

**REVIEW REQUIREMENTS CHECKLIST
MEDICARE SUPPLEMENT INSURANCE**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE Form/Page/Para.
False/deceptive ads	ARS § 20-444		
Defamation	ARS § 20-445		
Unfair discrimination	ARS § 20-448		
Rebates	ARS § 20-449		
Prohibited inducements	ARS § 20-452		
Unfair claim settlements	ARS § 20-461		
Entire contract	ARS § 20-1345		
Time limit on defenses	ARS § 20-1346		
Grace period	ARS § 20-1347		
Reinstatement	ARS § 20-1348		
Notice of claim	ARS § 20-1349	Companies often fail to include a statement that written notice of claim must be given within twenty days after a loss or as soon thereafter as is reasonably possible. (emphasis added)	
Claim forms	ARS § 20-1350		
Proofs of loss	ARS § 20-1351		
Time for payment of claims	ARS § 20-1352		
Payment of claims	ARS § 20-1353		
Physical examination; autopsy	ARS § 20-1354		
Legal actions	ARS § 20-1355	The law requires that no legal action shall be taken after two years. Some companies merely state that the insured cannot file legal action after their state's statute of limitations has run out. We believe an insured should not have to do legal research to determine his rights under the policy and we require them to put an actual time frame in the policy contract.	
Pretext interviews	ARS § 20-2103	Policy terms cannot require pretext interview.	
Notice of insurance information practices	ARS § 20-2104		
Marketing and research surveys	ARS § 20-2105		
Content of disclosure authorization forms	ARS § 20-2106	The applicant's statement on the application often fails to include a phrase which states that the applicant <u>or his authorized representative</u> can request a copy of the authorization, as required by ARS § 20-2106(9). (emphasis added)	
Investigative consumer reports; rights of individuals	ARS § 20-2107	Insurers often fail to inform the applicant that he has a right to be interviewed as part of the investigation and that he can receive a copy of the report, as required by ARS § 20-2107.	
Access to recorded personal information	ARS § 20-2108		
Correction, amendment or deletion of recorded personal information	ARS § 20-2109		
Reasons for adverse underwriting decisions	ARS § 20-2110		
Information concerning previous adverse underwriting decisions	ARS § 20-2111		
Basis for adverse underwriting decisions	ARS § 20-2112		

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Advertisements of Health Insurance	AAC R-20-6-201 et seq.		
Form Filings; Translations	AAC R20-6-203		
Gender Discrimination	AAC R-20-6-207		
Discrimination on the Basis of Blindness or Partial Blindness	AAC R-20-6-211		
Life and Disability Insurance Policy Language Simplification	AAC R-20-6-213		
Unfair Claims Settlement Practices	AAC R-20-6-801		
HIV/AIDS: Prohibited and Required Practices-Definitions	AAC R20-6-1201		
HIV/AIDS: Applications for Insurance	AAC R20-6-1202		
Testing for HIV; Consent Form	AAC R20-6-1203		
Release of Confidential HIV-related Information; Release Form	AAC R20-6-1204	When preparing authorization forms note that the maximum period an authorization for an insurer to disclose HIV-related information can be valid is 180 days.	
HIV/AIDS: Benefits; Prohibited Practices	AAC R20-6-1205		
REQUIREMENTS SPECIFIC TO MEDICARE SUPPLEMENT INSURANCE			
Regulation of Medicare Supplement Insurance	ARS § 20-1133		
The following requirements are set forth by the National Association of Insurance Commissioners (NAIC) Medicare Supplement Insurance Minimum Standards Model Act, which the Arizona Department of Insurance incorporated by reference in Arizona Administrative Code R20-6-1101(A). All sections referenced are contained in the Model Regulation.			
Purpose	Section 1		
Authority	Section 2		
Applicability and Scope	Section 3		
Definitions	Section 4	The definition of "Medicare supplement policy" specifically excludes Medicare Advantage and Outpatient Prescription Drug plans established under Medicare Parts C and D. All documents filed should make it clear that Medicare Supplement plans are a different type of coverage than Medicare.	
Policy Definitions and Terms	Section 5		
Policy Provisions	Section 6		
Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to November 12, 2005	Section 7		

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Benefit Standards for Policies or Certificates Issued for Delivery After November 12, 2005 and Prior to June 1, 2010	Section 8		
Benefit Standards for 2010 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery on or After June 1, 2010	Section 8.1		
Standard Medicare Supplement Benefit Plans for 1990 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery After November 12, 2005 and Prior to June 1, 2010	Section 9		
Standard Medicare Supplement Benefit Plans for 2010 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery on or After June 1, 2010	Section 9.1		
Medicare Select Policies and Certificates	Section 10		
Open Enrollment	Section 11		
Guaranteed Issue for Eligible Persons	Section 12		
Standards for Claims Payments	Section 13		
Loss Ratio Standards and Refund or Credit of Premium	Section 14	Refund calculation forms are due by May 31st of each year.	
Filing and Approval of Policies and Certificates and Premium Rates	Section 15		
Permitted Compensation Arrangements	Section 16		
Required Disclosure Provisions	Section 17	(17)(D)(3) requires that the outline of coverage shall be in the language and format prescribed, and in no less than 12 point type.	
Requirements for Application Forms and Replacement Coverage	Section 18	(E) requires that the replacement notice shall be in no less than 12 point type.	

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Filing Requirements for Advertising	Section 19		
Standards for Marketing	Section 20	(20)(B)(3) stipulates that if any method of marketing fails to disclose in a conspicuous manner that the purpose of the marketing is solicitation of insurance and that contact will be made by a producer of the insurer, it is considered "cold lead advertising" and is prohibited.	
Appropriateness of Recommended Purchase and Excessive Insurance	Section 21		
Reporting of Multiple Policies	Section 22	Reporting of multiple policies is due on or before March 1st of each year.	
Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates	Section 23		
Prohibition Against Use of Genetic Information and Requests for Genetic Testing	Section 24		
Separability	Section 25		
Effective Date	Section 26	The effective date of the regulation is June 2, 2009.	

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CERTIFICATION

I, _____, hereby certify that to the best of my knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all of the applicable requirements outlined above; 2) Contains no provision(s) previously disapproved or required to be corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed this insurer's powers, the authority granted by its state of domicile and its Arizona certificate of authority.

Signature of

Officer: _____

Date: _____