

STOP LOSS/EXCESS REQUIREMENTS CHECKLIST – EFFECTIVE 1/1/2021

Type of Insurance (TOI) codes H12

The checklist must be completed to promote compliance with submission requirements and applicable laws. It is intended as guidance for common form filing issues but is not an all-inclusive list.

Links to applicable rules and statutes: [Ins 401 - Submission/Form Rules](#); [Ins 4105 - Rates](#); [RSA 415-H - Stop Loss Insurance](#); [Ins 4401 - Actuarial Certification](#)

I. SUBMISSION REQUIREMENTS – ALL FORMS

	RULE/STATUTE REFERENCE	CONFIRM SUBMISSION ADHERES 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.		
	RSA 420-H:5 I (a) & IV	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 <u>or</u> 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.		
		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.		
	Ins 401.14 (o)	If a rider, amendment, or endorsement is filed that changes or adds language to another form(s), a “red-lined” document of the impacted form highlighting the changes is attached to the Supporting Documentation tab.		
Rate Submissions	Ins 401.13 (m) and Ins 4105	Rates are required to be filed in accordance with NHCAR Part Ins 401.13 (m) and comply with NHCAR Part Ins 4105. Additional requirements may be necessary, depending on the Type of Insurance (TOI).		
Form Submission Requirements	Ins 401.14 (g)	All forms are submitted in the same layout as sold to consumers in New Hampshire.		
	Ins 401.14 (h)	All policy, certificate, and contract forms over 3,000 words or printed on 3 or more pages are electronically bookmarked with a Table of Contents or index of the principal sections of the form.		
	Ins 401.14 (i)	Specifications page is completed with hypothetical data that is realistic and consistent with the other contents of the policy/contract.		
	Ins 401.14 (k)	All forms are filed as intended for use with all related forms to enable the review of the form with proper context.		
	Ins 401.14 (l)	Certificates include enrollment forms.		
	Ins 401.14 (m)	Policies, certificates, and rates are submitted together.		
	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 (u)	If a Group policy or certificate is filed, the corresponding group certificate or policy is included on the same filing.		
	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 FORMS ADHERE TO THE FOLLOWING REQUIREMENTS	YES	N/A
Advertising	Ins 2600	Advertising Guidelines, if applicable		
Policy 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.		
Brief Description	Ins 401.04 (c)	Each policy and certificate shall provide a brief description of the nature of the policy on the face page, specifications page, or back page.		

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.		
Replacement Question	Ins. 401.12(f)	All applications shall contain a question inquiring whether the policy sought is intended to replace an existing policy.		

IV. STOP LOSS/EXCESS REQUIREMENTS (Paragraph not applicable to Sub-TOI H12.003 Provider)

	RULE/STATUTE REFERENCE	CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS	YES	N/A
Stop Loss: Definitions				
Attachment Point	RSA 415-H:2 II	The claims amount incurred by an insured group beyond which the insurer incurs a liability for payment.		
Expected Claims	RSA 415-H:2 III	The amount of claims that, in the absence of a stop loss policy or other insurance, are projected to be incurred by an insured group through its health plan.		
Actuarial Certification	RSA 415-H:2	A written statement by a member of the American Academy of Actuaries, or other individual acceptable to the commissioner, that an insurer is in compliance with the provisions of this chapter, based upon the individual's examination and including a review of the appropriate records and the actuarial assumptions and methods used by the insurer in establishing attachment points and other applicable determinations in conjunction with the provision of stop loss insurance coverage.		
Stop Loss Insurance: Minimum Coverage Standards				
Attachment Point	RSA 415-H:3 I as modified by Ins 4401.05	(a) Has an annual attachment point for claims incurred per individual which is lower than \$31,000 \$27,500 if issued/renewed prior to 1/1/2021		
Annual Aggregate Attachment Point	RSA 415-H:3 I as modified by Ins 4401.05	(b) Has an annual aggregate attachment point, for groups of 50 or fewer, that is lower than the greater of: (1) \$6,200 times the number of group members; (\$5,500 if issued/renewed prior to 1/1/2021) (2) 120 percent of expected claims; or (3) \$31,000		
Size of Group /Percentage of Expected Claims	RSA 415-H:3 I	(c) Has an annual aggregate attachment point for groups of 51 or more that is lower than 110 percent of expected claims		
Direct Coverage of Health Care Expenses	RSA 415-H:3 I	(d) Provides direct coverage of health care expenses of an individual.		
Annual determination of Group Size	RSA 415-H:3 II	II. An insurer shall determine the number of persons in a group, for the purposes of this section, on a consistent basis, at least annually.		
Rate Submission Requirements	Ins 4105.05	Rate filings for small/large employer groups include the following: (a) The specific formulas and assumptions used in calculating gross premiums, including any changes in assumptions or formulas made since the last filing; (b) The expected claims costs;		

