

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS CHECKLIST FOR Specified Disease, Critical Illness

LINE OF BUSINESS: Specified Disease

TOI CODES: H07G.000 through H07I.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 [NHCAR Part Ins 401.12 \(o\)](#) and [NHCAR 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>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

TABLE OF CONTENTS

SECTION 1 GENERAL REQUIREMENTS (FOR SPECIFIED DISEASE AND CRITICAL ILLNESS FILINGS)

SECTION 2 APPLICATION

SECTION 3 POLICY/CERTIFICATE REQUIREMENTS

MINIMUM STANDARDS FOR NON-CANCER COVERAGE - EXPENSE

MINIMUM STANDARDS FOR CANCER COVERAGE – EXPENSE

MINIMUM STANDARDS FOR CANCER COVERAGE – PER DIEM

MINIMUM STANDARDS FOR SKILLED NURSING HOME AND HOME HEALTH CARE COVERAGE – FIXED SUM

MINIMUM STANDARDS FOR LUMP SUM BENEFITS

SECTION 4 REQUIREMENTS FOR RATES

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
SECTION 1 GENERAL REQUIREMENTS (FOR SPECIFIED DISEASE AND CRITICAL ILLNESS FILINGS)			
<u>ADVERTISING</u>	NHCAR Part Ins 2600	Advertising Guidelines	YES: NO: Page # or If NO:
<u>COVER PAGE (FORM NUMBER)</u>	NHCAR Part Ins 401.03(a)	Each form shall be designated by a form number composed of either figures or letters or both. (1) The form number shall be: a. Sufficient to distinguish the form from all other forms used by the company;_	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>b. Placed in the lower left hand corner on the front of each form;</p> <p>(2) The form number for a policy form may contain the prefix "Form No.";</p> <p>(3) Policy forms utilizing less than a full sheet as the face page or cover page shall place the form number in the lower left hand corner of the specifications page;</p> <p>(4) Any time any change is made, the form shall be resubmitted as a new form with a new form number.</p>	
<u>DISCLOSURE COVER PAGE REQUIREMENT</u>	NHCAR Part Ins 401.03 (i)	Disclosure is required. 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:
<u>NOTICE TO BUYER</u>	NHCAR Part Ins 1901.07 (a) (16)	<p>All specified disease policies and certificates shall contain on the first page 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 or certificate, a prominent statement as follows:</p> <p>"Notice to Buyer: This is a specified disease [policy] [certificate]. This [policy] [certificate] provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your [policy] [certificate] carefully with the outline of coverage and the "Buyer's Guide."</p>	YES: NO: Page # or If NO:
<u>NON-ENGLISH POLICIES</u>		English version of forms must be approved. If there is a discrepancy between a foreign language version and the approved English version, the English version will supersede the foreign language version.	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>READABILITY</u>	RSA 420-H:5	Readability must comply with RSA 420-H:5 (a)Text achieves a minimum score of 40 on Flesch or equivalent (b)Printed in not less than 10 point type (c)Table of Contents or Index if more than 3,000 words or 3 pages Flesch scores must be shown and certified.	YES: NO: Page # or If NO:
<u>MINIMUM STANDARDS</u>	NHCAR Part Ins 1901.06 (j) (1)	(1) "Specified disease coverage" pays benefits for the diagnosis and treatment of a specifically named disease or diseases. A specified disease policy shall meet the following rules and one of the following sets of minimum standards for benefits: a. Insurance covering cancer only or cancer in conjunction with other conditions or diseases shall meet the standards of paragraphs (4), (5) or (6) of this subsection. b. Insurance covering specified diseases other than cancer shall meet the standards of paragraphs (3) and (6) of this subsection.	YES: NO: Page # or If NO:
SECTION 2 APPLICATION			
<u>REPLACEMENT QUESTIONS</u>	NHCAR Part Ins 401.11 (a) (6)	All applications shall contain a question inquiring whether the policy sought is intended to replace an existing policy.	YES: NO: Page # or If NO:
<u>AMENDMENTS</u>	RSA 415:11	Home office box changes are not allowed without insured signed consent. 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:
<u>DISCLOSURES</u>	NHCAR Part Ins 1901.06 (j) (2) f.	An application or enrollment form for specified disease coverage shall contain a statement above the signature of the applicant or enrollee that a person to be covered for specified disease is not covered also by any Title XIX program (Medicaid, MediCal or any similar name). The statement may be combined with any other statement for which the insurer may require the applicant's or enrollee's signature.	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>UNDERWRITING QUESTIONS</u>		Questions such as "Have your parents, grandparents, siblings ever had..." are prohibited, as health underwriting may only be performed on the individual(s) for whom coverage is applied.	YES: NO: Page # or If NO:
SECTION 3 POLICY/CERTIFICATE REQUIREMENTS			
<u>ARBITRATION</u>	RSA 417:4 RSA 415:18 I 9(n)	Arbitration is an unfair trade practice per RSA 417:4. An insurer may not take away the employer's right to legal action in a court of law. RSA 415:18 I (n) applies to group policies as well as to certificates	YES: NO: Page # or If NO:
<u>ASSIGNMENT OF BENEFITS</u>	BULLETIN Docket No.: INS No. 08-081-AB	The benefit shall not be assignable to a health care provider, and must be paid directly to the subscriber. The policy shall contain a provision prohibiting assignment of the benefit to a health care provider.	YES: NO: Page # or If NO:
<u>AUTOPSY</u>	(Group) RSA-415:18 I (k) (Ind.) RSA 415:6 I (10)	A provision that the insurer shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law.	YES: NO: Page # or If NO:
<u>CERTIFICATE</u>	(Group) RSA 415:18 I (f)	A provision that the insurer shall issue to the employer or other person or association in whose name such policy is issued, for delivery to each member of the insured group, an individual certificate setting forth in summary form a statement of the essential features of the insurance coverage of such employee or such member, to whom the benefits thereunder are payable.	YES: NO: Page # or If NO:
<u>CLAIM FORMS</u>	(Group) RSA 415:18 I (j) (Ind.) RSA 415:6 I (6)	Must provide form within 15 days' notice of loss	YES: NO: Page # or If NO:
<u>CLAIM PAYMENT PROVISION</u>	(Group) NHCAR Part Ins 1901.06 (j) (7) a. (Ind) RSA 415:6 I (8)	Lump sum benefits are payable within 30 days of submission to the insurer of proof of diagnosis of the specified disease. 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.	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>COORDINATION OF BENEFITS</u>	BULLETIN Docket No.: INS No. 08-081-AB NHCAR Part Ins 1901.06 (j) (2) f.	Coordination of benefits is not permitted. h. Except as otherwise specifically provided by statute, benefits for specified disease coverage shall be paid regardless of other coverage.	YES: NO: Page # or If NO:
<u>DEPENDENT CHILDREN</u>	RSA 415:5 I (3) (a)	The definition of dependent must include a subscriber's child by blood or by law, who is under age 26.	YES: NO: Page # or If NO:
<u>DISABLED DEPENDENT CHILD</u>	RSA 415:5 I (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:
<u>ENTIRE CONTRACT</u>	(Ind.) RSA 415:6 I (1) (Group) RSA 415:18 I (a)	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:
<u>ADDITIONAL BENEFITS PROHIBITED</u>	BULLETIN Docket No.: INS No. 08-067-AB	Policies submitted as limited benefit individual health insurance, limited benefit franchise insurance, or group limited benefit health insurance shall not contain riders that expand the type of coverage provided beyond that allowed by the standards.	YES: NO: Page # or If NO:
<u>EXCESS COVERAGE PROHIBITED</u>	NHCAR Part Ins 1901.07 (j) (2) h.	Except as otherwise specifically provided by statute, benefits for specified disease coverage shall be paid regardless of other coverage.	YES: NO: Page # or If NO:
<u>FREE LOOK</u>	(Ind.) 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	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	(Group) NHCAR PART Ins, 1901.07 (a) (11)	<p>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."</p> <p>All policies and certificates, except single-premium nonrenewable policies and as otherwise provided in this paragraph, shall have a notice prominently printed on the first page of the policy or certificate or attached to it stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the policyholder or certificateholder is not satisfied for any reason.</p>	
<u>GRACE PERIOD</u>	(Ind.) RSA 415:6 I (3) (Group) RSA 415:18 I (p)	<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 provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the coverage shall continue in force, unless the policyholder has given the insurer written notice of discontinuance in advance of the period for which payment is due, and in accordance with the terms of the policy. The policy may provide that the policyholder shall be liable to the insurer for the payment of a portion of the premium corresponding to the time within the grace period during which the policy was in force.</p>	<p>YES: NO: Page # or If NO:</p>
<u>GUARANTEED RENEWABLE</u>	NHCAR Part Ins 1901.07 (j) (2) d.	<p>Individual accident and health policies containing specified disease coverage shall be at least guaranteed renewable.</p>	<p>YES: NO: Page # or If NO:</p>
<u>HOSPICE CARE (Optional)</u>	NHCAR Part Ins 1901.07 (j) (2) m.	<p>1. "Hospice" means a facility licensed, certified or registered in accordance with state law that provides a formal program of care that is:</p> <ul style="list-style-type: none"> (i) For terminally ill patients whose life expectancy is less than 6 months; (ii) Provided on an inpatient or outpatient basis; and (iii) Directed by a physician. <p>2. Hospice care is an optional benefit. However, if a specified disease</p>	<p>YES: NO: Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>insurance product offers coverage for hospice care, it shall meet the following minimum standards:</p> <p>(i) Eligibility for payment of benefits when the attending physician of the insured provides a written statement that the insured person has a life expectancy of 6 months or less;</p> <p>(ii) A fixed-sum payment of at least \$50 per day; and</p> <p>(iii) A lifetime maximum benefit limit of at least \$10,000.</p> <p>3. Hospice care does not cover nonterminally ill patients who may be confined in a:</p> <p>(i) Convalescent home;</p> <p>(ii) Rest or nursing facility;</p> <p>(iii) Skilled nursing facility;</p> <p>(iv) Rehabilitation unit; or</p> <p>(v) Facility providing treatment for persons suffering from mental diseases or disorders or care for the aged or substance abusers.</p>	
<u>INCONTESTABILITY</u>	<p>(Group) RSA 415:18 I(r)</p> <p>(Ind.) RSA 415:6 I (2) (a)</p>	<p>A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by any person covered under the policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime, nor unless it is contained in a written instrument signed by the person making such statement. No such provision, however, shall preclude the assertion, at any time, of defenses based upon the person's ineligibility for coverage under the policy or upon other provisions in the policy, except for any provisions establishing, as a requirement of eligibility, the furnishing of satisfactory evidence of insurability to the insurer.</p> <p>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</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p align="center">[COMPANY NAME]</p> <p align="center">[SPECIFIED DISEASE] [SPECIFIED ACCIDENT] COVERAGE</p> <p align="center">THIS [POLICY] [CERTIFICATE] PROVIDES LIMITED BENEFITS</p> <p align="center">BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES</p> <p align="center">OUTLINE OF COVERAGE</p> <p>(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.</p> <p>(2) Read Your [policy] [certificate] [Outline of Coverage] 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>(3) [Specified disease] [Specified accident] coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of [specified diseases] or [specified accidents]. Coverage is not provided for basis hospital, basic medical-surgical, or major medical expenses.</p> <p>(4) A brief specific description of the benefits, including dollar amounts.</p>	
<u>PAYMENT OF CLAIM</u>	<p>(Group) RSA 415:18 I (t)</p> <p>(Ind.) RSA 415:6 I (8)</p>	<p>May limit to \$1,000 payment to family member</p> <p>\$1,000 payable by company to claimant if deemed equitably entitled by insurer</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>PRE-CERTIFICATION</u>	BULLETIN Docket No.: INS No. 08-081-AB	Managed care and network requirements are not permitted. The policy shall not include a provision requiring pre-certification	YES: NO: Page # or If NO:
<u>PRE-EXISTING CONDITIONS</u>	NHCAR Part 1901.06 (j) (2)	<p>k. "Preexisting condition" shall not be defined to be more restrictive than the following: "Preexisting condition means a condition for which medical advice, diagnosis, care or treatment was recommended or received from a physician within the 6 month period preceding the effective date of coverage of an insured person."</p> <p>l. Coverage for specified diseases shall not be excluded due to a preexisting condition for a period greater than 6 months following the effective date of coverage of an insured person unless the preexisting condition is specifically excluded.</p>	YES: NO: Page # or If NO:

