

**Department of Consumer & Business Services  
Oregon Insurance Division – 5**

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**STANDARDS FOR HEALTH APPLICATIONS  
(Other than Health Benefit Plans as defined in ORS 743.730(18)(b))  
ORS 742.003(1)**

This checklist applies to application for miscellaneous health products. It must be submitted with your filing in compliance with OAR 836-010-0011(2). The checklist includes national standards, relevant statutes, rules, and bulletins to enforce ORS 731.016. The standards, in some cases, are summaries and review of the entire statute or rule may be necessary. Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certification of compliance form. “Not applicable” can be used only if the item does not apply to the application being filed. Any line left blank will cause this filing to be considered incomplete. Not including required information may result in disapproval of the filing. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**Insurer name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Type of policy**       Individual       Group       Other (*identify*) \_\_\_\_\_

**Completed for application number(s):** \_\_\_\_\_

Form Included  
 Form Previously Approved      Approval Date: \_\_\_\_\_      Oregon Filing #: \_\_\_\_\_  
 N/A

HIV consent-form number (106): \_\_\_\_\_

**Underwriting level:**       Simplified (102)       Fully underwritten (103)       Reinstatement (107)

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
<b>GENERAL REQUIREMENTS (FOR ALL FILINGS)</b>				
Product Locator		Were the forms in your filing developed with the NAIC Product Locator, Oregon information? <i>(The requirements on this document are substantially the same as those on the Product Locator for consistency in drafting and meeting these filing requirements.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Submission package requirements	OAR 836-010-0011 As required on SERFF or our Web site	Required forms are located on SERFF or on our Web site: <a href="http://www.oregoninsurance.org/docs/serff/filing_requirements.htm">www.oregoninsurance.org/docs/serff/filing_requirements.htm</a> . These must be submitted for your filing to be accepted as complete: 1. NAIC transmittal form.(Paper filings only) 2. Cover Letter or Filing Description in SERFF. 3. Third party filer’s letter of authorization. 4. Certificate of compliance signed by an officer of the insurer. 5. Product standard for application forms (this document). 6. Forms filed for approval. (If filing a revised form, include a <b>highlighted</b> copy of the changes.) 7. For mailed filings, two self-addressed stamped envelopes, one in which the Insurance Division can return approved forms.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	Filing description on transmittal form (cover letter)	The filing description includes the following: 1. The policy and policy number(s) this application will be used to solicit. 2. The groups or market. 3. Identification of all like approved forms for a like product and summarizes the differences between the approved like form and the new form. 4. Confirmation that no other application will be used simultaneously to solicit individual policies. Applications being replaced are listed on the transmittal form.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Review	ORS 742.003(1), OAR 836-010-0011(3)	The following are submitted in this filing for review: 1. New application or enrollment form. 2. Amendment of an approved form. 3. Addition of a supplemental form to previously approved application number:	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Applicability	HIPAA Privacy	HIPAA Privacy requirements and all HIPAA related statements are solely supported by HIPAA requirements. If providing federal requirements separately, the federal information is not required to be filed, but must state only information required by the federal regulation.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Applicability continued	ORS 746.600(1)	Adverse underwriting decision. No practices or procedures imply or provide for adverse underwriting by offering to insure individual applicants at higher-than-standard rates that are not filed and approved with the policy.	Yes <input type="checkbox"/>
	ORS 746.660	Adverse underwriting decisions are not based on a previous insurer's denial.	Yes <input type="checkbox"/>
	Underwriting change ORS 742.005(3), (4)	If underwriting is changing in the application, include actuarial support that the rates are not affected. Otherwise, a complete new rate and form filing is required.	Yes <input type="checkbox"/>
	OAR 836-053-0510	This form is not applicable to the following: 1. Individual Health Plans are required to use the Oregon Health Statement (Form 440-3087, OAR 836-053-0510 Exhibit 1). 2. Group Health Plans enroll new employees without the use of medical questions and used Oregon Health Statement for late enrollees (Form 440-3087).	
	Life, annuities, AD&D	Application for Life, annuities and AD&D, use checklist 440-2442	
Clarity/ Readability	ORS 742.005(2)	Forms are clear and understandable in their presentation of premiums, labels, description of contents, title, headings, backing, and other indications (including restrictions) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes <input type="checkbox"/>
	ORS 743.106(1)(b)	Application and medical questions are printed in type not smaller than 10 points.	Yes <input type="checkbox"/>
Variable benefits	ORS 742.003, 742.005(2),	1. Any variable information is bracketed or otherwise marked to denote variability. 2. The application does not offer variable selections that are not approved.	Yes <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/>
<b>APPLICATION FORM</b>			
Authorization	ORS 743.027	Application includes a signature block unless the application is filed specifically for Internet use. ( <i>Signature blocks cannot be filed as optional; they must be completed.</i> )	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.005(2)	The authorization and notice sections of the application, providing disclosure notices required by state and federal law, are limited to the regulatory language; company practices are not added.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Beneficiaries	ORS 743.024	If applicable, beneficiaries are to be designated by the applicant; no beneficiary names are pre-printed on applications.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Claim payment	ORS 742.013(1)(a), 742.016	A copy of the application will be attached to the policy as part of the entire contract provision in the policy that may be used as evidence to deny a claim.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Discrimination	ORS 742.005(3), (4), 746.015	The extent of medical questions is consistent with the mortality assumptions used in pricing the policy. Only one set of medical underwriting questions is filed for any individual policy form or plan. All applications used to solicit the same policy use the same underwriting questions.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		No method is used to pre-screen the applicant prior to the use of this application. Any decision not to accept an applicant initiates the notification required under ORS 746.650.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(5)	Marital status, ZIP code, or any other territorial classification is not used to aid in establishing sexual orientation.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Fraud	Bulletin 98-5	If the application includes a fraud warning, it is general in nature, using “may be” guilty of fraud and “may be” subject to civil or criminal penalties if intentional and material to the risk.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Medicare supplement	OAR 836-052-0138	Filing includes open-enrollment standards. The disabled may not be treated different than those who qualify by reason of age.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142(3)	Guaranteed-issue periods are 63 days, according to the qualified provision.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142(2)	<p>“Eligible persons,” is defined as one of the following:</p> <p>(a) An individual enrolled under an employee welfare benefit plan that: (1) supplements the benefits under Medicare and the plan terminates or ceases to provide all supplemental health benefits; or (2) is primary to Medicare and the plan terminates or ceases to provide all health benefits.</p> <p>(b) An individual enrolled with a Medicare+Choice organization under a Medicare+Choice plan under Part C of Medicare, and any of the circumstances apply under OAR 836-052-0142(2)(b)(A), or the individual is 65 years of age or older and is enrolled with a Program of All Inclusive Care for the Elderly (PACE) provider under section 1894 of the Social Security Act, and there are circumstances similar to those described in this subsection that would permit discontinuance of the individual's enrollment with the provider if the individual were enrolled in a Medicare+Choice plan.</p> <p>(c) An individual enrolled with an eligible organization defined in OAR 836-0142(2)((2)(c)(A)</p> <p>(d) An individual enrolled under a Medicare supplement policy and the enrollment ceases due to insolvency, involuntary termination of coverage, or issuer violations.</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>N/A <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Medicare supplement continued	OAR 836-052-0142(3)	(e) An individual enrolled under a Medicare supplement policy terminates enrollment and subsequently enrolls for the first time with any Part C Medicare+Choice organization, any eligible organization under Section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, or any PACE provider under Section 1894; and subsequently terminates enrollment within 12 months permitted under section 1851 (e) of the federal Social Security Act.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		(f) An individual, upon first becoming enrolled for benefits under Medicare part A, enrolls in a Medicare+Choice plan under part C of Medicare or with a PACE provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program not later than 12 months after the effective date of enrollment.	<input type="checkbox"/>	<input type="checkbox"/>
Misrepresentations, statements	ORS 742.013	All statements and responses are representations and not warranties.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Replacement questions	OAR 836-052-0165	If application for Medicare supplement involves a replacement, the questions and notice are as required by rule. If Exhibit 1 is not used for a replacement, a copy of the form is included in this filing, which provides for the signature of the agent and applicant. <i>(If this form was previously approved, you need only provide form number and approval date in your transmittal description or cover letter.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	OAR 836-052-0615	A long-term-care application (or supplement) used for a replacement includes the questions in OAR 836-052-0615 to elicit whether the applicant has other long-term-care coverage and whether replacement is intended. If Exhibit 2 is not used for a replacement, a copy of the form is included in this filing, which provides for the signature of the agent and applicant. <i>(If this form was previously approved, you need only provide form number and approval date in your transmittal description or cover letter.)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Reinstatement	ORS 743.420	A reinstatement application covers losses resulting after the date of reinstatement and sickness that may begin more than 10 days after reinstatement. In all other respects, the insured and insurer have the same rights they had under the policy immediately before the defaulted premium.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0615(3)	If replacement is intended for long-term-care coverage, the insurer or agent provides the required replacement notice to prior insurer.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Titles & headings	ORS 742.005(2)	The application clearly identifies the type of coverage being solicited and prominently discloses the insurer.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

**Complete the following for applications with medical questions**

Genetic testing	ORS 746.015, 742.005(4)	Questions related to genetic testing are not used as a basis for establishing a class for underwriting. <i>(A genetic-testing question cannot be asked unless the insurer will perform and pay for a genetic test on all applicants that have not had a genetic test. Consideration of genetic test only on those that have previously had the test is a discriminatory practice and prohibited under ORS 746.015 and is unjust, unfair, and inequitable under ORS 742.005(4).)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.135(4), 192.531(9)	No question includes genetic information about a blood relative.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.135(1), 192.535	If a genetic-testing question is asked, the company uses a consent form.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.135(3)	Genetic information is not included on applications for hospital or medical expenses coverages.	Not included <input type="checkbox"/>	
HIV consent	OAR 836-050-0250	If HIV-, AIDS-, or ARC-related questions are asked, the company has a consent form approved or included in this filing for approval that meets the requirements of OAR 836-050-0250.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Underwriting & underwriting questions	ORS 746.015(2)	Questions related to applicant's health are related to a disease or medical condition <i>(A general "good health" question and questions related to a person's ability to perform ADLs are not acceptable, except for long-term care.)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		Long-term-care application includes a question related to a persons ability to perform ADLs.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(3)	Questions about applicant's medical conditions whose answers may reveal the possible existence of HIV, AIDS, or ARC cover a period no more than 10 years immediately prior to the date of application. <i>(Asking if the applicant has been diagnosed with or treated for AIDS, ARC, or positive HIV infection does not require a 10-year limit.)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(2)(b)	HIV-, AIDS-, or ARC-related questions are asked in a medical section that includes other medical questions on conditions of a similar nature.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(2)	Questions about medical conditions are factual and designed to establish the existence of the condition using "diagnosed" or "treated." Questions do not contain vague language such as "any known indication" or "consulting a physician for advice" when the questions are about symptoms common to HIV.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142	For Medicare-supplement applications, questions are asked to determine if insured is guaranteed-issue eligible.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Underwriting... continued	ORS 743.655(3)(d)	Medical questions to elicit the complete health history of an applicant for long-term care are limited to a 10-year history immediately prior to the date of application.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0645	If the application is for long-term care, the questions are structured to comply with the requirements in OAR 836-052-0645.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 743.730(18)(b)	If application is for short term health insurance, it includes a disclosure that the policy does not exceed six months including renewals.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>HIV CONSENT FORMS</b>				
HIV consent	OAR 836-050-0250	The consent form states that the purpose of the testing is to determine insurability.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		The testing protocol of two ELISA tests confirmed by a Western blot test or other approved test series is stated on the consent form. OAR 836-050-0250(1), (2)(a)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		Testing samples are identified. Check types included for consent: Blood Oral specimen Urine specimen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		The forms provide for the applicant's designation of the person to whom final positive test results are to be reported; options include the named physician, the county health department, and the applicant.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		Consent form states that it is valid for six months following the date that it was signed.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		HIV informational brochure, Exhibit 1 under OAR 836-050-0250(2)(d), is provided, or insurer has received approval from the division for use of a substitute form.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>