­­Links to applicable rules and statutes: [**Ins 401 - Submission/Form Rules**](http://www.gencourt.state.nh.us/rules/state_agencies/ins400.html)**;** [**Ins 4100 - Rates**](http://www.gencourt.state.nh.us/rules/state_agencies/ins4100.html)**;** [**RSA 415:6 - Individual Provisions**](http://www.gencourt.state.nh.us/rsa/html/XXXVII/415/415-6.htm)**;** [**RSA 415:18-Group Provisions**](http://www.gencourt.state.nh.us/rsa/html/XXXVII/415/415-18.htm)**;** [**Ins 6000 - General Ancillary Health**](http://www.gencourt.state.nh.us/rules/state_agencies/ins6000.html)**;** [**Ins 6202**](https://www.nh.gov/insurance/legal/documents/ins-6200-amendments-adopted.pdf)**-Minimum Standards for Hospital Indemnity and Other Fixed Indemnity**

I. SUBMISSION REQUIREMENTS – ALL FORMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM SUBMISSION ADHERES TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Filing Submission Requirements | Ins 401.14 (c) | Third Party Authorization: Authorization letter is attached to the Supporting Documentation tab if the forms are being submitted on behalf of an insurance company.  |  |  |
|  | Ins 401.14 (e) | Certificate of Compliance is signed/dated and attached to the Supporting Documentation tab. |  |  |
|  | RSA 420-H:5 I (a) & IV | All policy, certificate, or contract forms have a minimum Flesch score of 40. Certification of the Flesch score is attached to the Supporting Documentation tab or Readability Scores are completed on the Form Schedule tab.  |  |  |
|  | Ins 401.14 (f) | The SERFF Filing Description includes a brief description of each form, including any new or unusual features, and a list of forms to which it will be attached. |  |  |
|  |  | The General Information tab indicates a brief statement indicating the filing status in the state of domicile, including the date approved. |  |  |
|  |  | The SERFF Filing Description includes a statement indicating if a form is replacing another form, including the name of the form being replaced. |  |  |
|  |  |  If a form is being replaced, a “red-lined” document indicating the differences between the previous and new forms is attached to the Supporting Documentation tab. |  |  |
|  | Ins 401.14 (o) | If a rider, amendment, or endorsement is filed that changes or adds language to another form(s), a “red-lined” document of the impacted form highlighting the changes is attached to the Supporting Documentation tab. |  |  |
| Form Submission Requirements | Ins 401.14 (g) | All forms are submitted in the same layout as sold to consumers in New Hampshire.  |  |  |
|  | Ins 401.14 (h) | All policy, certificate, and contract forms over 3,000 words or printed on 3 or more pages are electronically bookmarked with a Table of Contents or index of the principal sections of the form. |  |  |
|  | Ins 401.14 (i) | Specifications page is completed with hypothetical data that is realistic and consistent with the other contents of the policy/contract. |  |  |
|  | Ins 401.14 (k) | All forms are filed as intended for use with all related forms to enable the review of the form with proper context. |  |  |
|  | Ins 401.14 (l) | Certificates include enrollment forms. |  |  |
|  | Ins 401.14 (m) | Policies, certificates, and rates are submitted together. |  |  |
|  | Ins 401.14 (p) | All variable language is identified with the use of brackets and a statement of variability is attached to the Supporting Documentation tab. |  |  |
|  | Ins 401.14 (q) | Revised forms are submitted with a distinguishing form number. |  |  |
|  | Ins 401.14 (r) | All forms submitted are in final print. |  |  |
|  | Ins 401.14 (u) | If a Group policy or certificate is filed, the corresponding group certificate or policy is included on the same filing.  |  |  |
|  | Ins 401.14 (w) | If forms were previously disapproved and are being resubmitted for review, the previous SERFF tracking number is stated in the Filing Description. In addition, all previous correspondence and red-lined copies of the previously submitted forms are attached to Supporting Documentation tab in SERFF.  |  |  |

II. GENERAL FORM REQUIREMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Policy number | Ins 401.04 (a) | Each form shall contain a form number containing numbers, letters, or both that shall be placed in the lower left corner. The form number may contain the prefix “Form”. If a change is made to the form, the new form shall be submitted with a new form number. |  |  |
| Corporate Information | Ins 401.04 (b) | Each policy and certificate shall contain the full corporate title, address, toll free telephone and facsimile numbers, and the company website address if available. |  |  |
| Brief Description | Ins 401.04 (c) | Each policy and certificate shall provide a brief description of the nature of the policy on the face page, specifications page, or back page. |  |  |

III. GENERAL APPLICATION/ENROLLMENT FORM REQUIREMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM APPLICATIONS/ENROLLMENT FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Application – Declarative statement | Ins 401.12 (a) | The declarative portion of the application, if any, shall imply a representation of facts to the best of the applicant's knowledge. For example "I represent," or "To the best of my knowledge and belief, Wording such as "I Certify" are prohibited. |  |  |
| Application - Prohibition | Ins 401.12 (d) | No provision is permitted that changes the terms of the policy to which it is attached. |  |  |
| Application - Prohibition | Ins 401.12 (e) | Questions as to race or ethnicity are prohibited. |  |  |
| Replacement Questions | Ins 401.12 (f) | All applications shall contain a question inquiring whether the policy sought is intended to replace an existing policy. |  |  |

IV. GENERAL ANCILLARY HEALTH REQUIREMENTS

---IF SUBCATEGORY IS MARKED “INDIVIDUAL” OR “GROUP” ONLY ANSWER THE APPLICABLE SECTION---

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Ancillary Health: Definitions | Ins 6001.03Ins 6001.04 | Ancillary Health and Policy Definitions |  |  |
|  | Ins 6202.02 | Definitions specific to Hospital Indemnity and Other Fixed Indemnity coverage.  |  |  |
| Dependent Child | RSA 415:5 I (3) (a) | The definition of a dependent child shall include a subscriber’s child by blood or by law, who is under age 26. |  |  |
| Dependent – Mental or Physical Incapacity | RSA 415:5 I (3-a)(a) | Any insured family member who is mentally or physically incapable of earning his or her own living on the date that the member’s coverage would otherwise expire because of age, shall continue while the family member’s incapacity continues and as long as the dependent remains chiefly financially dependent on the policyholder or the employee provided that due proof of the incapacity is received by the insurer within 31 days of the expiration date. |  |  |
| Hospital | Ins 6001.04 (d) | The definition of the term “hospital” means that the hospital be licensed as a hospital pursuant to law, be primarily engaged in providing or operating under the supervision of a staff of licensed physicians, medical, diagnostic, and major surgical facilities for the medical care and treatment of sick or injured persons on an in-patient basis, and provides 24 hour nursing service by or under the supervision of registered nurses. In addition, the definition may state that it shall not include convalescent homes or nursing facilities, facilities providing primarily custodial, educational, or rehabilitative care, facilities for the aged, individuals diagnosed with substance use disorders, or a military or veterans’ hospital or a soldiers’ home, except for in some situations services rendered on an emergency basis. |  |  |
| Physician | Ins 6001.04 (k) | “Physician” may be defined by including words such as “qualified physician” or “licensed physician.” The use of these terms requires an insurer to accept all providers of medical care and treatment when the services are within the scope of the provider’s licensed authority including Advanced Practice Registered Nurses and Physician’s Assistants. |  |  |
| Disability | Ins 6001.04 (j) & (o) | If applicable, review definition of Total Disability and Partial Disability and confirm compliance. |  |  |
| Ancillary Health: Permitted Exclusions |  | Note: Forms may not limit/exclude coverage by type of sickness, accident, or medical condition except as indicated below or the preexisting exclusions permitted under Ins 6001.04 (l).**CONFIRM EXCLUSIONS DO NOT EXCEED WHAT IS PERMITTED UNDER 6001.05 (f)** |  |  |
|  | Ins 6001.05 (f) (1) | Preexisting conditions or diseases other than congenital anomalies of a covered dependent child. |  |  |
|  | Ins 6001.05 (f) (2) | Mental or emotional disorders and substance use disorders. |  |  |
|  | Ins 6001.05 (f) (3) | Sickness, treatment, or medical condition arising out of:* + War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary to it; participation in a felony, riot or insurrection; service in the armed forces or units auxiliary to it;
	+ Suicide, sane or insane, attempted suicide, or intentionally self-inflicted injury;
	+ Aviation, except as a fare-paying passenger;
	+ Professional sports;
	+ Incarceration, with respect to disability income protection policies;
	+ The voluntary consumption of drugs that are not prescribed by the insured’s physician or are not used in the manner prescribed; and
	+ Driving under the influence of drugs or alcohol or any combination thereof.
