

State of New Hampshire Insurance Department

**SUBMISSION REQUIREMENTS CHECKLIST FOR LIFE, ACCIDENT AND HEALTH FILINGS
Including Life Settlement Filings**

INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:

- A. For ALL filings, the Submissions Requirements Checklist MUST be completed, signed and attached to the supporting documentation tab.
- B. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted.
 - a. Policy/Certificate
 - b. Riders, endorsements or amendments
 - c. Applications
 - d. Advertising
 - e. Annual Actuarial Certification
- C. RATES are required to be filed in accordance with [NHCAR Part Ins 401.13 \(m\)](#) and [NHCAR Part Ins 4100](#). Additional requirements may be necessary, depending on the Type of Insurance (TOI).

This checklist MUST be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:

http://www.gencourt.state.nh.us/rules/state_agencies/ins.html

<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm>

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SECTION 1 GENERAL REQUIREMENTS				
CHECKLIST	Checklists QHP Checklists	Submit individual checklist for the Line of Business	Yes: Why:	No:
SCOPE	NHCAR Part Ins 401.01 (b)	(b) This chapter shall apply to all licensed writers of life, accident and health insurance in this state, including health service organizations and health maintenance organizations, and shall also apply to life settlement providers.	Yes: Why:	No:
HOME OFFICE	NHCAR Part Ins 401.13 (b)	(b) All submissions shall be made by the home office of the company.	Yes: Why:	No:
RETALIATORY FEES-EFT	NHCAR Part Ins 401.13 (i)	(j) With respect to any submission of a company domiciled in a state or country where the state insurance department or comparable agency requires foreign or alien insurers to pay any fees for the filing or examination of policy forms, the submission shall include an EFT payment of the retaliatory fee due to the state of New Hampshire pursuant to RSA 400-A:35.	Yes: Why:	No:
SUBMISSIONS	NHCAR Part Ins 401.13 (d)	(d) All submissions and associated fees shall be submitted electronically through SERFF and electronic funds transfer (EFT), pursuant to Ins 3101..	Yes: Why:	No:
THIRD PARTY SUBMISSIONS	NHCAR Part Ins 401.13 (c)	(c) In instances where a filing is being made on behalf of a company, a letter or other documentation authorizing the firm to file on behalf of the company shall be attached to the supporting documentation tab in SERFF.	Yes: Why:	No:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
SECTION 2 FILING REQUIREMENTS				
AMENDMENTS	NHCAR Part Ins 401.13 (n)	(n) Where amendatory pages are submitted, those pages shall be properly executed as such.	Yes: Why:	No:
APPLICATION	NHCAR Part Ins 401.05 (a) (5) RSA 408:9	(5) The entire contract between the parties shall consist of the policy together with a copy of the signed and completed application; If the application to be used with this product has been approved under a prior submission, a copy of the application must be attached to the supporting documentation tab (Bulletin Ins 08-033-AB)	Yes: Why:	No:
BLANK RIDER, AMENDMENT, OR ENDORSEMENT	NHCAR Part Ins 401.13 (v)	(v) Any submission of a "blank" rider, amendment or endorsement form shall in all instances be accompanied by a listing of all intended uses attached to the supporting document tab in SERFF. Information also required on SERFF General Information Tab – Filing Description.	Yes: Why:	No:
BOOKMARKING	NHCAR Part Ins 401.13 (h)	(h) All policy forms containing 3,000 or more words or printed on 3 or more pages shall contain a table of contents or an index of the principal sections of the policy and shall be electronically bookmarked.	Yes: Why:	No:
BRIEF DESCRIPTION	NHCAR Part Ins 401.13 (f)(1)	(f)(1) A brief description of each form, including any new or unusual features, and a listing of forms to which it will be attached; Required in SERFF on General Information Tab under Filing Description	Yes: Why:	No:
CERTIFICATE OF COMPLIANCE	NHCAR Part Ins 401.13 (e)	(e) A certification of compliance statement shall be signed by a representative of the company authorized to certify compliance and attached to the supporting document tab in SERFF	Yes: Why:	No:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
DOMICILE	NHCAR Part Ins 401.13 (f) (2)	(f)(2) A statement indicating the current submission's filing status in the state of domicile, the date approved by the state of domicile, and state of domicile status comments shall be completed on the general information tab in SERFF	Yes: No: Why:
FORMS- Final Print	NHCAR Part Ins 401.13 (r)	(r) All forms submitted shall be in final print.	Yes: No: Why:
FORMS-Intended Use – All Necessary	NHCAR Part Ins 401.13 (k)	(k) All forms shall be filed as intended for use, with all necessary related forms.	Yes: No: Why:
FORMS-Layout MATRIX FILINGS NOT PERMITTED	NHCAR Part Ins 401.13 (g) Bulletin Ins 18-056-AB	(g) All forms shall be submitted for review in the same layout as sold to consumers in New Hampshire. Except as expressly provided by statute or rule, multiple product line filings shall not be submitted as a single policy if any product line in the filing may be marketed or issued as a separate policy.	Yes: No: Why:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
FORMS-Replacement	NHCAR Part Ins 401.13 (f) (3),(4)	(f)(3) If this form is replacing another form, said other form shall be identified. If this form is not replacing another form, it shall be so stated; and (f)(4) Where a form is replacing another form, a letter shall itemize each of the differences between the new form and the form being replaced which shall be attached to the supporting documentation tab in SERFF. A copy of the new form showing each change highlighted or otherwise indicated (REDLINED) shall also be attached to the supporting documentation tab in SERFF.	Yes: No: Why:
FORM NUMBER- Revised Form	NHCAR Part Ins 401.13 (q)	(q) Complete revised forms including amendments shall be submitted with a distinguishing form number.	Yes: No: Why:
GROUP CERTIFICATE- Enrollment Form Required	NHCAR Part Ins 401.13 (l)	(l) Certificates shall include enrollment forms.	Yes: No: Why:
GROUP POLICY	NHCAR Part Ins 401.13 (u)	(u) Every filing of a group policy or group policy page shall include the simultaneous filing of the corresponding group certificate page. In addition, every filing of a group certificate or group certificate page shall include the simultaneous filing of the corresponding group policy or group policy page.	Yes: No: Why:
GROUP POLICY- Statement of Variability	NHCAR Part Ins 401.13 (t)	(t) Because of the many variations possible in group policies, their certificates and all of the intended insert pages reflecting possible variations shall be reviewed, provided that such filing is accompanied by a statement of variability describing all combinations used for the different types of policies.	Yes: No: Why:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
MULTIPLE PRODUCT LINE POLICIES	NHCAR Part Ins 401.13 (g)	(g) All forms shall be submitted for review in the same layout as sold to consumers in New Hampshire. Except as expressly provided by statute or rule, multiple product line filings shall not be submitted as a single policy if any product line in the filing may be marketed or issued as a separate policy.	Yes: No: Why:
OFFICERS' SIGNATURES	NHCAR Part Ins 401.13 (s)	(s) Forms shall be submitted with the exact content as intended for use by the company and shall bear facsimile signatures of corporate officers. However, facsimile signatures shall not be required on group certificates.	Yes: No: Why:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
RATES	NHCAR Part Ins 401.13 (m)	(m) Policies, certificates and rates shall be submitted together to the department.	Yes: No: Why:
REJECTION	NHCAR Part Ins 401.13 (y), (z)	(y) Submissions that do not comply with these requirements shall be immediately rejected. (z) Policy forms that are resubmitted and disapproved 2 times by the department under (y) above due to non-compliance with statutes and rules shall not be given further consideration until a company representative personally attends a compliance conference at the department to discuss the form submission.	Yes: No: Why:
RESUBMISSION REQUIREMENTS	NHCAR Part Ins 401.13 (w)	(w) In the event that forms submitted to this department by an insurer are not approved, and such forms are thereafter corrected and resubmitted, the previous submission's SERFF number shall be given, and all previous correspondence shall be attached to the supporting document tab in SERFF. The filing description for the resubmission shall comply with all the provisions of Ins 401.13 and include a description of each correction made in reference to the prior submission. A copy of the new form showing each change highlighted (redline) or otherwise indicated shall also be attached to the supporting document tab in SERFF.	Yes: No: Why:
SPECIFICATIONS PAGE	NHCAR Part Ins 401.13 (i)	(i) The specifications page of a policy or contract shall be completed with hypothetical data that is realistic and consistent with the other contents of the policy or contract.	Yes: No: Why:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
STATEMENT OF VARIABILITY	NHCAR Part Ins 401.13 (p)	(p) All variable language shall be identified by the use of brackets, accompanied by a statement of variability, and attached on the supporting document tab in SERFF which shall describe the full range of variability. Variable language shall not be approved if the variable language prevents review of the policy for compliance with minimum standards or the requirements of RSA 415:2.	Yes: No: Why:
SECTION 3 RULES APPLICABLE TO ALL FORMS			
BRIEF DESCRIPTION	NHCAR Part Ins 401.04 (c)	c) Each policy and certificate shall provide a brief description of the nature of the policy, as follows: (1) The brief description shall be printed on: a. The face page, specifications page, or the back page if the policy form has a full size cover page; or b. On the specifications page so that the description is visible, if the policy form has less than a full size cover page; and 2) In the instance of individual life or individual annuity contracts, the brief description shall contain a statement indicating whether the policy is "participating" or "nonparticipating";	Yes: No: Why:
COMPANY INFORMATION	NHCAR Part Ins 401.04 (b)	(b) Each policy and certificate shall recite on the back page or specifications page the: (1) Full corporate or legal title of the company, association, exchange or society; (2) Official home address, including city and state or province; (3) Administrative office address if different from address in (2) above; (4) Toll-free telephone number of the company and, if available, a facsimile number and website address	Yes: No: Why:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
ENGLISH LANGUAGE	NHCAR Part Ins 401.04 (p)	(p) All policy forms filed with the commissioner shall be written in the English language.	Yes: Why:	No:
ENGLISH/FOREIGN LANGUAGE TRANSLATIONS	NHCAR Part Ins 401.04 (q)	(q) An insurer may also provide applicants and insureds with a policy, application, or other forms in a language other than English if the non-English version of the policy, application, or other form, that has not been reviewed by the commissioner:	Yes: Why:	No:
FOREIGN LANGUAGE CERTIFICATION	NHCAR Part Ins 401.04 (r)	(r) If an insurer offers a non-English policy, application, or other form in accordance with (q), the insurer shall file the translator certification and disclosure required by (q)(2) and (q)(4) with the commissioner as an information filing.	Yes: Why:	No:
FOREIGN LANGUAGE CONTROLLING DOCUMENT	NHCAR Part Ins 401.04 (t)	(t) If there is a dispute between the English version and the non-English version, the English version shall control and the non-English version shall carry a disclaimer in the non-English language to this effect. The insurance policy is controlling and any advertisements or informational materials used by an insurer shall not be construed to modify or change the insurance policy.	Yes: Why:	No:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
FORM NUMBER	NHCAR Part Ins 401.04 (a)	<p>a) Each form shall be designated by a form number composed of either figures or letters or both.</p> <p>(1) The form number shall be:</p> <p>a. Sufficient to distinguish the form from all other forms used by the company;</p> <p>b. Placed in the lower lefthand corner on the front of each form;</p> <p>(2) The form number for a policy form may contain the prefix "Form No.";</p> <p>(3) Policy forms utilizing less than a full sheet as the face page or cover page shall place the form number in the lower lefthand corner of the specifications page;</p> <p>(4) Any time any change is made, the form shall be resubmitted as a new form with a new form number.</p>	<p>Yes: No:</p> <p>Why:</p>
NEW HAMPSHIRE JURISDICTION	NHCAR Part Ins 401.04 (o)	(o) All policy forms and certificates issued on or after January 1, 2010 that provide coverage as defined in RSA 420-G:2, IX. or prescription drug and dental benefits offered separately as described in RSA 420-G:2, IX. (j), issued on or after January 1, 2010, shall clearly state that the benefit plan or coverage represented by the policy is under the jurisdiction of the New Hampshire insurance commissioner pursuant to RSA 400-A:15-c.	<p>Yes: No:</p> <p>Why:</p>
SECTION 4 RATE SUBMISSION REQUIREMENTS			
	NHCAR PART Ins 4100 NHCAR Part Ins 401.13 (m)	<p>REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS</p> <p>Policies, certificates, and rates shall be submitted together to the department.</p>	<p>Yes: No:</p> <p>Why:</p>

State of New Hampshire

CERTIFICATION FOR FORM SUBMISSION FOR COMPLIANCE

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF LIFE AND HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, CERTIFICATES OR OTHER EVIDENCES OF LIFE, ACCIDENT AND HEALTH COVERAGE IDENTIFIED ON THE ATTACHED COMPLIANCE FILING AS SUBMITTED TO THE NEW HAMPSHIRE COMMISSIONER OF INSURANCE; HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE NEW HAMPSHIRE LAWS AND REGULATIONS; AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND CERTIFY THAT THE POLICY FORMS, APPLICATIONS, CERTIFICATES OR OTHER EVIDENCES OF LIFE, ACCIDENT AND HEALTH COVERAGE IDENTIFIED IN THE SERFF FILING FOR COMPLIANCE FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL NEW HAMPSHIRE INSURANCE LAWS AND REGULATIONS.

(Original Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Director