



Kentucky Department of Insurance

Health Product Review

General Applications Checklist

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

Statute/Rule	Description	Yes	No	N/A	Page #
General Requirements					
KRS 304.14-110	Representations – All statements in application must be considered representations not warranties.				
806 KAR 12:060	Replacement – There must be a question on the application asking if the product being applied for will replace any other in-force coverage.				
806 KAR 17:020(1)	Other Health Insurance Disclosure – All applications, except group or accident only, must contain a section where the applicant can report all other in-force coverage.				
806 KAR 17:050	Medicaid Question – An application cannot use a question on the application to deny or cancel a policy because the insured is a recipient of medical assistance benefits.				
KRS 304.47-030	Kentucky Fraud Warning – All applications, enrollment forms, pre-applications, etc. must contain the fraud warning in this statute or the fraud warning must be substantially similar.				
KRS 304.12-013(4)(5)	AIDS Health Question – All applications must comply with this statute. The acceptable items are “treated, diagnosed, or tested positive”, unacceptable items would include “tested positive for exposure to”, “sought advise”, “consulted a physician”, etc.				
KRS 304.14-030	Policy Fees – All policy fees must be included in premium.				
KRS 304.14-080	Consent of Insured – All applications must comply with this statute in regards to who can apply for coverage on another person.				
KRS 304.14-435	Non-English Forms – All applications/forms which will be issued in non-English must comply with this statute.				
806 KAR 3:220, Sections 3 & 4	Authorizations – All applications that contain an Authorization to release medical information must comply with this regulation including the time limit of 24 months.				
806 KAR 14:121 Section 3	Readability – Applications do not have to comply with the flesch score; however, they must be at least 10 point font.				
Final rule 5-27-2014 DOI Implementation Update	<p>ACA ATTESTATION REQUIREMENT FOR INDIVIDUAL HOSPITAL INDEMNITY & OTHER FIXED INDEMNITY PRODUCTS:</p> <p>All applications for Hospital Indemnity or Other Fixed Indemnity Products as defined in the final rule must contain an Attestation that the proposed insured has minimum essential coverage and a disclosure of the following language in at least 14 point type: “THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.”</p>				
Final rule 2-27-2013	ACA PLANS - Tobacco Use Definition – For the purposes of the final rule tobacco use is defined as “use of tobacco on average of 4 or more times per week within no longer than the past six months.”				
	ACA PLANS - Exempted Tobacco Use – Religious or ceremonial uses of tobacco (for example, by American				

GENERAL APPLICATIONS CHECKLIST (continued)

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	Indians and Alaska Natives) are exempt				
	<p>ACA PLANS - Tobacco Questions – For example, an individual could be asked the following two questions about tobacco use:</p> <p>(1) Within the past six months, have you used tobacco regularly (4 or more times per week on average excluding religious or ceremonial uses)?</p> <p>(2) If yes, when was the last time you used tobacco regularly?</p>				
	<p>ACA PLANS - Tobacco Use Misrepresentation – Disclosure of the ability to retroactively apply the appropriate tobacco use premium if misrepresented.</p>				
SMALL GROUP ONLY	<p>ACA PLANS – WELLNESS PROGRAM REQUIREMENT FOR TOBACCO RATING – The application should contain some information concerning the availability of a wellness program which tobacco users can participate in to eliminate the tobacco rate. The questions below need to be answered for any small group product which has tobacco rating:</p> <p>1) Does the group have a wellness program?</p> <p>2) Is it group policyholder selected or is it individual member selected?</p> <p>3) How does the member elect the wellness program to eliminate the tobacco user rate?</p>				