

Review Requirements Checklist  
INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<b>General Filing Requirements</b>		
Transmittal Letter	14 VAC 5-100-40	<b>For Paper Filings:</b> Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	<b>For Paper Filings:</b> At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
<b>Forms</b>		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.

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Misrepresentation	§ 38.2-316 D 3	No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.
Medicaid Eligibility	§ 38.2-508.3	Can't use Medicaid status as an insurability factor.
Genetic Information Privacy	14VAC5-170-215	Prohibits genetic characteristics and testing information in underwriting.
Inquiry for Prior Adverse Underwriting Decisions	§ 38.2-611	Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.
Applicant/Agent Certification	§ 38.2-3402	Certification by applicant and agent required with signature lines.
Eligible Individual Defined	§ 38.2-3430.2 B 1	Eligible individual defined; required in certain health insurance applications.
Creditable Coverage Reduction Disclosure	§ 38.2-3430.2 B 6	The aggregate period of creditable coverage is reduced from 18 months to 12 months if most recent creditable coverage is individual health insurance that is not renewed by the health insurance issuer.
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.
Required Statements and Questions	14 VAC 5-170-160 A	See 14 VAC 5-170-160 A and C.
	14 VAC 5-170-160 B	Statements for agents (when applicable).
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.
<b>Additional Requirements Based on Type of Policy</b>		Consideration should be given to exceptions, guaranteed issue, direct response, for example.
Direct Response		
	14 VAC 5-90-60 C 3	The disclosures contained therein must appear in all direct response applications whenever applicable.
<b>Privacy Disclosure Requirements (when applicable)</b>		
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.

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	§ 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.
	§ 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 individual 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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I hereby certify that I have reviewed the attached individual Medicare Supplement application filing and determined that it is in compliance with the individual Medicare Supplement application checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_