		(c) Identification of morbidity and mortality tables or experience studies used and sufficient explanation for evaluation of their validity, including copies of such tables if they are not currently published; (d) The range of commission rates and other fees payable to producers or other persons except regularly salaried employees, stated separately for new and renewal business; (e) The expected loss ratio by policy duration; (f) The anticipated loss ratio calculated over the anticipated lifetime of the block of business, or 20 years, whichever is shorter; (g) Methods and assumptions used for making projections, including any changes in methods or assumptions made since the last filing; and (h) Actual rates, or rating factors.		
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V. STOP LOSS/EXCESS REPORTING/CERTIFICATION REQUIREMENTS (Section not applicable to Sub-TOI H12.003 Provider)

	RULE/STATUTE REFERENCE	CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS	YES	N/A
Actuarial Certification				
Annual Certification	RSA 415-H:4	An insurer shall file with the commissioner annually <u>on or before March 15</u> , an actuarial certification certifying that the insurer is in compliance with RSA 415-H:4. Certification shall comply with Ins 4401.05 and copy shall be retained by the insurer at its principal place of business.		
Terms of Annual Certification	Ins 4401.06	The actuarial certification period shall be coterminous with a calendar year. File to the attention of the life, accident and health insurance division, on or before March 15 following the period for which the actuarial certification is being made.		
Prompt notice of errors	Ins 4401.05	Promptly notify the commissioner and the board of directors of the insurer of any error in a previous certification.		
Requirements for Small Employer Group Stop Loss				
Annual Report	Ins 4105.04	(a) Small employer stop loss carriers shall file a report with the department <u>on or before March 15th</u> of each year detailing for the prior calendar year any instances where the carrier declined to offer coverage as applied for and any instances where the carrier's quoted renewal rate represented an increase larger than 20 percent. This report shall be filed at the same time as the actuarial certification required pursuant to RSA 415-H. (b) The report in (a) shall include the following information: (1) Policyholder identification number;		

		<p>(2) Number of enrolled employees in both the calendar year for which the report is made and the prior calendar year, if known; and</p> <p>(3) The reason for the declination or the rate increase.</p> <p>(c) Carriers may only vary rates for stop loss health coverage provided to small employers by using allowable case characteristics.</p> <p>(d) Allowable case characteristics shall include:</p> <p>(1) The attained ages of the covered population;</p> <p>(2) The number of enrolled employees; and</p> <p>(3) The type of industry in which the small employer is engaged.</p> <p>(e) For purposes of (c) above, small employer stop loss health carriers may use approximations to calculate allowable case characteristics provided such approximation methods are used uniformly among all small employer groups.</p> <p>(f) Acceptable approximation methods include:</p> <p>(1) Using the attained ages of enrolled employees with tier based membership factors to approximate the attained ages of the covered population; and</p> <p>(2) Using a prior census to estimate the actual enrollment.</p> <p>(g) Rates calculated at issue, or at renewal, shall not change throughout the policy year if the allowable case characteristics of a small employer group change.</p>		
Interim Filings	Ins 4105.07	Small employer stop loss carriers <u>may</u> make interim filings between the required annual filings, to propose adjustments to only certain factors.		

VI. COMMENTS: