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

The limited benefit standards in statutes apply to a variety of products, but there are different disclosures for different products.  This checklist is designed to cover all limited benefit products with specific disclosure standards for the different products under “product variations” in the checklist.  There are separate checklists for group and individual limited benefit products.

* H02G Group Health – Accident Only
* H03G Group Health – Accidental Death & Dismemberment
* H04 Health – Blanket Accident/Sickness
* H07G Group Health – Specified Disease – Limited Benefit
* H08G Group Health – Intensive Care – Limited Benefit
* H09G Group Health – Organ & Tissue Transplant – Limited Benefit
* H10G Group Health – Dental (\*see separate checklist)
* H11G Group Health – Disability Income
* H13G Group – Short Term Care
* H14G.000 Health – Hospital Indemnity
* H15G Group Health – Hospital Surgical/Medical Expense
* H17G Group Health - Prescription Drug
* H18G Group Health – Sickness
* H19G Group Health – Travel
* H20G Group Health – Vision
* H21 Health – Other
* H23G Group Health – Indemnity Other than Hospital
* H24G Group Health – Limited Wraparound Coverage
* H25G Group Health – Similar Supplemental Coverage
* H26G Group Health – Hearing

Please note that the Department uses NAIC Models [170](https://content.naic.org/sites/default/files/inline-files/MDL-170_0.pdf) and [171](https://content.naic.org/sites/default/files/inline-files/MDL-171_0.pdf) to determine reasonableness for products when there is no stated standard for an issue.

|  |  |
| --- | --- |
|  | **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] |
| **(DOI reviewer)****Check as completed** | **Review Requirements** | **Reference** | **Description** | **Page number, form name & number if separate document, or N/A. If previously, approved indicate the corresponding form number and SERFF#.** |
|  | **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. |  |
| 🞏 | 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.  |  |
| 🞏 | One officers’ signature required on face page (or last page) | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.03](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) [(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) (An officer’s signature is required for all insurance policies sold in Nebraska). | Can be bracketed as variable for future replacement of officers. |  |
| 🞏 | 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 | [§ 44-710.01 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | The time insurance takes effect and terminates. Include renewability information. |  |
| 🞏 | 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** |
| 🞏 | THIS POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company. | [NAIC Medicare Supplement Insurance Minimum Standards Model Act, Section 17, A.,(6)(a)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Required if sold to people age 65 or older. |  |
|  | **SCHEDULE PAGE****[may be submitted as a septate insert page]** |
| 🞏 | Complete Schedule of Benefits page with hypothetical variable data  | Industry norm | Include amount of premiums, benefit amount ranges, benefit limitations, maximums, age reductions, date ranges, waiting periods, coverage types, effective date and eligible persons. |  |
|  | **DEFINITIONS** |
| 🞏 | Policy and Statutory definitions, if any  | NE Filing Requirement | Include definitions for terms used in contract. |  |
| 🞏 | Eligibility, Dependents | [§ 44-761 (4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761&print=true)[44-7,103](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,103&print=true) | May insure one adult as policyholder and one or more eligible members of family, including spouse, dep. children, or any children under a certain age not to exceed age 30. |  |
| 🞏 | Disabled Child | [§ 44-761 (4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761&print=true) | Reaching age limit shall not terminate child’s coverage if incapable of self-support due to mental or physical handicap. Furnish proof within 31 days of limiting age. |  |
| 🞏 | Newborn Baby | [44-710.19](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.19&print=true) | Covered from moment of birth. Automatic coverage first 31 days. |  |
| 🞏 | Adopted Child | [44-799](https://nebraskalegislature.gov/laws/statutes.php?statute=44-799&print=true) | Covered from date of placement and shall be the same as for other dependents. |  |
| 🞏 | Group Sickness and Accident(n/a to Blanket) | [44-760](https://nebraskalegislature.gov/laws/statutes.php?statute=44-760&print=true) | Issued to: a. Employer insuring employees for benefit of persons other than employer.b. Association or Union insuring members. c. Discretionary group must be approved by Director. |  |
|  | **STANDARD MANDATORY PROVISIONS** |
| 🞏 | Policy fees |  [44-354](https://nebraskalegislature.gov/laws/statutes.php?statute=44-354) | Disclose any fees in the policy schedule.  |  |
| 🞏 | Entire contract | [§ 44-761 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761) | Entire contract is the policy, application if attached, any enrollment forms, and any attached endorsements, riders, or amendments.  |  |
| 🞏 | Representations and not warranties | [§ 44-761 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761&print=true) | All statements made by the Applicant, in the absence of fraud, are deemed representations and not warranties. No such statement shall avoid the contract or reduce benefits unless contained in a written application of which a copy is attached to the policy. |  |
| 🞏 | Furnish certificates | [44-761 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761&print=true)  | A certificate shall be delivered to each employee or member of group. |  |
| 🞏 | Add new employees or members | [44-761 (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-761&print=true) | New employees or members may be added from time to time. |  |
| 🞏 | Notice of Claim | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.03](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) [(5)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 20 days after loss or as soon as reasonably possible |  |
| 🞏 | Proof of Loss | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 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 | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 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.) |  |
| 🞏 | Legal Actions | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.03 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 60 days, 3 years |  |
|  | **PERMISSIVE PROVISIONS**  |
| 🞏 | Misstatement of Age | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 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. |  |
| 🞏 | Felony exclusion | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.04 (10)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Commission of or attempt to commit a felony or being engaged in an illegal occupation. |  |
| 🞏 | Intoxicants and Narcotics exclusion | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.04 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Insured being intoxicated or under influence of narcotics unless administered on advice of physician. |  |
| 🞏 | Unpaid premium | [§44-767](https://nebraskalegislature.gov/laws/statutes.php?statute=44-767); no less favorable[§ 44-710.04 (8)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true)  | Can deduct from claim. |  |
|  | **OTHER** |
| 🞏 | Out-of-state groups  | [§44-710(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.17) | Permissible as information with situs state approval, attached under supporting documentation.(Does not include Short-term limited duration) |  |
| 🞏 | Grievance Rights Disclosure | [§44-7](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307)[307(2)(b)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307) | Description of grievance procedures must be provided to insure. (only applies to managed care plans, per 44-7304) |  |
| 🞏 | Right to contact the Director | [§44-7307(2)(c)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307) | Grievance procedure documents must include right to contact Director for rights to assistance at any time, telephone and address are required. (only applies to managed care plans per 44-7304) |  |
| 🞏 | Grievance Disclosure contents  | [§44-7310](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7310)[§44-7311](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7311) | Written decision within 15 working days. Expediated reviews within 72 hours. (only applies to managed care plans per 44-7304) |  |
| 🞏 | Grievance contents | NE Filing Requirement | Must provide contact information to file a grievance: physical address, an email is permissible.  |  |
| 🞏 | No coordination | [Title 210 Chapter 39 003.11(D)(i)](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-39.pdf) | Limited benefit plans are not eligible for COB. “Plan” does not include hospital indemnity, accident only, disability income or specified disease. |  |
| 🞏 | Electronic application and delivery of documents or notices | [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. |  |
| 🞏 | Hold harmless | General Fairness Requirement. [§ 44-511](https://nebraskalegislature.gov/laws/statutes.php?statute=44-511) | 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. |  |
| 🞏 | No arbitration | [§ 25-2602.01](https://nebraskalegislature.gov/laws/statutes.php?statute=25-2602.01) | Nebraska does not allow arbitration in any insurance contracts. |  |
| 🞏 | Subrogation | [BCBS, Inc. v. Dailey, 733,687 N.W.2nd 689 (2004)](https://law.justia.com/cases/nebraska/supreme-court/2004/394.html) | The insured must be fully compensated before the insurer may subrogate against its insured. |  |
| 🞏 | Non-duplication of Medicare benefits | [Title 210 Chapter 36 Appendix C](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | If sold to age 65+, include disclosure with application. |  |
| 🞏 | Exclusion for incarceration | NE Filing Requirement | DOI allows exclusion for incarceration.  |  |
| 🞏 | Court Ordered  | NE Filing Requirement | Exclusion for court ordered services allowed but must include exception for medically necessary services. |  |
| 🞏 | Corresponding rate filing  | [§44-710](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710)  | Provide the corresponding rate filing SERFF # |  |
| **PRODUCT VARIATIONS** **These requirements only apply to certain products – see the left column for product types.** |
| 🞏 | Blanket sickness & accident insurance  | [§44-762](https://nebraskalegislature.gov/laws/statutes.php?statute=44-762&print=true) | Issued to: (1) Passengers on any common carrier.(2) Employer insuring employees of exceptional hazards. (3) College, school, or other institution covering students or teachers.(4) Volunteer fire department, first-aid, or other such volunteer group. (5) Discretionary group must be approved by Director. |  |
| 🞏 | Blanket sickness & accident insurance | [§44-763](https://nebraskalegislature.gov/laws/statutes.php?statute=44-763&print=true) | Individual application or certificate not required.  |  |
| 🞏 | Blanket sickness & accident insurance | [§44-764](https://nebraskalegislature.gov/laws/statutes.php?statute=44-764&print=true) | Benefits payable to person insured, designated beneficiary, or estate. All or a portion of any benefits payable under such a policy on account of hospital, nursing, medical, or surgical services may, at the insurer's option, be paid directly to the hospital or person rendering such services, but it shall not be required that the services be rendered by a particular hospital or person. |  |
| 🞏 | Synchronizing patient’s medication coverage  | [§44-7,108](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,108) | If offer prescription benefits. |  |
| 🞏 | Prescription Drug Manufacturer Coupons | [§ 156.130(h)](https://www.govinfo.gov/content/pkg/FR-2019-04-25/pdf/2019-08017.pdf) (pages 114-115 of 115) does not apply to short-term medical. | Insurers can exclude drug coupons from deductible and any maximum out-of-pocket limitation. |  |
| 🞏 | Telehealth | [44-312](https://nebraskalegislature.gov/laws/statutes.php?statute=44-312&print=true),[44-7,107](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,107) | Any insurer offering (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (b) any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, or (c) any self-funded employee benefit plan to the extent not preempted by federal law, shall provide upon request to a policyholder, certificate holder, or health care provider a description of the telehealth and telemonitoring services covered under the relevant policy, certificate, contract, or plan. |  |
| 🞏 | Hospital Indemnity | ACA | •Benefits are paid in fixed dollar amounts per period or per service regardless of expense incurred.•A notice is displayed prominently in the application materials in 14-point type : THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. |  |
| 🞏 | Accident Only | NE Filing Requirement | ACCIDENT ONLY COVERAGE – READ YOUR POLICY CAREFULLY |  |
| 🞏 | Employer Group Accident Only or Employer Group Accident Disability, if it provides 24-hour accident coverage or on-the-job accident coverage | NE Filing Requirement | THIS IS NOT A POLICY OF WORKER’S COMPENSATION INSURANCE. THIS POLICY IS NOT IN LIEU OF AND DOES NOT AFFECT ANY REQUIREMENT FOR WORKER’S COMPENSATION COVERAGE. |  |
|  |  **APPLICATION** |
| 🞏 | Application | [§ 44-761 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true)NE Filing Requirement | Part of entire contract. If previously approved, provide form number and SERFF tracking #. |  |
| 🞏 | Authorization to Release Information | [§ 44-916](https://nebraskalegislature.gov/laws/statutes.php?statute=44-916&print=true)[§ 44-917(1)(e)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-916&print=true)[§ 44-917 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917&print=true) | Signature valid for up to 24 months and must include the right to revoke. |  |
| 🞏 | 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. |  |
| 🞏 | Health questions | Nebraska filing requirement | Questions regarding health must be within time frame of last ten years or less. |  |
| 🞏 | Ambiguous questions | NE Filing Requirement | Questions must be clear and specific. Ambiguous or open ended questions are not allowed. |  |
|  | **ENDORSEMENTS, RIDERS, OR AMENDMENTS****For additional forms submitted for approval, please list each here by form number. Each of these must comply with the requirements for officer signature, form number in the lower left corner of every page, descriptive title, company name, 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 as a separate SERFF filing.  |  |
| 🞏 | Flesch /readability certification | [§ 44-3405](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3405)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. |
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**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company

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Typed Name of Authorized Filer (Electronic Signature) Date