 |  |  |
|  | Ins 6001.05 (e) | Policies providing hospital confinement indemnity coverage shall not contain provisions excluding coverage because of confinement in a hospital operated by the federal government. |  |  |
|  | Ins 6001.05 (f) (4) - (11) | Additional permitted exclusions may be viewed at Ins 6001.05 (f) (4) - (11), which relate to cosmetic surgery, foot care, removing nerve interference, dental care, eyeglasses, treatment provided in government settings, government or workers’ compensation programs, rest cures, and/or territorial limitations.  |  |  |
|  | Ins 6001.05 (g) | This part shall not impair or limit the use of waivers to exclude, limit, or reduce coverage or benefits for specifically named or described preexisting diseases, physical condition, or extra hazardous activity. Where waivers are required as a condition of issuance, renewal, or reinstatement, signed acceptance by the insured is required unless on initial issuance the full text of the waiver is contained either on the first page or specification page. |  |  |
|  | Ins 6001.05 (i) | Excess insurance is not permitted on an indemnity based policy. The benefit must be paid with respect to the occurrence of an event without regard to whether benefits are provided under other insurance. |  |  |
| Ancillary Health: Rate filings | Ins 6202.03 (h) | Rates are required to be filed in accordance with NHCAR Part Ins 401.13 (m) and NHCAR Part Ins 4106. Additional requirements may be necessary, depending on the Type of Insurance (TOI). |  |  |
| Individual Policies: Required Provisions |  | **Note: Policy language implementing mandated provisions is not required to be verbatim but must be equal to or more favorable to the policyholder.** |  |  |
| Grace Period | RSA 415:6 I (3) | A provision as follows - *Grace Period: A grace period of \_\_\_\_\_\_\_\_\_\_ (insert a number not less than "7'' for weekly premium policies, "10'' for monthly premium policies and "31'' for all other policies) days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.* |  |  |
| Guaranteed Renewable and Noncancellable  | Ins 6001.04 (c) and (g) and Ins 6201.04 (a) | “Guarantee renewable”, “noncancellable”, or “noncancellable and guaranteed renewable” language may only be used in a policy if it complies with Policy Definition Requirements and Minimum Standards.  |  |  |
| Incontestability/Time Limits on Certain Defenses | RSA 415:6 l (2) (a) | Does the Policy conform to time limitations for the carrier to challenge the validity of a policy?  After 2 years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such 2-year period. (See statute for alternate provision) |  |  |
| Legal Action | RSA 415:6 l (11) | A provision as follows - *Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.* |  |  |
| Changes to Policy | RSA 415:6 l (1) | A provision as follows - *Entire Contract; Changes: This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.* |  |  |
| Physical Examination and Autopsy | RSA 415:6 I (10) | A provision as follows - *Physical Examinations and Autopsy: The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.* |  |  |
| Refund upon Cancellation | RSA 415:6 I (14) | The unearned portion of the premium must be returned to the insured within 30 days. Cancellation shall be without prejudice to any claim originating prior to the effective date of the cancellation. |  |  |
| Reinstatement | RSA 415:6 I (4) | A provision regarding Reinstatement that complies with RSA 415:6 I (4). |  |  |
| Individual Policies: Claims Standards |  |  |  |  |
| Notice of Claim | RSA 415:6 I (5) | A provision captioned Notice of Claim that complies with RSA 415:6 I (5).  |  |  |
| Claim Forms | RSA 415:6 I (6) | A provision captioned Claim Forms that complies with RSA 415:6 I (6). |  |  |
