

State of N.H. Insurance Department
LIFE, ACCIDENT & HEALTH FILING SUBMISSION REQUIREMENTS CHECKLIST

This checklist is to be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:

http://www.gencourt.state.nh.us/rules/state_agencies/ins.html

<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm>

- This checklist must be completed and attached to the supporting documentation tab in SERFF.
- Per [NHCAR Part Ins 401.12 \(aa\)](#) submissions that do not comply with these requirements shall be immediately rejected.
- Per [NHCAR Part Ins 401.12 \(e\)](#) a signed certification of compliance must be attached to each filing.

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
FORMS FILING, REVIEW AND INVENTORY PROCEDURES			
SCOPE	NHCAR Part Ins 401.12	(a) Pursuant to the provisions of RSA 408, RSA 408-A, RSA 409, RSA 415, RSA 415-A, RSA 415-D, RSA 415-F, RSA 420-A, RSA 420-B, RSA 420-G, RSA 420-J, all policies, contracts, certificates, endorsements, riders, applications and other forms used in connection therewith, shall be submitted to the insurance department for approval prior to their use.	YES: NO: WHY:
SUBMISSIONS		(d) All submissions and associated fees shall be submitted electronically through SERFF and electronic funds transfer (EFT).	YES: NO: WHY:

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RETALIATORY FEES – EFT		(k) With respect to any submission of a company domiciled in a state or country where the state insurance department or comparable agency requires foreign or alien insurers to pay any fees for the filing or examination of policy forms, the submission shall include an EFT payment of the retaliatory fee due to the state of New Hampshire pursuant to RSA 400-A:35.	YES: WHY:	NO:
ALL SUBMISSIONS BY HOME OFFICE OF COMPANY		(b) All submissions shall be made by the home office of the company.	YES: WHY:	NO:
THIRD PARTY SUBMISSIONS – AUTHORIZATION DOCUMENT REQUIRED		(c) In instances where a filing is being made on behalf of a company, a letter or other documentation authorizing the firm to file on behalf of the company shall be attached to the supporting documentation tab in SERFF.	YES: WHY:	NO:
FILING REQUIREMENTS		(f) All filings shall include the following:		
CERTIFICATE OF COMPLIANCE (REQUIRED FOR ALL LAH FILINGS)		(e) A certification of compliance statement shall be signed by a representative of the company authorized to certify compliance and attached to the supporting document tab in SERFF	YES: WHY:	NO:
DOMICILE		(f)(2) A statement indicating the current submission's filing status in the state of domicile, the date approved by the state of domicile, and state of domicile status comments shall be completed on the general information tab in SERFF;	YES: WHY:	NO:
NO MULTIPLE PRODUCT LINE POLICIES		(g)... Multiple product line filings shall not be submitted as a single policy if any product line in the filing may be marketed or issued as a separate policy.	YES: WHY:	NO:
BOOKMARKING		(h) All policy forms containing 3,000 or more words or printed on 3 or more pages shall contain a table of contents or an index of the principal sections of the policy and shall be electronically bookmarked.	YES: WHY:	NO:

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BRIEF DESCRIPTION		(f)(1) A brief description of each form, including any new or unusual features, and a listing of forms to which it will be attached; (<i>Required in SERFF in General Information Tab under Filing Description</i>)	YES: NO: WHY:
LAYOUT OF FORM(S)		(g) All forms shall be submitted for review in the same layout as sold to consumers in New Hampshire.	YES: NO: WHY:
FINAL PRINT OF FORM(S)		(t) All forms submitted shall be in final print.	YES: NO: WHY:
SPECIFICATIONS PAGE OF POLICY OR CONTRACT		(j) The specifications page of a policy or contract shall be completed with hypothetical data that is realistic and consistent with the other contents of the policy or contract.	YES: NO: WHY:
FORM REPLACEMENT – (1 OF 2) ORIGINAL FORM REFERENCE INFORMATION REQUIRED		(f)(3) If this form is replacing another form, said other form shall be identified. If this form is not replacing another form, it shall be so stated; and	YES: NO: WHY:
FORM REPLACEMENT – (2 OF 2) A LETTER ITEMIZING DIFFERENCES & NEW FORM RED-LINED NOTING CHANGES REQUIRED		(f)(4) Where a form is replacing another form, a letter shall itemize each of the differences between the new form and the form being replaced which shall be attached to the supporting documentation tab in SERFF. A copy of the new form showing each change highlighted or otherwise indicated (REDLINED) shall also be attached to the supporting documentation tab in SERFF.	YES: NO: WHY:
FORMS – FILED FOR INTENDED USE & ALL NECESSARY RELATED FORMS		(l) All forms shall be filed as intended for use, with all necessary related forms.	YES: NO: WHY:

