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

H12 Health – Excess/Stop Loss

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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) | 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 within 10 days for full refund and is voided. |  |
| 🞏 | 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 (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 |  | Include definitions for terms used in contract. |  |
|  | **MANDATORY PROVISIONS (use statutory wording or wording more favorable to the insured)** | | | |
| 🞏 | 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.  • 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.) |  |
| 🞏 | Legal Actions | [§ 44-710.03 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 60 days, 3 years |  |
| 🞏 | 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 (use statutory wording or wording more favorable to the insured)** | | | |
| 🞏 | Unpaid premium | [§ 44-710.04 (7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Can deduct from claim. |  |
| 🞏 | Illegal occupation | [§ 44-710.04(10)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Felony or illegal occupation can be excluded. |  |
| 🞏 | Intoxicants and narcotics | [§ 44-710.04(11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | No liability unless administered on the advice of a physician. |  |
|  | **APPLICATION** | | | |
| 🞏 | Electronic application | [Federal ESIGN law, 15 U.S.C. 7001.](https://www.fdic.gov/regulations/compliance/manual/10/x-3.1.pdf)  [(UETA), §§ 668.50(5) and (8), F.S.](https://www.fdic.gov/regulations/compliance/manual/10/x-3.1.pdf) | Consumer must be given option to opt out of electronic process.  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. |  |
| 🞏 | Ambiguous questions | Nebraska filing requirement | 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.** | | | |
| 🞏 | 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 variability (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