| Proof of Loss | RSA 415:6 I (7) | A provision captioned Proof of Loss that complies with RSA 415:6 I (7).  |  |  |
| Time of Claims Payment | RSA 415:6 I (8) & (9) | A provision captioned Time of Claims Payment and Payment of Claims that complies with RSA 415:6 I (8) & (9).  |  |  |
| Payment of Claim Indemnity for Loss of Life | RSA 415:6 I(9) (Ind.) | May limit to $1,000 payment to family member $1,000 payable by company to claimant if deemed equitably entitled by insurer. |  |  |
| Claim Settlement Standards | Ins 1001 | Policy language does not conflict with Claim Settlement Standards in Ins 1001. |  |  |
| Group Policy or Certificate: Required Provisions |  | **Policy/Certificate language implementing mandated provisions is not required to be verbatim but must be equal to or more favorable to the holders of such certificates and policyholders.** |  |  |
| Grace Period | RSA 415:18 I (p) | A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the coverage shall continue in force, unless the policyholder has given the insurer written notice of discontinuance in advance of the period for which payment is due, and in accordance with the terms of the policy. The policy may provide that the policyholder shall be liable to the insurer for the payment of a portion of the premium corresponding to the time within the grace period during which the policy was in force. |  |  |
| Declining to renew  | RSA 415:18 I (e)  | A provision stating the conditions under which the insurer may decline to renew the policy. Language must comply with Ins 401.08 (b)(8) and RSA 415:18-b.* Basis for reason shall be stated in the group policy and be objective in nature, and
* Declination of renewal may be defined for any reason except nonpayment of premiums.
 |  |  |
| Cancellation or Nonrenewal | RSA 415:18-b | Notice of cancellation or nonrenewal or offer of renewal shall be delivered to the group policyholder or mailed to the group policyholder's last address as shown in the records of the insurer at least 45 days prior to the renewal date of the contract. Notice of cancellation for lack of participation, if permitted by the terms of the policy, shall be delivered to the group policyholder or mailed to the group policyholder's last address as shown in the records of the insurer, at least 30 days prior to the effective date of the cancellation. |  |  |
| Certificate Delivery | RSA 415.18 I (f) | A provision in the policy indicating a certificate will be issued for delivery to each member of the insured group, setting forth in summary form a statement of the essential features of the insurance coverage of such employee or such member, to whom the benefits thereunder are payable, including specification of any age related restrictions.  |  |  |
| Incontestability | RSA 415:18 I (r) | A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by any person covered under the policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime, nor unless it is contained in a written instrument signed by the person making such statement. |  |  |
| Legal Action/Time Limits | RSA 415:18 l (n) | A provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all unless brought within 3 years from the expiration of the time within which proof of loss is required by the policy. |  |  |
| Changes to Policy | RSA 415:18 l (a) | Provisions that:* No statement made by the applicant for insurance shall avoid the insurance or reduce benefits thereunder unless contained in the written application signed by the applicant;
* No agent has authority to change the policy or to waive any of its provisions; and,
* No change in the policy shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the policyholder and the insurer.
 |  |  |
| Physical Examination and Autopsy | RSA 415: 18 l (k)  | A provision that the insurer shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law. |  |  |
| Continuation of Coverage | Ins 6001.06 (b) (1) | (1)  All master policies and certificates shall contain a clear explanation as to continuance of coverage after termination of the policy |  |  |
| Group Policy or Certificates: Claims Standards |  |  |  |  |
| Notice of Claim | RSA 415:18 l (h) | A provision that addresses written notice of injury that complies with RSA 415:18 l (h) and, if the claim is related to disability RSA 415:18 I (i).  |  |  |
| Claims Payment | RSA 415:18 I (l) | A provision that all benefits payable under the policy other than benefits for loss of time will be payable not more than 60 days after receipt of proof, and that, subject to due proof of loss all accrued benefits payable under the policy for loss of time will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which the insurer is liable, and that any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof. |  |  |
| Proof of Loss | RSA 415:18 l (i) | A provision that in the case of claim, written proof of such loss must be furnished to the insurer within 90 days after the date of such loss. |  |  |
| Time Limit on Certain Defenses | RSA 415:18 l (r) | A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by any person covered under the policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime, nor unless it is contained in a written instrument signed by the person making such statement. No such provision, however, shall preclude the assertion, at any time, of defenses based upon the person's ineligibility for coverage under the policy or upon other provisions in the policy, except for any provisions establishing, as a requirement of eligibility, the furnishing of satisfactory evidence of insurability to the insurer |  |  |
| Claim Settlement Standards | Ins 1001 | Policy language does not conflict with Claim Settlement Standards in Ins 1001. |  |  |

V. HOSPITAL INDEMNITY and OTHER FIXED INDEMNITY REQUIREMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Hospital Indemnity: Disclosures | Ins 6201.05 (t) | All policies and certificates that contain exclusions, limitations, reductions, or conditions that limit the frequency or amounts shall carry the legend, imprinted across the face and filing back, in not less than 18-point font of contrasting color, not less than 24-point font of non-contrasting color diagonally, or not less than 24 point bold font within a black border, indicating: “This is a Limited Benefit Policy – Read it Carefully” |  |  |
|  |  Ins 6202.05 (a) & (b) | (a) Hospital confinement indemnity and other indemnity policies and certificates shall display prominently by type, stamp, or other appropriate means on the cover page of the policy or certificate, in either contrasting color or in boldface type at least equal to the size type used for headings or captions of sections in the policy or certificate the following: “Notice to Buyer: This is a hospital confinement indemnity [policy] [certificate]. This [policy] [certificate] provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.” and(b) All “hospital confinement indemnity” and “other indemnity” policies sold in the individual market shall display prominently on the cover page in at least 14 point type that has the following language: “THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.” |  |  |
|  | Ins 6201.05 (a) | All policies and certificates of ancillary health insurance shall contain the following statement:“This policy does not provide comprehensive health insurance coverage. It is not intended to satisfy the individual mandate of the Affordable Care Act (ACA) or provide the minimum essential coverage required by the ACA (often referred to as “Major Medical Coverage”). It does not provide coverage for hospital, medical, surgical, or major medical expenses”. |  |  |
| Free Look | Ins 6201.05 (k) | The following provision shall appear in a conspicuous place on the face page of all accident and health policies except for nonrenewable travel insurance policies written for terms of less than one year:**“This policy may, at any time within 30 days after its receipt by the policyholder, be returned by delivering it or mailing it to the company or the agent through whom it was purchased. Immediately upon such delivery or mailing, the policy will be deemed void from the beginning, and any premium paid on it will be refunded.”** |  |  |
| Hospital Indemnity: Minimum Standards | Ins. 6202.03  | (a) Hospital confinement coverage must provide a minimum benefit of $50 per day per covered person and not less than 31 days during each period of confinement for each person insured under the policy or certificate.  |  |  |
|  |  | (b) A minimum of 1 period of confinement shall be provided per policy year per covered person. |  |  |
|  |  | (c) Coverage shall not be excluded due to a preexisting condition for a period greater than 6 months following the effective date of coverage of an insured person.See also Ins 6001.04 (l) and 6001.05 (c) |  |  |
|  |  | (d) Except as provided in RSA 415:6, II (3) regarding other insurance with the insurer, benefits shall be paid regardless of other coverage. |  |  |
|  |  | (e) The benefit shall be for a specific amount that is event based and shall not be expense based. |  |  |
|  |  | (f) The benefit shall not be assignable to a health care provider and shall be paid directly to the subscriber.  The policy shall contain a provision prohibiting assignment of the benefit; |  |  |
|  |  | (j) Indemnity policies and certificates that do not comply with this part or that fail to qualify as an excepted benefit under federal law shall be considered “health coverage” as defined under RSA 420-G and shall be required to meet the requirements of RSA 420-G and RSA 415 provisions applicable to health insurance |  |  |
| Hospital Indemnity: Prohibited Policy Exclusions | Ins. 6202.04 | (a) Coordination of benefits shall not be permitted. |  |  |
| Pre-Certification |  | (b) Managed care and network requirements are not permitted. The policy shall not include a provision requiring pre-certification. |  |  |
|  |  | (c) Expense based benefits and riders shall not be permitted. |  |  |
|  |  | (d) Group coverage shall not include benefits on a per service basis, except for coverage that is provided to associations, but not related to employment, and sold to individuals. |  |  |
|  |  | (e) Policies or certificates providing hospital confinement indemnity or other fixed indemnity coverage shall not contain provisions excluding coverage because of confinement in a hospital operated by the federal government. |  |  |
|  |  | (f) Benefits for “skilled nursing facility”, as defined in Ins 6001.04(b), services shall not be contingent upon a hospital stay. |  |  |
| Benefits Waiting Period |  | (g) A benefits waiting period shall not be permitted. See also Ins 6001.05 (a) |  |  |
|  |  | (h) Any eligibility waiting period shall not exceed 12 months. |  |  |
|  |  | (i) Coverage shall not be stated on an “up to” basis. |  |  |
| Elimination Periods Prohibited | Ins 6001.05(a) …. | Elimination periods shall be prohibited in accident-only and hospital confinement indemnity coverages, unless otherwise stated herein. |  |  |
| Hospital Indemnity: Outline of Coverage | Ins 6202.06 | Hospital Confinement Indemnity Coverage - An outline of coverage, in the format prescribed below, shall be issued in connection with policies meeting the standards of this part. The items included in the outline of coverage shall appear in the following sequence: (a) A brief specific description of the benefits shall be provided in the following order:(1) Daily benefit payable during hospital confinement; (2) Duration of benefit described in (1); and (3) Any benefits provided in addition to the daily hospital benefit; (b) A description of any policy provisions that exclude, eliminate, restrict, reduce, limit, delay, or in any other manner operate to qualify payment of the benefit described in paragraph (a) above shall be included; (c) A description of policy provisions with respect to renewability or continuation of coverage, including age restrictions or any reservation of right to change premiums shall be included; and (d) The notice required by paragraphs (a) – (c) above shall be in substantially the same form as follows:[COMPANY NAME][HOSPITAL CONFINEMENT FIXED INDEMNITY COVERAGE][OTHER FIXED INDEMNITY COVERAGE]THIS [POLICY] [CERTIFICATE] PROVIDES LIMITED BENEFITSBENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSESOUTLINE OF COVERAGE Read Your [Policy] [Certificate] Carefully. This outline of coverage provides a very brief description of the important feature of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY] [CERTIFICATE] CAREFULLY!Hospital confinement indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy or certificate. Coverage is provided as described below:][Other fixed indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed dollar benefit for the covered event resulting from a covered accident or sickness, subject to any limitations set forth in the policy or certificate. Coverage is provided as described below:] |  |  |
|  | NHCAR Part Ins 6201.06 (f)(1) | Outlines of coverage delivered in connection with policies defined in this part as hospital confinement indemnity, specified disease, or limited benefit health coverages to persons eligible for Medicare by reason of age shall contain, in addition to the requirements, the following language, which shall be printed on or attached to the first page of the outline of coverage: **"This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare review the Guide to Health Insurance for People With Medicare available from the company."** |  |  |

VI. COMMENTS: