Links to applicable rules and statutes: [**Ins 400 - Submission/Form Rules**](http://www.gencourt.state.nh.us/rules/state_agencies/ins400.html)

**INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:**

1. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted:
	1. Riders, endorsements or amendments
	2. Applications
2. Additional requirements may be necessary depending on the forms that require review.

I. GENERAL SUBMISSION REQUIREMENTS – ALL FORMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM SUBMISSIONS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Filing Submission Requirements | Ins 401.14 (c) | Third Party Authorization: Authorization letter is attached to the Supporting Documentation tab if the forms are being submitted on behalf of an insurance company.  |  |  |
|  | Ins 401.14 (e) | Certificate of Compliance is signed/dated and attached to the Supporting Documentation tab. |  |  |
|  |  | All policy, certificate, or contract forms have a minimum Flesch score of 40. Certification of the Flesch score is attached to the Supporting Documentation tab or Readability Scores are completed on the Form Schedule tab.  |  |  |
|  | Ins 401.14 (f) | The SERFF Filing Description includes a brief description of each form, including any new or unusual features, and a list of forms to which it will be attached. |  |  |
|  |  | The General Information tab indicates a brief statement indicating the filing status in the state of domicile, including the date approved. |  |  |
|  |  | The SERFF Filing Description includes a statement indicating if a form is replacing another form, including the name of the form being replaced. |  |  |
|  |  | (4) If a form is being replaced, a “red-lined” document indicating the differences between the previous and new forms is attached to the Supporting Documentation tab. |  |  |
| Form Submission Requirements | Ins 401.14 (g) | All forms are submitted in the same layout as sold to consumers in New Hampshire. Except as expressly provided by statute or rule, 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. |  |  |
|  | Ins 401.14 (k) | All forms are filed as intended for use with all necessary related forms to enable the review of the form with proper context. |  |  |
|  | Ins 401.14 (p) | All variable language is identified with the use of brackets and a statement of variability is attached to the Supporting Documentation tab. |  |  |
|  | Ins 401.14 (q) | Revised forms are submitted with a distinguishing form number. |  |  |
|  | Ins 401.14 (r) | All forms submitted are in final print. |  |  |
|  | Ins 401.14 (w) | If forms were previously disapproved and are being resubmitted for review, the previous SERFF tracking number is stated in the Filing Description. In addition, all previous correspondence and red-lined copies of the previously submitted forms are attached to Supporting Documentation tab in SERFF. |  |  |

II. GENERAL FORM REQUIREMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM APPLICATIONS/ENROLLMENT FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Form Number | Ins 401.04 (a) | Each form shall contain a form number containing numbers, letters, or both that shall be placed in the lower left corner. The form number may contain the prefix “Form”. If a change is made to the form, the new form shall be submitted with a new form number. |  |  |
| Corporate Information | Ins 401.04 (b) | Each policy and certificate shall contain the full corporate title, address, toll free telephone and facsimile numbers, and the company website address if available. |  |  |

III. GENERAL APPLICATION/ENROLLMENT FORM REQUIREMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM APPLICATIONS/ENROLLMENT FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Application – Declarative statement | Ins 401.12 (a) | The declarative portion of the application, if any, shall imply a representation of facts to the best of the applicant's knowledge. For example "I represent," or "To the best of my knowledge and belief, Wording such as "I Certify" are prohibited. |  |  |
| Application - Prohibition | Ins 401.12 (d) | No provision is permitted that changes the terms of the policy to which it is attached. |  |  |
| Application - Prohibition | Ins 401.12 (e) | Questions as to race or ethnicity are prohibited. |  |  |
| Application-Replacement | Ins 401.12 (f) | All applications shall contain a question inquiring whether the policy sought is intended to replace an existing policy. This requirement applies to all products except group insurance, group annuity policies, individual accident only policies, or policies solicited by direct-response means. |  |  |
| Application- RequiredDisclosure | Ins 6201.05 (b) | All applications for Hospital Indemnity, Accident Only, Specified Disease, Specified Accident, and Limited Benefit shall contain a prominent statement in close conjunction with the applicant’s signature block as follows: **“This [policy] [certificate] provides limited benefits. Review your [policy] [certificate] carefully”.** |  |  |
| Application-Required Disclosure | Ins 6201.05 (c) | All applications for dental plans shall contain a prominent statement in close conjunction with the applicant’s signature block as follows: **“This [policy [certificate] provides dental benefits only. Review your [policy] [certificate] carefully.”** |  |  |
| Application-Required Disclosure | Ins 6201.05 (d) | All applications for vision plans shall contain a prominent statement in close conjunction with the applicant’s signature block as follows: **This [policy] [certificate] provides vision benefits only. Review your [policy] [certificate] carefully.”** |  |  |

IV. COMMENTS: