This Checklist Applies to the Following Types of Insurance (TOI):

* MS08I Individual Medicare Supplement

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|  | **FILER: PLEASE TYPE IN THE SERFF FILING NUMBER AND EACH FORM NUMBER SUBMITTED FOR DOI APPROVAL IN THIS FILING, AND LIST THE TOI THAT APPLIES** | | | |
|  | [SERFF filing number and form numbers here] | | | [TOI here] |
| Please note that Nebraska’s Regulation to Implement the Medicare Supplement Insurance Minimum Standards Act, Title 210 Neb. Admin. Code Ch. 36, incorporates the National Association of Insurance Commissioners (NAIC) Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act adopted by the NAIC on August 29, 2016 and as recognized in the Federal Register on September 1, 2017, with some additions. If the NAIC Model applies, the “Reference” section below will refer to the section of the NAIC Model. If the particular notes, exceptions, and additions in the Nebraska regulation (210 NAC 36) provide the requirement, the “Reference” section below will refer to the section of 210 NAC 36. | | | | |
| **(DOI reviewer)**  **Check as completed** | **Review Requirements** | **Reference** | **Description** | **Page number, form name & number if separate document, or N/A** |
|  | **COVER PAGE** | | | |
| 🞏 | Full Company name and address | [§ 44-350](https://nebraskalegislature.gov/laws/statutes.php?statute=44-350) | Advisable to include contact phone and email for questions. |  |
| 🞏 | “Free Look ” period  printed prominently on cover page. | [§44-3608](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3608&print=true) | Policy can be returned for full refund and is voided within 30 days. |  |
| 🞏 | Descriptive title | [§ 44-710.01(4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | A brief description of the type of coverage. Include Plan type. |  |
| 🞏 | One officers’ signature required | [§44-710.03(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Can be bracketed as variable for future changes of officers or titles. |  |
| 🞏 | Application and Premium | [§ 44-710.01(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Entire money and other considerations expressed therein. |  |
| 🞏 | Effective Date  and Time | [§ 44-710.01(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | State the Policy issue date and the time insurance takes effect and terminates. |  |
| 🞏 | Form number | [§ 44-710.01(6)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Must be on all pages including cover, in the lower left corner to identify and distinguish form from all others used by company. Must match form number on SERFF Form Schedule tab and NE Filing Form List. |  |
|  | **COVER PAGE DISCLOSURES** | | | |
| 🞏 | Notice to Buyer | [NAIC Model section 20 A. (3)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES. |  |
| 🞏 | Guaranteed Renewable | [NAIC Model section 7 A(4)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Shall not cancel or non-renew based on health status. Only cancel or non-renew for nonpayment of premium or material misrepresentation. |  |
|  | **SCHEDULE PAGE**  **[may be submitted as a septate insert page]** | | | |
| 🞏 | Complete Schedule of Benefits page with hypothetical variable data | Industry norm | Include Insured’s Name, Issue Age, Policy Date, State of Issue, Sex, Tobacco Use Status, Plan Benefits, Enrollment fee, Premiums, Discounts. |  |
|  | **DEFINITIONS** | | | |
| 🞏 | Policy and Statutory DEFINITIONS | [NAIC Model section 5](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Include definitions for terms used in contract. Definitions for Benefit Period, Skilled Nursing Home, Hospital or Physician cannot be more restrictive than as defined in Medicare program. |  |
|  | **STANDARD MANDATORY PROVISIONS** | | | |
| 🞏 | Entire contract | [§ 44-710.03(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | The policy and any attached papers (endorsements, riders, amendments and application) constitute the entire contract. No policy change valid unless approved & signed by executive officer. |  |
| 🞏 | Time Limit on Certain Defenses and incontestability | [§ 44-710.03(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | After two years from date of policy issue, no misstatements, except fraudulent misstatements, made in application may be used to void policy or deny claim. |  |
| 🞏 | Grace Period | [§ 44-710.03(3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Policy continues in force during Grace Period. Usually 31 days. |  |
| 🞏 | Reinstatement | [§ 44-710.03(4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | If money accepted with no reinstatement application, it is reinstated. If application is required and a conditional receipt is given, the policy is reinstated upon approval or 45 days following date of conditional receipt unless insurer provides disapproval in writing. Premium applied to period not more than 60 days prior to date of reinstatement. |  |
| 🞏 | Notice of Claim | [§ 44-710.03(5)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 20 days after loss or as soon as reasonably possible |  |
| 🞏 | Claim Form | [§ 44-710.03(6)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | If claim forms not furnished by insurer within 15 days, file proof of loss. |  |
| 🞏 | Proof of Loss | [§ 44-710.03(7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 90 days after loss or as soon as possible but no later than one year unless legally incapacitated. |  |
| 🞏 | Time of Payment of Claim | [§ 44-710.03(8)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Immediately upon receipt of proof of loss. (Will accept within 30 days.) |  |
| 🞏 | Payment of Claim | [§ 44-710.03(9)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Minor or incompetent to give valid release – can pay to relative up to $5000 |  |
| 🞏 | Physical Exam and Autopsy | [§ 44-710.03(10)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | At insurer’s expense as often as reasonably required during pendency of claim |  |
| 🞏 | Legal Actions | [§ 44-710.03(11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 60 days, 3 years |  |
| 🞏 | Change of Beneficiary | [§ 44-710.03(12)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Right to change beneficiary unless irrevocable. |  |
| 🞏 | Conformity with State and Federal Law | [§ 44-710.03(13](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true)) | Based on where insured resides on effective date of policy. |  |
|  | **PERMISSIVE PROVISIONS** | | | |
| 🞏 | Misstatement of Age | [§ 44-710.04(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | If age of insured has been misstated, the amount payable under the policy shall be such as the premium paid would purchase at the correct age. Misstatement of “Facts” is too broad. |  |
| 🞏 | Unpaid premium | [§ 44-710.04(7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Can deduct from claim. |  |
|  | **OTHER PROVISIONS** | | | |
| 🞏 | Preexisting Condition Exclusion for specified diseases or physical conditions | [§ 44-3604(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3604&print=true) [NAIC Model, section 6B.](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions. |  |
| 🞏 | Preexisting Condition Exclusion, no more restrictive than in NAIC Model | [§ 44-3604(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3604&print=true) [NAIC Model section 6B.](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | If Preexisting Condition Limitation or Exclusion is included, no more restrictive than as provided in NAIC Model sections 7A(1), 8A(1), and 8.1A(1) (all limit exclusion to 6 months) |  |
|  | Eligibility – not required to be stated in plan, please note Nebraska’s expansion of the NAIC Model for eligibility under 12B(1) | [210 NAC 36-001.05 (amending NAIC Model section 12B(1))](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Eligible person defined as (1) enrolled under an employee welfare plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual, or the individual loses eligibility for coverage under the plan - note that other eligibility requirements are listed at (2) and (3) | Not required to be stated in plan, please acknowledge the company will use this standard. |
| 🞏 | Benefit Standards | [NAIC Model section 8.1](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) |  |  |
| 🞏 | Extension of Benefits | [NAIC Model, section 8.1(6)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Termination of policy without prejudice to any continuous loss which commenced while in force. |  |
| 🞏 | Standardized Plans | [NAIC Model section 9.2](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Plans effective on or after 1/1/2020. Describe Basic Benefits and any Additional benefits covered by Plan. |  |
|  | Additional Benefits | [NAIC Model section 9.2A (cross referencing back to 9.1E, then 8.1C)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Must comply with limitations at NAIC Model 8.1C |  |
| 🞏 | New or innovative benefits | [NAIC Model section 9.1 F](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf). | Benefits in addition to standard benefits require approval of Director. |  |
| 🞏 | Suspension of Benefits | [210 NAC 36-001.03 (amending section 8A(7)(c) of the NAIC Model)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | If suspension occurs and if the policyholder or certificate holder loses coverage under the group health plan, the policy shall automatically re-instituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within ninety (90) days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.” |  |
| 🞏 | No genetic information | [NAIC Model section 24](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Shall not request, require or purchase genetic info for underwriting purposes. |  |
| 🞏 | No arbitration | [§ 25-2602.01](https://nebraskalegislature.gov/laws/statutes.php?statute=25-2602.01&print=true) | Nebraska does not allow arbitration in any insurance contracts. |  |
| 🞏 | Subrogation | *BCBS, Inc. v. Dailey*, 733,687 N.W.2nd 689 (2004) | The insured must be fully compensated before the insurer may subrogate against its insured. |  |
| 🞏 | Hold harmless | General Fairness Requirement.  [§ 44-511](https://nebraskalegislature.gov/laws/statutes.php?statute=44-511&print=true) | Remove any “hold harmless” language from the application or policy when:  Form language states that the company or producers are held harmless for any losses or liabilities. We will object to hold harmless language if the insured person could be harmed in any way. The company is responsible for its officers, employees and agents and cannot waive its liability. There must be a means of recourse to provide a safety net for the consumer. |  |
| 🞏 | Policy fees | [44-354](https://nebraskalegislature.gov/laws/statutes.php?statute=44-354&print=true) | Disclose any fees in the policy schedule. |  |
| 🞏 | Non-duplication of Medicare benefits | [NAIC Model section 6 C.](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Please provide assurance the policy is in compliance with this regulation. |  |
| 🞏 | Death of Insured – refund unearned premium | [§ 44-310](https://nebraskalegislature.gov/laws/statutes.php?statute=44-310&print=true) | In the event of the death of the insured, the insurer shall refund the unearned premium prorated to the month of the insured's death if the request has been made within one year after the insured's death. The refund of the premium and termination of the coverage shall be without prejudice to any claim originating prior to the date of the insured's death. |  |
| 🞏 | Non-insurance Benefits and Services must be specified in policy or else cannot be included in advertising. | [§ 44-361](https://nebraskalegislature.gov/laws/statutes.php?statute=44-361&print=true) | Include a description of any non-insurance benefits offered such as gym memberships or discounts on vision care. State that these benefits are not guaranteed, are subject to change and may be terminated at any time. |  |
|  | **PRODUCT VARIATIONS**  **These requirements only apply to certain products – see the left column for product types.** | | | |
| 🞏 | Medicare Select | [NAIC Model section 10](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Restricted network. Quarterly filings required for Provider Directory. |  |
|  | **APPLICATION** | | | |
| 🞏 | Required statements and questions to be included on application. | [NAIC Model Section 18](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) |  |  |
| 🞏 | Required Agent statements | [NAIC Model section 18E.](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) |  |  |
| 🞏 | Combination applications | Nebraska Filing Requirement | If other products included on application MUST be clearly explained and titles as OPTIONAL. |  |
| 🞏 | Health questions | [NAIC Model section 11](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | No height, weight or health questions during Open Enrollment or Guarantee issue. |  |
| 🞏 | No ambiguous questions | Nebraska filing requirement | Questions must be clear and specific. Ambiguous or open-ended questions not allowed. |  |
| 🞏 | The sale of more than one Medicare Supplement policy to an individual is prohibited. | [NAIC Model section 21 B.](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Please provide assurance the policy is in compliance with this regulation. |  |
| 🞏 | Authorization to Release Information | [§ 44-917(1)(e)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917&print=true)  [§ 44-917(2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917&print=true)  HIPPA | Signature valid for up to 24 months and must include the right to revoke. |  |
|  | Delivery of policy and application or supplemental form | [210 NAC 36-001.06 and NAIC Model section 18C](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Delivery of policy with a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer required for both agents and direct response issuers. | Not required to be stated in plan, please acknowledge the company will use this standard. |
| 🞏 | Electronic application and delivery of documents or notices | [§ 44-315](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nebraskalegislature.gov%2Flaws%2Fstatutes.php%3Fstatute%3D44-315&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=mJRZQE36Yra%2FkZRiYR%2FUSlrSELpAgaJQTRv%2BLRSr7OY%3D&reserved=0)  [Federal ESIGN law, 15 U.S.C. 7001.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fdic.gov%2Fregulations%2Fcompliance%2Fmanual%2F10%2Fx-3.1.pdf&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Mz6vdcx5dR627Z7EBBDRNg%2B%2BX5uiaHZlR7X34tufrxM%3D&reserved=0)  [(UETA), §§ 668.50(5) and (8), F.S.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fdic.gov%2Fregulations%2Fcompliance%2Fmanual%2F10%2Fx-3.1.pdf&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Mz6vdcx5dR627Z7EBBDRNg%2B%2BX5uiaHZlR7X34tufrxM%3D&reserved=0) | Consumer must affirmatively consent to electronic delivery and be given notice of option to withdraw consent.  Describe safeguards used to protect private and confidential information. Must be in accord with Uniform Electronic Transaction Act.  ***Recorded telephone conversations do not count as electronic signatures.*** | Please describe any electronic delivery procedures and provide assurance of compliance. |
|  | **ADVERTISING** |  |  |  |
| 🞏 | Filing Requirements for Medicare Supplement Advertising | [§ 44-3608.01](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3608.01&print=true)  [NAIC Model section 19](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf)  [210 NAC 14](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-14.pdf) | Advertising must be filed separately and is “acknowledged”. Must include required disclosures and comply with the NAIC Model Regulation and Title 210, Chapter 14. |  |
| 🞏 | Standards for Medicare Supplement Advertising | [NAIC Model section 20](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | No twisting, High Pressure tactics, or misrepresentations. Must disclose in a conspicuous manner that purpose of the marketing is solicitation of insurance and contact will be made by an agent or the insurance company. |  |
|  | **OUTLINE, REPLACEMENT NOTICE, ENDORSEMENTS, RIDERS, AMENDMENTS**  **For additional forms submitted for approval, please list each here by form number. Outline must comply with Chapter 36, 019.04. Replacement Notice must comply with Chapter 36, 020.04. All must include form number in the lower left corner of every page, descriptive title and company name. Riders, endorsements and amendments must include officer signature, premium payment or fees (if applicable), and Effective Date (if not stated on schedule). Please complete the fields below as indicated.** | | | |
| 🞏 | Title of document | Form number | Reference to SERFF filing for previous approval, if applicable | N/A if any of the listed requirements do not apply |
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|  | **SUPPORTING DOCUMENTS REQUIRED**  **Reference name of separate document in right column.** | | | |
| 🞏 | Actuarial memorandum | NE Filing Requirement | Must be dated and signed by Actuary. **Rates are required to be filed separately from forms on SERFF.** |  |
| 🞏 | Flesch /readability certification | [§ 44-3405](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3405&print=true)  NE Filing Requirement | Minimum score of 40. |  |
| 🞏 | Redlined version | NE Filing Requirement | If replacing existing previous version. |  |
| 🞏 | Statement of variables (SOV) | NE Filing Requirement | Describe variables, ranges of numbers, minimums and maximums of bracketed material. |  |
| 🞏 | NE Filing Form List | NE Filing Requirement | Use page 2 for additional forms. |  |
|  | **EXPLANATION FOR ANY ITEMS MARKED NOT APPLICABLE** | | | |
| 🞏 | Please use this space provide an explanation for any checklist requirement marked “N/A” to avoid receiving an objection in SERFF. | | | |

**CERTIFICATION OF COMPLIANCE**

I, the undersigned authorized filer, hereby certify that this filing complies with applicable Nebraska statutes, regulations, Bulletins and guidelines, to the best of my knowledge. This filing contains no unusual or controversial content according to insurance industry norms. The forms included in this filing contain no unfair, unjust, inequitable, misleading or deceptive provisions or language. I am authorized to sign on behalf of the Company identified below.

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Name of Company

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