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

* H16G Group Health – Major Medical – H16G.002A Large Group PPO
* H16G Group Health – Major Medical - H16G.002B Large Group POS
* H16G Group Health – Major Medical - H16G.002C Large Group Other
* H16G Group Health – Major Medical - H16G.002D Large Group EPO
* HOrg02G Group Health Organizations – Health maintenance (HMO)

|  |  |
| --- | --- |
|  | **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** |
|  | Company name:Product name:Plan names:SERFF filing number: Corresponding Rate SERFF filing number:Form numbers: | [TOI here] |
| **Filer:****Check as compliant** | **Review Requirements** | **Reference** | **Description** | **Filer:****Provide page number, form name & number if separate document, or N/A** |
|  | **SCHEDULE OF BENEFITS**(may be submitted as a separate insert page) |
| 🞏 | Complete Schedule of Benefits page with hypothetical variable data  | Industry norm | Include Covered Services, deductibles, co-pays, coinsurance, OOPM, limits, tiers, In-Network benefits, Out-of-Network benefits.  |  |
| 🞏 | Policy fees |  [44-354](https://nebraskalegislature.gov/laws/statutes.php?statute=44-354) | Disclose any fees in the policy schedule.  |  |
| 🞏 | Summary of Benefits and Coverage (SBC) | NE Filing Requirement | SBC required for each Major Medical Plan. Bracketing indicating variability is permissible.  |  |
|  | **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) | [§ 44-710.03(1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 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. |  |
|  | **DEFINITIONS** |
| 🞏 | Policy and Statutory definitions, if any  | NE Filing Requirement | Include definitions for terms used in contract. |  |
| 🞏 | Large Group | [44-5253](https://nebraskalegislature.gov/laws/statutes.php?statute=44-5253) | 51 or more employees |  |
| 🞏 | Participating Provider | Several statutes reference participating provider  | Participating provider must be defined in a way that makes clear any network or benefit limitation. A working link to the online participating provider directory must be included in the filed product.  |  |
| 🞏 | Non-Participating Provider | NE Filing Requirement | Must be clearly defined so that insureds avoid costly out-of-network charges.  |  |
| 🞏 | Out-of-Network Allowed Amount | NE Filing Requirement | Describe what allowance is based on and how calculated (UCR, percentage of Medicare reimbursement level)  |  |
|  | **NEBRASKA STANDARD MANDATORY PROVISIONS** |
| 🞏 | 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**.ACA requires coverage to **age 26** regardless of student or marital status or financial dependence. |  |
| 🞏 | 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. |  |
| 🞏 | Group Sickness and Accident | [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. |  |
| 🞏 | 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 | No less favorable than[§ 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 | no less favorable than[§ 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 | No less favorable than[§ 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 | No less favorable than[§ 44-710.03 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 60 days, 3 years |  |
| 🞏 | Prompt Payment | [44-8004](https://nebraskalegislature.gov/laws/statutes.php?statute=44-8004&print=true) | A clean electronic claim shall be paid, denied or settled within 30 days after receipt by insurer. |  |
| 🞏 | Exclusion for incarceration | Permissible | Allow exclusion for incarceration.  |  |
| 🞏 | Court Ordered  | Nebraska 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. |  |
|  | **CLAIMS AND APPEALS** |
| 🞏 | Claims Settlement Practices | Title 210 [Chapter](https://sos.nebraska.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-61.pdf) 61 | Chapter 61 is applicable to Major Medical. |  |
| 🞏 | Internal complaint other than adverse benefit determination | [§ 44-7308(2) and (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7308) | Health carrier shall issue written decision within 15 working days, may extend another 15 working days if prevented from making a timely decision due to circumstances beyond the carrier’s control and if notice is provided to the covered person of the extension and reason for delay.Covered person does not have the right to attend or have a representative in attendance, but can submit written material. Carrier shall make these rights known to insured and provide the name, address, and telephone number of the person designated to coordinate the grievance within 3 working days after receiving a grievance.Requirements for written decision at § 44-7308(3). |  |
| 🞏 | Appeal procedure | [44-7310](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7310&print=true) | Standard internal review of adverse determination with written decision within 15 working days. Requirements for written decision at § 44-7308(3). |  |
| 🞏 | Expedited procedures for internal appeals and external review |  [44-7311](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7311&print=true) | Expedited review within 72 hours. |  |
| 🞏 | External Review | [44-1308](https://nebraskalegislature.gov/laws/statutes.php?statute=44-1308&print=true)[44-1309](https://nebraskalegislature.gov/laws/statutes.php?statute=44-1309&print=true)Title 210 [Chapter 87](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-87.pdf) | Complete internal review first. Request for external review made to DOI within 4 months after internal appeal decision. IRO assigned. Written decision within 45 days. |  |
|  | Electronic External Review  | [Director Ramge Notice 12/7/2020](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/ImplementationPortalProcessingExternalReviews_0.pdf) | Please provide assurance incorporation of our notice of the external review portal is available and language adverse determination form is disclosed to the consumer.  |  |
| 🞏 | External review for denials based on experimental or investigational  | [44-1308](https://nebraskalegislature.gov/laws/statutes.php?statute=44-1308&print=true) [44-1309](https://nebraskalegislature.gov/laws/statutes.php?statute=44-1309&print=true)[44-1310](https://nebraskalegislature.gov/laws/statutes.php?statute=44-1310&print=true) Title 210 [Chapter 87](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-87.pdf) | See standards and deadlines for clinical reviewers’ opinions and IRO decisions at § 44-1310. |  |
| 🞏 | Coordination of Benefits | [Title 210 Chapter 39 003.11(C)(i)](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-39.pdf) | Individual and group plans are able to coordinate benefits – if no COB language in policy, plan will be primary. COB language in regulation.  |  |
| 🞏 | 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, 733,687N.W.2nd 689(2004) | The insured must be fully compensated before the insurer may subrogate against its insured. |  |
|  | **NEBRASKA BENEFIT MANDATES** |
| 🞏 | **NEBRASKA MANDATED BENEFITS** | [44-769 - 781](https://nebraskalegislature.gov/laws/statutes.php?statute=44-769&print=true)[44-785](https://nebraskalegislature.gov/laws/statutes.php?statute=44-785)[44-797](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-797)[44-786](https://nebraskalegislature.gov/laws/statutes.php?statute=44-786)[44-788](https://nebraskalegislature.gov/laws/statutes.php?statute=44-788)[44-790](https://nebraskalegislature.gov/laws/statutes.php?statute=44-790)[44-797](https://nebraskalegislature.gov/laws/statutes.php?statute=44-797)[44-7,102](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,102)[44-784](https://nebraskalegislature.gov/laws/statutes.php?statute=44-784)[44-789](https://nebraskalegislature.gov/laws/statutes.php?statute=44-789)[44-788](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-788)[44-798](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-798)[44-5004](https://nebraskalegislature.gov/laws/statutes.php?statute=44-5004) **(effective 1/1/2020)** | Alcoholism disclosureMammographyBreast reconstructionOB/GYNDrug coverage cancer/AIDSDiabetes Reconstructive breast surgeryColorectal cancer screeningChildhood immunizationsTMJOff-label drugs for cancer and HIV/AIDSDental care requiring hospitalization and general anesthesiaHearing aids for under age 19 (does not apply to small group per 44-5003(1)) |  |
| 🞏 | Oral anticancer meds | [44-7,104](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,104&print=true) | Cover oral anticancer meds no less favorable than intravenous or injected anticancer meds.  |  |
| 🞏 | Autism Spectrum  | [44-7,106](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,106&print=true) | Screening, diagnosis, and treatment of autism spectrum disorder in individuals under age 21. |  |
| 🞏 | Mental health coverage parity | [44-793](https://nebraskalegislature.gov/laws/statutes.php?statute=44-793) and Federal MHPAEA | Note that if coverage is provided, parity is required. |  |
| 🞏 | Mail order drugs | [44-513.02](https://nebraskalegislature.gov/laws/statutes.php?statute=44-513.02&print=true) | Mail order pharmacy cannot be mandatory. Same copay for prescriptions less than 180 days whether they are obtained through pharmacy or mail. N/A to long term maintenance drugs or HMO. |  |
| 🞏 | Synchronizing prescriptions | [§ 44-7,108](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-7,108) | Not required to be stated in policy, but policy cannot conflict. |  |
| 🞏 | Information regarding cost, price, or copayment of a prescription drug; pharmacist or contracted pharmacy | [§ 71-2484](https://nebraskalegislature.gov/laws/statutes.php?statute=71-2484&print=true) | SBP and any description of pharmacy copays should include a statement where the pharmacy's price is lower than the stated copayment; the insured is only required to pay the pharmacy price. |  |
| 🞏 | Prescription Drug Manufacturer Coupons | NE Filing Requirement | Clearly state if manufacturer coupons or discounts do not count toward deductible and/or OOPM.  |  |
| 🞏 | 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) |  |  |
| 🞏 | Network Adequacy | [§ 44-7105](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-7105) | Health carriers must have an access plan containing the requirements at 44-7105(2).If the carrier’s in-network hospital does not have an in-network ancillary provider, then the carrier has to reimburse the nonparticipating provider at UCR.  This requires a definition of UCR with a method to calculate UCR, not just “in an amount determined by the insurer.” |  |
| 🞏 | Out-of-Network (OON) Emergency Coverage | [45 CFR § 156.130](https://www.law.cornell.edu/cfr/text/45/156.130)(g) | **Non-emergency OON** – must define what benefits are based on and how calculated.**Emergency OON** – now covered by No Surprises Act. |  |
|  | No Surprises Act (NSA) [cms.gov/nosurprises](https://www.cms.gov/nosurprises)  for federal resources |  | Applies to emergency services (some past-stabilization emergency services are covered), non-emergency services by OON providers at in-network facilities, and air ambulance (but not ground ambulance). \*Policy must describe the types of services that are protected from balance billing. A list of CPT codes is not required.\*Policy must explain that when a claim is made, the insurer will send an Explanation of Benefits that includes contact information for the insurer in the event an insured receives a surprise balance bill. |  |
|  | Clarification of interaction between NSA and Nebraska surprise balance billing statutes |  | All services covered by the Nebraska surprise billing law are covered by the No Surprises Act, so a description of the protection from balance billing in the NSA is sufficient to give the insured notice of all instances where there is protection from balance bills.  |  |
| 🞏 | Out-of-Network Emergency Medical Care (Surprise Balance Bill Prohibition) |  | Applies to emergency services at facilities. Emergency is only to the point of stabilizing the patient.  |  |
|  | **OTHER** |
| 🞏 | Eligibility Waiting Period | NE Filing Requirement | Cannot exceed 90 days. |  |
| 🞏 | No Preexisting Condition Limitations. | ACA |  |  |
| 🞏 | Preventive Care  | ACA | Cover specific preventive services and screenings In-Network with no cost sharing.  |  |
| 🞏 | No pre-authorization or referral needed for OB/GYN | ACA |  |  |
| 🞏 | Pediatrician can be Primary Care Physician | ACA |  |  |
| 🞏 | Maternity Stay | PHSA 2725 (45 CFR 148.170) | May not restrict hospital stay to less than 48 hours for normal delivery or 96 hours for C-section. |  |
| 🞏 | Wellness and awards |  | Awards, gifts, incentives and discount services must be specific and listed in policy. State that these non-insurance benefits are subject to change, not guaranteed and may end at any time.  |  |
| 🞏 | COBRA  |  | Continuation of group health insurance. |  |
|  | **PRODUCT VARIATIONS** **These requirements only apply to certain products – see the left column for product types.** |
| 🞏 | HMO and EPO, disclosure of network limitation on coverage | [§ 44-710](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-710&print=true) | To avoid misleading consumers, clear explanation on network limitations for payment is required, including procedure for consumers to follow when a closed plan/HMO does not include the necessary provider. |  |
| 🞏 | HMO | [44-32,129](https://nebraskalegislature.gov/laws/statutes.php?statute=44-32,129&print=true) to [44-32,179](https://nebraskalegislature.gov/laws/statutes.php?statute=44-32,179&print=true) | Appeal procedures, external review, state mandated benefits, Unfair Trade Practices all apply to HMO. |  |
| 🞏 | HMO, in-network coverage for basic health care services  | [§ 44-3294](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-3294) | Basic health care services must be included in the network with no exposure to balance billing. |  |
| 🞏 | HMO, certificate of authority | [§ 44-32,115](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-32,115&print=true), § [44-32,151](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-32,151&print=true) and [§ 44-3295](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-3295&print=true) | Certificate of Authority required as *either* an HMO or an insurer. |  |
| 🞏 | EPO, in-network coverage | [§ 44-7105](https://www.nebraskalegislature.gov/laws/statutes.php?statute=44-7105&print=true) | Because [EPOs provide closed networks like an HMO](https://www.healthcare.gov/choose-a-plan/plan-types/), Nebraska requires that in-network providers be available for all covered benefits, subject to the Managed Care Plan Network Adequacy Act standards.  |  |
| 🞏 | Associations | [§44-760](https://nebraskalegislature.gov/laws/statutes.php?statute=44-760) | Submit By-laws. |  |
|  |  **APPLICATION****If previously approved provide the form number and the SERFF filing number.** |
| 🞏 | GINA- Prohibition on genetic information as condition of eligibility or premium rates | Federal Genetic Information Non-discrimination Act | Requests for genetic information or genetic testing are not allowed. |  |
| 🞏 | 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. |  |
| 🞏 | Authorization to Release Information | [§ 44-916](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917)[§ 44-917(1)(e)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917)[§ 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. |  |
| 🞏 | No health questions or medical underwriting | ACAPHSA, Sec 2705 | Must be guaranteed issue with no Preexisting condition limitation. Cannot discriminate based on age, life expectancy or disability. **May not establish rules for eligibility based on evidence of insurability, medical history, genetic information, claims experience, health status, disability, receipt of health care, or medical condition.** |  |
| 🞏 | 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 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. |

**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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Typed Name of Authorized Filer (Electronic Signature) Date