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.

* H02I Individual Health Accident Only
* H03I Individual Health Accidental Death and Dismemberment
* H07I Individual Health Specified Disease Limited Benefit
* H08I Individual Health - Intensive Care - Limited Benefit
* H09I Individual Health - Organ and Tissue Transplant - Limited Benefit
* H11I Individual Health Disability Income
* H13I Individual Health - Short Term Care
* H14I Individual Health - Hospital Indemnity
* H15I Individual Health - Hospital/Surgical/Medical Expense
* H17I Individual Health - Prescription Drug
* H18I Individual Health - Sickness
* H19I Individual Health - Travel
* H20I Individual Health - Vision
* H21 Health - Other
* H23I Individual Health - Indemnity Other than Hospital
* H24GI Individual Health - Limited Wraparound Coverage
* H25GI Individual Health - Similar Supplemental Coverage
* H26GI Individual 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.

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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] |
| **(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&print=true) | Advisable to include contact phone and email for questions. |  |
| 🞏 | “Free Look” period | [§ 44-710.18](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.18&print=true) | Policy can be returned for full refund and is voided.  If new policy, within 10 days; if direct mail, 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. |  |
| 🞏 | One officers’ signature required on face page | [§ 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://content.naic.org/sites/default/files/inline-files/MDL-650.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 | [§ 44-710.01 (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | May insure one adult as policyholder and 2 or more eligible members of family, including spouse, dep. children, full-time student, or any children under a certain age not to exceed age 30. |  |
| 🞏 | Disabled Child | [§ 44-710.01 (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Reaching age limit shall not terminate child’s coverage if incapable of self-support due to intellectual or physical disability. 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. |  |
|  | **STANDARD MANDATORY PROVISIONS** | | | |
| 🞏 | Policy fees | [44-354](https://nebraskalegislature.gov/laws/statutes.php?statute=44-354&print=true) | Disclose any fees in the policy schedule. |  |
| 🞏 | 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 app, it is reinstated. If app 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.  • reinstated policy covers loss from accidental injury after reinstatement date.  • reinstated policy covers loss due to sickness more than 10 days after reinstatement date.  • premium applied to period not more than 60 days prior to date of reinstatement. |  |
| 🞏 | Notice of Claim | [§ 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. |  |
| 🞏 | 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. |  |
| 🞏 | Felony exclusion | [§ 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 | [§ 44-710.04 (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. |  |
| 🞏 | Court Ordered | NE Filing Requirement | Exclusion for court ordered services allowed but must include exception for medically necessary services. |  |
| 🞏 | Unpaid premium | [§ 44-710.04 (7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Can deduct from claim. |  |
|  | **OTHER** | | | |
| 🞏 | Grievance Rights Disclosure | [§ 44-7307(2)(b)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307&print=true) | 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&print=true) | 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&print=true)  [§ 44-7311](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7311&print=true) | 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)](https://doi.nebraska.gov/sites/default/files/doc/Chapter%2039.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. | 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&print=true) | 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/default/files/doc/Chapter%2036.pdf) | If sold to age 65+, include disclosure with application. |  |
| 🞏 | Exclusion for incarceration | Nebraska Filing Requirement | DOI allows exclusion for incarceration. |  |
| 🞏 | 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. |  |
| 🞏 | Corresponding rate filing | [§ 44-710](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710&print=true) | Provide the corresponding rate filing SERFF # |  |
|  | **PRODUCT VARIATIONS**  **These requirements only apply to certain products – see the left column for product types.** | | | |
| 🞏 | Synchronizing patient’s medication coverage | [§ 44-7,108](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,108&print=true) | 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 | 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 or other fixed indemnity insurance only if-- There is no coordination between the provision of benefits and an exclusion of benefits under any other health coverage; The benefits are paid in a fixed dollar amount per period of hospitalization or illness and/or per services regardless of the amount of expenses incurred and without regard to the amount of benefits provided with respect to the even or service under any other health coverage. | [45 CFR Parts 144, 146, and 148](https://www.govinfo.gov/content/pkg/FR-2024-04-03/pdf/2024-06551.pdf)  For coverage periods beginning on or after January 1, 2025, the issuer displays prominently on the first page (in either paper or electronic form, including on a website) of any marketing, application, and enrollment or reenrollment materials that are provided at or before the time an individual has the opportunity to apply, enroll or reenroll in coverage, and **on the first page of the policy, certificate, or contract of insurance**, in at least 14- point font, the language in the following notice: | **IMPORTANT: This is a fixed indemnity policy, NOT health insurance** This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. • The payment you get isn't based on the size of your medical bill. • There might be a limit on how much this policy will pay each year. • This policy isn't a substitute for comprehensive health insurance. • Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance**? Visit HealthCare.gov or call **1-800-318-2596** (TTY: 1-855-889-4325) to find • To find out if you can get health insurance through your job, or a family member's job, contact the employer.  **Questions about this policy?** • For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." • If you have this policy through your job, or a family member's job, contact the employer. |  |
| 🞏 | Accident Only | NE Filing Requirement | ACCIDENT ONLY COVERAGE – READ YOUR POLICY CAREFULLY |  |
|  | **APPLICATION** | | | |
| 🞏 | Application | NE Filing Requirement | Part of entire contract. If previously approved, provide form number and SERFF tracking #. |  |
| 🞏 | GINA- Prohibition on genetic information as condition of eligibility or premium rates | [Federal Genetic Information Non-discrimination Act, 30 U.S.C. 801.](https://www.eeoc.gov/statutes/genetic-information-nondiscrimination-act-2008) | Requests for genetic information, family health history questions or genetic testing are not allowed. |  |
| 🞏 | 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 | [§ 44-710](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-710&print=true) | Questions must be clear and specific. Ambiguous or open ended questions 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.** | | | |
| 🞏 | Signature requirement | [§ 44-710.17](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.17&print=true) | If restricting coverage, and if endorsement/rider will apply to already inforce policies, **signature of insured is required.**  Provide assurance that endorsement/rider will only apply to newly issued policies or provide form to be used to collect insured’s signature. |  |
| 🞏 | 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&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. |  |
|  | **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