|---|
| Insurance Fraud | § 38.2-316 D 1 | Application must comply with the laws of the Commonwealth. |
| Misrepresentation | § 38.2-316 D 3 | No form shall contain any statement or question, which has the potential or capacity to encourage misrepresentation. |
| Medicaid Eligibility | § 38.2-508.3 | Eligibility for Medicaid may not be used in determining eligibility for coverage or for determining benefits payable. |
| Genetic Information Privacy | 14VAC5-170-215 | Prohibits genetic characteristics and testing information in underwriting. |
| Certification by Applicant and Agent | § 38.2-3402 | Application must contain certification by applicant and agent. See subsection A of this section for required wording. |
| Eligible Individual Defined | § 38.2-3430.2 B 1 | Application must include definition of eligible individual. |
| Creditable Coverage Reduction Disclosure | § 38.2-3430.2 B 6 | Aggregate period of creditable coverage is reduced to twelve months when coverage nonrenewed as described in subdivision C 2 of § 38.2-3430.7. |
| Eligibility Questions | § 38.2-3430.3 C | Application must include questions that enable health insurance issuer to determine if applicant is applying for coverage as eligible individual under § 38.2-3430.2. |
| Receipt of Buyer's Guide | 14 VAC 5-170-150 A 6 | Delivery of buyer's guide must be made to applicant at time of application and issuer must obtain acknowledgement of receipt of guide. |
| Requirements for Application | 14 VAC 5-170-160 A 14 VAC 5-170-160 B | Required statements and questions. See 14 VAC 5-170-160 A and C. Statements for agents (when applicable). |
| Legibility | 14 VAC 5-110-50 C 1 | Text of policy must be in no less than 10-point type. |
| Form Number | 14 VAC 5-100-50 1 | Form number must appear in the lower left-hand corner of the first page. |
| Full and Proper Name | 14 VAC 5-100-50 2 | Full and proper corporate name must prominently appear on the cover sheet. |
| Final Form | 14 VAC 5-100-50 3 | Form must be in final print form. |
| Privacy Disclosure Requirements (when applicable) | | |
| Full Notice of Information Practices | § 38.2-604 B 1 | The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage. |
| | § 38.2-604 B 2 | The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used. |
| | § 38.2-604 B 3 § 38.2-613 | The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization. |
| | § 38.2-604 B 4 § 38.2-608 § 38.2-609 | The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised. |
| | § 38.2-604 B 5 | The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons. |
| Abbreviated Notice of Information Practices | § 38.2-604 C 1 | Personal information may be collected from persons other than an individual proposed for coverage. |

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| | § 38.2-604 C 2 | Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization. |
| | § 38.2-604 C 3 | A right of access and correction exists with respect to all personal information collected. |
| | § 38.2-604 C 4 § 38.2-604 B | The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request. |
| Authorization Form Contents | § 38.2-606 1 | The authorization must be written in plain language. |
| | § 38.2-606 2 | The authorization must be dated. |
| | § 38.2-606 3 | The authorization must specify the types of persons authorized to disclose information about the individual. |
| | § 38.2-606 4 | The authorization must specify the nature of the information authorized to be disclosed. |
| | § 38.2-606 5 | The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed. |
| | § 38.2-606 6 | The authorization must specify the purpose(s) for which the information is collected. |
| | § 38.2-606 7 | The authorization must specify the length of time such authorization shall remain valid. |
| | § 38.2-606 8 | The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form. |
| Investigative Consumer Reports | § 38.2-607 A 1 | The authorization must state that the individual may request to be interviewed in connection with the preparation of the report. |
| | § 38.2-607 A 2 | The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report. |

**Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>**

The Life and Health Division, Forms and Rates Section handles group medicare supplement applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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GROUP MEDICARE SUPPLEMENT APPLICATIONS

I hereby certify that I have reviewed the attached group medicare supplement application filing and determined that it is in compliance with the group medicare supplement checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____