

State of New Hampshire Insurance Department

REVIEW REQUIREMENTS CHECKLIST FOR VISION - INDIVIDUAL

LINE OF BUSINESS: VISION

TOI CODES: H20I.000

INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:

- A. For ALL filings, the [Submissions Requirements Checklist](#) MUST be completed and attached to the supporting documentation tab.
- B. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted.
 - a. Policy/Certificate
 - b. Riders, endorsements or amendments
 - c. Applications
 - d. Advertising
 - e. Annual Actuarial Certification
- C. RATES are required to be filed in accordance with [NH CAR Part Ins 401.12 \(o\)](#) and [NH CAR Part Ins 4100](#). Additional requirements may be necessary, depending on the Type of Insurance (TOI).

This checklist MUST 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>

TABLE OF CONTENTS

[SECTION 1 GENERAL REQUIREMENTS](#)

[SECTION 2 APPLICATIONS](#)

[SECTION 3 POLICY/CERTIFICATE FORM](#)

[SECTION 4 RATES](#)

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
SECTION 1 GENERAL REQUIREMENTS			
ADVERTISING	NHCAR Part Ins 2600	Advertising Guidelines	YES: NO: Page # or If NO:
ASSUMPTIONS/ MERGERS/ REDOMESTICATIONS AND DEMUTUALIZATION, ETC.		Coordination with NHID Examinations Division is required. Forms must be filed for approval.	YES: NO: Page # or If NO:
COVER PAGE (Form Number)	NHCAR Part Ins 401.03(a)	Form number in lower left hand corner of face page	YES: NO: Page # or If NO:
DISCLOSURE COVER PAGE REQUIREMENT	NHCAR Part Ins 1901.07(a)(24)	All vision plan policies and certificates shall display prominently by type, stamp or other appropriate means on the first page of the policy or certificate, or attached to it, in either contrasting color or in boldface type at least equal to the size type used for headings or captions of sections in the [policy] [certificate] the following: "Notice to Buyer: This [policy] [certificate] provides vision benefits only."	YES: NO: Page # or If NO:
READABILITY NON-ENGLISH POLICIES		English version of forms must be approved. Foreign Language forms may be submitted with English version along with accurate and same meaning certification.	YES: NO: Page # or If NO:
SECTION 2 APPLICATIONS			
HOME OFFICE BOX	RSA 415:11	H.O. Box - No alteration of any written application for insurance, by erasure, insertion or otherwise, shall be made by any person other than the applicant without his written consent, and the making of any such alteration without the consent of the applicant shall be a misdemeanor.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
APPLICATION DISCLOSURE	NHCAR PART Ins. 1901.07 (a) (3)	All applications for vision plans shall contain a prominent statement by type, stamp or other appropriate means in either contrasting color or in boldface type at least equal to the size type used for the headings or captions of sections of the application and in close conjunction with the applicant's signature block on the application as follows: "The [policy] [certificate] provides vision benefits only. Review your [policy] [certificate] carefully."	YES: NO: Page # or If NO:
SECTION 3 POLICY/CERTIFICATE FORM			
DISCLOSURES	NHCAR Part 401.03 (i)	Any policy or certificate that contains exclusions, limitations, reductions, or conditions of such a restrictive nature that the payment of benefits under such policies is limited in frequency or in amounts shall carry the legend "This is a Limited Policy - Read it Carefully" imprinted in not less than 18-point outline type of contrasting color or not less than 24-point outline type of non-contrasting color diagonally across the face and filing back, if any, of the policy;	YES: NO: Page # or If NO:
FREE LOOK	NHCAR Part Ins. 401.05 (b) (11)	The following provision shall appear in a conspicuous place on the face page of all accident and health policies except for nonrenewable travel insurance policies written for terms of less than one year: "This policy may, at any time within 30 days after its receipt by the policyholder, be returned by delivering it or mailing it to the company or the agent through whom it was purchased. Immediately upon such delivery or mailing, the policy will be deemed void from the beginning, and any premium paid on it will be refunded."	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
GRACE PERIOD	RSA 415:6 I (3)	<p>A provision as follows: Grace Period: 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.</p> <p>(A policy which contains a cancellation provision may add at the end of the above provision,</p> <p>subject to the right of the insurer to cancel in accordance with the cancellation provision hereof.</p> <p>A policy in which the insurer reserves the right to refuse any renewal shall have, at the beginning of the above provision,</p> <p>Unless not less than 5 days prior to the premium due date the insurer has delivered to the insured or has mailed to his last address as shown by the records of the insurer written notice of its intention not to renew this policy beyond the period for which the premium has been accepted,).</p>	YES: NO: Page # or If NO:
INCONTESTABILITY	RSA 415:6 I (2)	<p>A provision as follows: Time Limit on Certain Defenses:</p> <p>(a) After 2 years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall 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 2-year period.</p>	YES: NO: Page # or If NO:
WAITING PERIOD		Reasonable waiting period is permitted for vision.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
LEGAL ACTION	RSA 415:6 I (11)	A provision as follows: Legal Actions: 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	YES: NO: Page # or If NO:
ENTIRE CONTRACT	RSA 415:6 I (1)	A provision as follows: Entire Contract; Changes: This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
CLAIM NOTICE	RSA 415:6 I (5)	A provision as follows: Notice of Claim: 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, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at _____ (insert the location of such office as the insurer may designate for the purpose), or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.	YES: NO: Page # or If NO:
PROOF OF LOSS	RSA 415:6 I (7)	A provision as follows: Proofs of Loss: Written proof of loss must be furnished to the insurer at its office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing 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 one year after the date of such loss in the case of a Medicare supplement insurance policy and within 90 days after the date of such loss in the case of any other accident and health insurance policy. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.	YES: NO: Page # or If NO:
TIME PAYMENT OF CLAIM	RSA 415:6 I (8)	A provision as follows: Time of Payment of Claims: Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid ____ (insert period for payment which must not be less frequently than monthly) and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
DEPENDENT	RSA 415:5 I (3-a)	It purports to insure only one person, except that a policy may, at the election of the carrier, insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children, or any other person dependent on the policyholder. In the event a carrier elects to provide coverage for dependent children, the term "dependent child" shall include a subscriber's child by blood or by law, who is under age 26.	YES: NO: Page # or If NO:
DISABLED DEPENDENT	RSA 415:5 I (3-a)(a)	(3-a)(a) The coverage of any family member insured by such policy, pursuant to subparagraph (3), who is mentally or physically incapable of earning his or her own living on the date as of which such dependent's status as a covered family member would otherwise expire because of age, shall continue under such policy while such policy remains in force or is replaced by another policy as long as such incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder or the employee or his or her estate is chargeable for the care of said dependent, provided that due proof of such incapacity is received by the insurer within 31 days of such expiration date.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
NEWBORN	RSA 415:22	<p>I. All individual and group health insurance policies providing coverage on a provision of service or an expense incurred basis shall also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth.</p> <p>II. Coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.</p> <p>III. If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fee must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period. Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured or subscriber shall not continue beyond the initial 31-day period following birth. Nor shall such newly born children be considered dependents of the insured for any purpose addressed in this title.</p>	<p>YES: NO: Page # or If NO:</p>
ADOPTIVE	RSA 415:22-a	<p>All individual and group health insurance policies which provide coverage for a family member of the insured shall, as to such family member's coverage, also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B. Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption.</p>	<p>YES: NO: Page # or If NO:</p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
REFUND UPON CANCELLATION	RSA 415:6 I (14)	Refund upon cancellation: After the policy has been continued beyond its original term, the insured may cancel the policy at any time by written notice, delivered or mailed to the insurer or the insurer's representative. Such cancellation shall become effective upon receipt by the insurer or the insurer's representative, or on such later date as may be specified in such notice by the insured. If the insured cancels, the insurer shall promptly return any unearned portion of the premium paid, but in any event shall return the unearned portion of the premium within 30 days. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of the cancellation.	YES: NO: Page # or If NO:
PATIENTS' BILL OF RIGHTS	RSA 415:6-f	Any insurer issuing an individual policy under this chapter shall provide to each new policyholder who is a resident of this state a copy of the patients' bill of rights law under RSA 151:21.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<p>OUTLINE OF COVERAGE</p>	<p>NH CAR PART Ins 1901.07 (n)</p>	<p>Vision Plans (Outline of Coverage). An outline of coverage in the form prescribed below shall be issued in connection with vision plan policies and certificates. The items included in the outline of coverage shall appear in the sequence prescribed:</p> <p>(1) Read Your [policy] [certificate] Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY] [CERTIFICATE] CAREFULLY!</p> <p>(2) A brief specific description of the benefits.</p> <p>(3) A description of any provisions that exclude, eliminate, restrict, reduce, limit, delay or in any other manner operate to qualify payment of the benefits described in (2) above.</p> <p>(4) A description of policy provisions respecting renewability or continuation of coverage, including age restrictions or any reservations of right to change premiums.</p>	<p>YES: NO: Page # or If NO:</p>

SECTION 4 RATES

RATE SUBMISSIONS	NHCAR PART Ins 4100	REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS	YES: NO: Page # or If NO:
<u>NEW HAMPSHIRE INSURANCE DEPARTMENT VISION NOTES:</u>			
STATUTE LINK(S): RSA 415 , INDEX			
REGULATION LINK(S): NHCAR PART INS 401 , 1900 , & 4100 - INDEX			