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GROUP CERTIFICATE FILED - ENROLLMENT FORMS REQUIRED		(n) Certificates shall include enrollment forms.	YES: NO: WHY:
GROUP POLICY FILED GROUP CERTIFICATE REQUIRED & GROUP CERTIFICATE FILED POLICY REQUIRED		(w) Every filing of a group policy or group policy page shall include the simultaneous filing of the corresponding group certificate page. In addition, every filing of a group certificate or group certificate page shall include the simultaneous filing of the corresponding group policy or group policy page.	YES: NO: WHY:
GROUP POLICY FILED - A STATEMENT OF VARIABILITY REQUIRED		(v) Because of the many variations possible in group policies, their certificates and all of the intended insert pages reflecting possible variations shall be reviewed, provided that such filing is accompanied by a statement of variability describing all combinations used for the different types of policies.	YES: NO: WHY:
POLICY/CERTIFICATE FILED – APPLICATION MUST BE FILED ALSO	NHCAR Part Ins 401.04 (a)(3) & RSA 408:9	The application must be submitted as it is part of the entire contract. If the application to be used with this product has been approved under a prior submission, a copy of the application must be attached to the supporting documentation tab (Bulletin Ins 08-033-AB)	YES: NO: WHY:
POLICY FILED - “JOHN DOE” APPLICATIONS REQUIRED	NHCAR Part Ins 401.12	(m) Policies shall include "John/Jane Doe" application forms. <i>(Attached in Supporting Documentation Tab)</i>	YES: NO: WHY:
“JOHN DOE” FORMS REQUIRED WHERE APPROPRIATE		(i) All submitted forms shall be filled out in "John/June Doe" fashion where appropriate.	YES: NO: WHY:
RATES WITH FORMS		(o) Policies, certificates and rates shall be submitted together to the department.	YES: NO: WHY:
AMENDMENTS		(p) Where amendatory pages are submitted, those pages shall be properly executed as such.	

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OFFICERS' SIGNATURES		(u) Forms shall be submitted with the exact content as intended for use by the company and shall bear facsimile signatures of corporate officers. However, facsimile signatures shall not be required on group certificates.	YES: NO: WHY:
BLANK RIDER, AMENDMENT, OR ENDORSEMENT FILED - REQUIRES LIST OF ALL INTENDED USES		(x) Any submission of a "blank" rider, amendment or endorsement form shall in all instances be accompanied by a listing of all intended uses attached to the supporting document tab in SERFF. <i>(Information also required in SERFF General Information Tab – Filing Description.)</i>	YES: NO: WHY:
NEW FORM NUMBER FOR REVISED FORMS		(s) Complete revised forms including amendments shall be submitted with a distinguishing form number.	YES: NO: WHY:
STATEMENT OF VARIABILITY REQUIRED WHEN BRACKETED INFORMATION ON FORM.		(r) All variable language shall be identified by the use of brackets, accompanied by a statement of variability, and attached on the supporting document tab in SERFF which shall describe the full range of variability. Variable language shall not be approved if the variable language prevents review of the policy for compliance with minimum standards or the requirements of RSA 415:2.	YES: NO: WHY:
RESUBMISSION REQUIREMENTS		(y) In the event that forms submitted to this department by an insurer are not approved, and such forms are thereafter corrected and resubmitted, the previous submission's SERFF number shall be given, all previous correspondence attached to the supporting document tab in SERFF. The filing description for the resubmission shall comply with all the provisions of Ins 401.12 and include a description of each correction made in reference to the prior submission. A copy of the new form showing each change highlighted or otherwise indicated shall also be attached to the supporting document tab in SERFF.	YES: NO: WHY:

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REJECTION		(aa) Submissions that do not comply with these requirements shall be immediately rejected.	YES: WHY:	NO:
SECOND DISAPPROVAL – VISIT TO NHID		(ab) Policy forms that are resubmitted and disapproved 2 times by the department under (y) above due to non-compliance with statutes and rules shall not be given further consideration until a company representative personally attends a compliance conference at the department to discuss the form submission.	YES: WHY:	NO:
RULES APPLICABLE TO ALL FORMS				
FORM NUMBER	<u>NHCAR Part Ins 401.03</u>	(a) Each form shall be designated by a form number composed of either figures or letters or both.	YES: WHY:	NO:
		(1) The form number shall be: a. Sufficient to distinguish the form from all other forms used by the company; b. Placed in the lower lefthand corner on the front of each form;	YES: WHY:	NO:
		(2) The form number for a policy form may contain the prefix "Form No.";		
		(3) Policy forms utilizing less than a full sheet as the face page or cover page shall place the form number in the lower lefthand corner of the specifications page;	YES: WHY:	NO:
		(4) Any time any change is made, the form shall be resubmitted as a new form with a new form number.	YES: WHY:	NO:

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COMPANY INFORMATION	<u>NHCAR PART INS 401.03</u>	(b) Each policy and certificate shall recite on the back page or specifications page the:	YES: NO: WHY:
		(1) Full corporate or legal title of the company, association, exchange or society;	YES: NO: WHY:
		(2) Official home address, including city and state or province;	YES: NO: WHY:
		(3) Administrative office address if different from address in (2) above;	YES: NO: WHY:
		(4) Toll-free telephone number of the company and, if available, a facsimile number and website address.	YES: NO: WHY:
BRIEF DESCRIPTION		(c) Each policy and certificate shall provide a brief description of the nature of the policy, as follows	:
		(1) The brief description shall be printed on: <ul style="list-style-type: none"> a. The face page, specifications page, or the back page if the policy form has a full size cover page; or b. On the specifications page so that the description is visible, if the policy form has less than a full size cover page; and 	YES: NO: WHY:
		(2) In the instance of individual life or individual annuity contracts, the brief description shall contain a statement indicating whether the policy is "participating" or "nonparticipating";	YES: NO: WHY:

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NHID JURISDICTION		(p) All policy forms and certificates issued on or after January 1, 2010 that provide coverage as defined in RSA 420-G:2, IX. or prescription drug and dental benefits offered separately as described in RSA 420-G:2, IX. (j), issued on or after January 1, 2010, shall clearly state that the benefit plan or coverage represented by the policy is under the jurisdiction of the New Hampshire insurance commissioner pursuant to RSA 400-A:15-c.	YES: NO: WHY: