



Kentucky Department of Insurance

Health Product Review

Date of Filing Checklist

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

| Statute/Rule | Description | Yes | No | N/A |
|--|---|-----|----|-----|
| General Requirements | | | | |
| 806 KAR 14:007 Section 4(2) & 806 KAR 4:010(28)(a) | FILING FEE - Has the filing fee been paid? (Check for retaliatory amount) | | | |
| 806 KAR 14:007 Section 2(1) | F-1 - Has a completed and signed HIPMC-F1 “Face Sheet & Verification Form” been completed? | | | |
| 806 KAR 14:007 Section 2(8) | <p>COVER LETTER - A submittal letter or general description from the filing entity which intends to use a form must contain the following information:</p> <ul style="list-style-type: none"> • listing by number all forms being submitted • a brief description of each outlining how the form will be issued • market intention (individual, group – large or small, association, blanket, etc.) information, • any revisions to previously approved forms • previous form numbers, approval dates, and KY DOI File numbers if replacing previously approved forms • a listing of all forms being used with the filed forms to create the entire product documents (i.e. applications, policy, certificate, endorsements, amendments, riders) <p>ACA PLANS – Please answer the two questions below:</p> | | | |
| | EXCHANGE INTENTION: Will this filing be for use on the Health Insurance Exchange? | | | |
| | Pediatric Dental: Is review of this product being requested as Exchange Certified for Stand Alone Pediatric Dental Coverage? | | | |
| | When submitting multiple forms, each different form number must be submitted on a separate line on the Form Schedule Tab in SERFF. Also, only attach one document to each line. All redlines should be submitted on the Supporting Documentation tab. | | | |
| 806 KAR 14:007 Section 2(10) | SOV - If the filing has variables, a detailed Statement of Variability (SOV) outlining all variables including ranges for numeric variables, including day, timeframes, and percentage variables. This must be a detailed separate document that describes in detail all of the bracketed/variable items within the forms being submitted for review. | | | |
| 806 KAR 14:007 Section 6 | <p>CHANGES - If the form amends, supplements, or replaces a previously filed form, the general description must explain:</p> <ol style="list-style-type: none"> 1) All changes contained in the newly filed form 2) The form being replaced 3) The date the replaced form was approved, withdrawn or submitted 4) The DOI File Number of the previously approved form 5) The effect the changes have upon the policy or applicable rates | | | |
| 806 KAR 14:007 Section 2(2) | HIMPC- F-2 - HIPMC-F2 transmittal form completed and signed for certification filings | | | |
| 806 KAR 14:007 Section 2(4) | Required Forms - HIPMC-RF-25 (Basic HBP), HIPMC-F-35 (HBP), and HIPMC-F-37 (LHSBP) completed and signed | | | |
| KRS 304.14-020 | RIDERS - Have all riders, endorsements, and papers which are parts of the contract been submitted for approval? | | | |
| 806 KAR 14:121 KRS 304.14-440 | FLESCH - Minimum Flesch Score – 40 (does not apply to applications) | | | |
| KRS 304.14-170 | BYLAWS - The charter, bylaws or other constituent documents of the insurer should not be included in the policy (does not apply to Fraternal Benefit Society filings) | | | |