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>PROOF OF LOSS</u>	<p>(Ind.) RSA 415:6 I (7)</p> <p>(Group) RSA 415:18 I(i)</p>	<p>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.</p> <p>A provision that in the case of claim for loss of time for disability, written proof of such loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require, and that in the case of claim for any other loss, written proof of such loss must be furnished to the insurer within one year after the date of such loss in the case of a group Medicare supplement insurance policy or certificate and within 90 days after the date of such loss in the case of any other group accident and health insurance policy or certificate. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
<u>REFUND UPON CANCELLATION</u>	<p>(Ind.) RSA 415:6 I (14)</p>	<p>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.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
<u>REINSTATEMENT</u>	<p>(Ind.) RSA 415:6 I (4)</p>	<p>If any renewal premium is not paid within the time granted the insured for payment, a subsequent acceptance of premium by the insurer or by any agent duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy;</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>provided, however, that if the insurer or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application. The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained on or after the date of reinstatement and loss due to such sickness as may begin on or after the date of reinstatement.</p>	
<u>REFUSAL TO RENEW</u>	<p>(Ind.) RSA 415:6 II (8)</p> <p>(Group) RSA 415:18 I (e)</p>	<p>A provision as follows: Cancellation; Refusal to Renew: The insurer may refuse to renew on the policy anniversary date, or may cancel this policy at any time by written notice delivered to the insured, or mailed to the insured's last address as shown by the records of the insurer, stating when, not less than 30 days thereafter, such cancellation or refusal to renew shall be effective. If the insurer cancels, the earned premium shall be computed pro-rata. Cancellation or refusal to renew shall be without prejudice to any claim originating prior to the effective date of the cancellation or refusal to renew. However, such cancellation or refusal to renew, if for reasons other than nonpayment of premium and other than specified in any time limits for certain defenses, shall be effected only if also effected on all policyholders of the same class. No such action shall be taken without prior written approval of the insurance commissioner. The insurer shall have the burden of proof that the classification of risk involved therein is reasonable and nondiscriminatory, pursuant to RSA 415:15.</p> <p>A provision stating the conditions under which the insurer may decline to renew the policy.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
<u>TERMINATION NOTICE</u>	<p>(Group) RSA 415:18-b</p>	<p>The notice of cancellation or nonrenewal or offer of renewal shall be delivered to the group policyholder or mailed to the group policyholder's last address as shown in the records of the insurer at least 45 days prior to the renewal date of the contract.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
<u>TIME LIMIT ON CERTAIN DEFENSES</u>	<p>(Ind.) RSA 415:6 I (2)</p>	<p>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>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	(Group) RSA 415:18 I(r)	<p>A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by any person covered under the policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime, nor unless it is contained in a written instrument signed by the person making such statement. No such provision, however, shall preclude the assertion, at any time, of defenses based upon the person's ineligibility for coverage under the policy or upon other provisions in the policy, except for any provisions establishing, as a requirement of eligibility, the furnishing of satisfactory evidence of insurability to the insurer.</p>	
<p><u>TIME PAYMENT OF CLAIMS</u></p>	<p>(Group) RSA 415:18 I(l)</p> <p>NHCAR Part Ins 1901.06 (j) (7) a.</p> <p>(Ind.) RSA 415:6 I (8)</p>	<p>A provision that all benefits payable under the policy other than benefits for loss of time will be payable not more than 60 days after receipt of proof, and that, subject to due proof of loss all accrued benefits payable under the policy for loss of time will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which the insurer is liable, and that any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof.</p> <p>The benefits are payable as a fixed, one-time payment made within 30 days of submission to the insurer of proof of diagnosis of the specified disease.</p> <p>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.</p>	<p>YES: NO: Page # or If NO:</p>
<p><u>WAITING PERIOD</u></p>	<p>NHCAR Part Ins 1901.06 (j) (2) e.</p>	<p>No policy issued pursuant to this section shall contain a waiting or probationary period greater than 30 days. A specified disease policy may contain a waiting or probationary period following the issue or reinstatement date of the policy or certificate in respect to a particular covered person before the coverage becomes effective as to that covered person.</p>	<p>YES: NO: Page # or If NO:</p>
<p><u>MINIMUM STANDARDS FOR NON-CANCER COVERAGE - EXPENSE</u></p>			
<p><u>NON-CANCER EXPENSE-BASED COVERAGE</u></p>	<p>NHCAR Part Ins 1901.06 (j) (3)</p>	<p>(3) The following minimum benefits standards apply to non-cancer coverages:</p> <p>a. Coverage for each insured person for a specifically named disease (or diseases) with a deductible amount not in excess of \$250 and an overall</p>	<p>YES: NO: Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>aggregate benefit limit of no less than \$10,000 and a benefit period of not less than 2 years for at least the following incurred expenses:</p> <ol style="list-style-type: none"> 1. Hospital room and board and any other hospital furnished medical services or supplies; 2. Treatment by a legally qualified physician or surgeon; 3. Private duty services of a registered nurse (R.N.); 4. X-ray, radium and other therapy procedures used in diagnosis and treatment; 5. Professional ambulance for local service to or from a local hospital; 6. Blood transfusions, including expense incurred for blood donors; 7. Drugs and medicines prescribed by a physician; 8. The rental of an iron lung or similar mechanical apparatus; 9. Braces, crutches and wheelchairs as are deemed necessary by the attending physician for the treatment of the disease; 10. Emergency transportation if in the opinion of the attending physician it is necessary to transport the insured to another locality for treatment of the disease; and 11. May include coverage of any other expenses necessarily incurred in the treatment of the disease. <p>b. Coverage for each insured person for a specifically named disease (or diseases) with no deductible amount, and an overall aggregate benefit limit of not less than \$25,000 payable at the rate of not less than \$50 a day while confined in a hospital and a benefit period of not less than 500 days.</p>	

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<u>MINIMUM STANDARDS FOR CANCER COVERAGE – EXPENSE</u>			
<p><u>CANCER EXPENSE-BASED COVERAGE</u></p>	<p>NHCAR Part Ins 1901.06 (j) (4)</p>	<p>A policy that provides coverage for each insured person for cancer-only coverage or in combination with one or more other specified diseases on an expense incurred basis for services, supplies, care and treatment of cancer, in amounts not in excess of the usual and customary charges, with a deductible amount not in excess of \$250, and an overall aggregate benefit limit of not less than \$10,000 and a benefit period of not less than 3 years shall provide at least the following minimum provisions:</p> <ul style="list-style-type: none"> a. Treatment by, or under the direction of, a legally qualified physician or surgeon; b. X-ray, radium chemotherapy and other therapy procedures used in diagnosis and treatment; c. Hospital room and board and any other hospital furnished medical services or supplies; d. Blood transfusions and their administration, including expense incurred for blood donors; e. Drugs and medicines prescribed by a physician; f. Professional ambulance for local service to or from a local hospital; g. Private duty services of a registered nurse provided in a hospital; h. May include coverage of any other expenses necessarily incurred in the treatment of the disease; however, subparagraphs a., b., d., e. and g. plus at least the following also shall be included, but may be subject to copayment by the insured person not to exceed 20 percent of covered charges when rendered on an out-patient basis; i. Braces, crutches and wheelchairs deemed necessary by the attending physician for the treatment of the disease; j. Emergency transportation if in the opinion of the attending physician it is necessary to transport the insured to another locality for treatment of the disease; and 	<p>YES: NO: Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>k. Home health care that is necessary care and treatment provided at the insured person's residence by a home health care agency or by others. The program of treatment shall be prescribed in writing by the insured person's attending physician, who shall approve the program prior to its start. The physician shall certify that hospital confinement would be otherwise required.</p> <p>1. A "home health care agency":</p> <p>(i) Is an agency approved under Medicare, or</p> <p>(ii) Is licensed to provide home health care under applicable state law, or</p> <p>(iii) Meets all of the following requirements:</p> <p>i. It is primarily engaged in providing home health care services;</p> <p>ii. Its policies are established by a group of professional personnel including at least one physician and one registered nurse;</p> <p>iii. A physician or a registered nurse provides supervision of home health care services;</p> <p>iv. It maintains clinical records on all patients; and</p> <p>v. It has a full time administrator.</p> <p>2. Home health includes, but is not limited to:</p> <p>(i) Part-time or intermittent skilled nursing services provided by a registered nurse or a licensed practical nurse;</p> <p>(ii) Part-time or intermittent home health aide services that provide support services in the home under the supervision of a registered nurse or a physical, speech or hearing occupational therapists;</p> <p>(iii) Physical, occupational or speech and hearing therapy; and</p> <p>(iv) Medical supplies, drugs and medicines prescribed by a physician and related pharmaceutical services, and laboratory services to the extent the</p>	

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>charges or costs would have been covered if the insured person had remained in the hospital.</p> <p>l. Physical, speech, hearing and occupational therapy;</p> <p>m. Special equipment including hospital bed, toilette, pulleys, wheelchairs, aspirator, chux, oxygen, surgical dressings, rubber shields, colostomy and eleostomy appliances;</p> <p>n. Prosthetic devices including wigs and artificial breasts;</p> <p>o. Nursing home care for noncustodial services; and</p> <p>p. Reconstructive surgery when deemed necessary by the attending physician.</p>	
<u>MINIMUM STANDARDS FOR CANCER COVERAGE – PER DIEM</u>			
<u>CANCER COVERAGE – PER DIEM BASIS</u>	NHCAR Part Ins 1901.06 (j) (5)	<p>The following minimum benefits standards apply to cancer coverages written on a per diem indemnity basis. These coverages shall offer insured persons:</p> <p>a. A fixed-sum payment of at least \$100 for each day of hospital confinement for at least 365 days;</p> <p>b. A fixed-sum payment equal to one half the hospital inpatient benefit for each day of hospital or nonhospital outpatient surgery, chemotherapy and radiation therapy, for at least 365 days of treatment; and</p> <p>c. A fixed-sum payment of at least \$50 per day for blood and plasma, which includes their administration whether received as an inpatient or outpatient for at least 365 days of treatment.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
<u>MINIMUM STANDARDS FOR SKILLED NURSING HOME AND HOME HEALTH CARE COVERAGE – FIXED SUM</u>			
<u>SKILLED NURSING HOME AND HOME HEALTH CARE COVERAGE (Optional)</u>	NHCAR Part Ins 1901.06 (j) (6)	<p>(6) Benefits tied to confinement in a skilled nursing home or to receipt of home health care are optional. If a policy offers these benefits, they shall equal the following:</p> <p>a. A fixed-sum payment equal to one-fourth the hospital inpatient benefit for each day of skilled nursing home confinement for at least 100 days.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>b. A fixed-sum payment equal to one-fourth the hospital inpatient benefit for each day of home health care for at least 100 days.</p> <p>c. Benefit payments shall begin with the first day of care or confinement after the effective date of coverage if the care or confinement is for a covered disease even though the diagnosis of a covered disease is made at some later date (but not retroactive more than 30 days from the date of diagnosis) if the initial care or confinement was for diagnosis or treatment of the covered disease.</p> <p>d. Notwithstanding any other provisions of this part, any restriction or limitation applied to the benefits in (6) a. and (6) b. whether by definition or otherwise, shall be no more restrictive than those under Medicare.</p>	
<u>MINIMUM STANDARDS FOR LUMP SUM BENEFITS</u>			
<u>LUMP SUM INDEMNITY BENEFITS</u>	NH CAR Part Ins 1901.06 (j) (7)	<p>The following minimum standards apply to lump-sum indemnity coverage of any specified disease:</p> <p>a. These coverages shall pay indemnity benefits on behalf of insured persons of a specifically named disease or diseases. The benefits are payable as a fixed, one-time payment made within 30 days of submission to the insurer of proof of diagnosis of the specified disease. Dollar benefits shall be offered for sale only in even increments of \$1,000.</p> <p>b. Where coverage is advertised or otherwise represented to offer generic coverage of a disease or diseases, the same dollar amounts shall be payable regardless of the particular subtype of the disease with one exception. In the case of clearly identifiable subtypes with significantly lower treatments costs, lesser amounts may be payable so long as the policy clearly differentiates that subtype and its benefits.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>
SECTION 4 REQUIREMENTS FOR RATES			
<u>RATE SUBMISSIONS</u>	NH CAR PART Ins 4100 NH CAR Part Ins	<p>Requirements for Rate Submissions.</p> <p>Rates are required to be filed together with policies and/or certificates.</p>	<p>YES: NO:</p> <p>Page # or If NO:</p>

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	401.12 (o)		
<u>NEW HAMPSHIRE INSURANCE DEPARTMENT SPECIFIED DISEASE AND CRITICAL ILLNESS NOTES:</u>			
STATUTE LINK(S): RSA 415 , 400 , INDEX			
REGULATION LINK(S): NHCAR PART INS 401 , 1901 & 4100 , INDEX			