

**Department of Consumer and Business Services**  
**Oregon Division of Financial Regulation – 5**  
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**STANDARDS FOR HEALTH APPLICATIONS**  
**(for all health products, including health benefit plans)**  
**ORS 742.003(1)**

This checklist applies to applications for 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

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

- Form included
- Form previously approved      Approval date: \_\_\_\_\_      SERFF or State tracking number: \_\_\_\_\_
- N/A

HIV consent form number, if applicable: \_\_\_\_\_

**Underwriting level:**       Fully underwritten       Guaranteed issue       Simplified underwriting       Reinstatement

\* - Standard does not apply to Health Care Service Contractors per ORS 750.055.

## GENERAL REQUIREMENTS (for all filings)

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Submission package requirements	OAR 836-010-0011, As required on SERFF or our website	<p>Required forms are located on SERFF or on our website: <a href="http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx">http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx</a></p> <p>Cover letter or filing description in SERFF.</p> <p>1. These items must be submitted for your filing to be accepted as complete:</p> <ol style="list-style-type: none"> <li>2. Third party filer's letter of authorization.</li> <li>3. Certificate of compliance signed and dated by a filer and an officer of the insurer.</li> <li>4. Product standard for applications (this document).</li> <li>5. Forms filed for approval. (If filing a revised form, include a <b>highlighted</b> copy of the changes.)</li> </ol>	<p>Yes    N/A</p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p>
	Filing description or cover letter	<p>The filing description or cover letter includes the following:</p> <ol style="list-style-type: none"> <li>1. The approved policy or rider numbers and SERFF tracking numbers that this application will be used with.</li> <li>2. Who this product will be marketed to.</li> <li>3. Identification of all previously-approved forms for a similar product and summarize the differences between the previously-approved forms and the new form.</li> <li>4. Confirmation that no other application will be used simultaneously to solicit individual policies. Applications being replaced are listed on the cover letter or filing description.</li> </ol>	<p>Yes    N/A</p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p>
Review	ORS 742.003(1), OAR 836-010-0011(2)	<p>The following are submitted in this filing for review:</p> <ol style="list-style-type: none"> <li>1. New application or enrollment form.</li> <li>2. Amendment of an approved form.</li> <li>3. Addition of a supplemental form to previously-approved application number:</li> </ol>	<p>Yes    N/A</p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p>
Adverse underwriting	ORS 746.600(1)(a)(D) 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.	Confirmed <input type="checkbox"/>
	OAR 836-050-0245(7)	No adverse underwriting decision shall be based on information that the applicant has demonstrated AIDS, ARC, or other HIV infection-related concerns by seeking counseling from health care professionals. This section does not apply to an applicant seeking treatment or diagnosis.	Confirmed <input type="checkbox"/>

## GENERAL REQUIREMENTS (for all filings), continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Adverse underwriting, continued	ORS 746.660(1)	Adverse underwriting decisions are not based on a previous insurer's denial.	Confirmed <input type="checkbox"/>
Applicability	Life and annuity product applications	If the base policy is a life policy, use <a href="#">Form 440-2442</a> <i>Standards for Life, AD&amp;D, and Annuity Applications</i> instead.	
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). The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Confirmed <input type="checkbox"/>
	ORS 742.005(2), ORS 743.106(1)(b) (all), ORS 743.405(5)(a) (individual)	For individual applications, the application text must be in at least 12-point font. Group application and medical questions are printed in 10-point font or larger. Group footnotes may be in 8-point type, but must be readable.	Confirmed <input type="checkbox"/>
Variability in forms	ORS 742.003, ORS 742.005(2) Variable text	All variable text is indicated by brackets showing language as either in or out of the contract; explains why the language is in, out, or variable; and provides a list of all available options. The specific conditions and circumstances under which each variable item may apply need to be explained in detail.  For example: [123 Main, Anytown, ST] - Bracketed if address changes in the future [ABC Benefit] - Bracketed because may be included or excluded depending on policyholder's option	Yes    N/A <input type="checkbox"/> <input type="checkbox"/>
	ORS 742.003, ORS 742.005(2) Variable numbers	Variable data is indicated by brackets and is limited to numerical values showing ranges (minimum to maximum benefit amounts) and all reasonable and realistic ranges are identified for each item.  For example: Dollar ranges - \$[10 to 100] Percentages - [70 to 100]% Time frames - [30-180] days <i>If the full numerical range is encompassed within the brackets (as shown above), the explanations do not need to be listed on the SOV or through drafter's notes.</i>	Yes    N/A <input type="checkbox"/> <input type="checkbox"/>

## GENERAL REQUIREMENTS (for all filings), continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Variability in forms, continued	ORS 742.003, ORS 742.005(2) Ways to explain variability	<b>The following are acceptable ways to explain variability in forms:</b> 1. DRAFTER'S NOTES: Drafter's notes are embedded into the form and provide full explanation for all variable text and data. Drafter's notes should be highlighted, shaded, or in a different text color; embedded in the form; and placed either directly before or after the variable text. 2. STATEMENT OF VARIABILITY (SOV): An SOV requires a unique form number on the lower left hand corner and submitted under the Form Schedule tab. The SOV must follow the bracketed sections in sequential order of the forms and provide detailed explanation of variability.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.003, ORS 742.005(2) Vague explanations not allowed	Vague and non-descript explanations, such as "to allow for future changes", is unacceptable and will not be allowed. Our responsibility is to review and approve all language and options; therefore, all ranges and/or options must be disclosed.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.003, ORS 742.005(2) Certification included	The filing also should include a certification that any change or modification to a variable item outside the approved ranges is submitted for prior approval of the change or modification. This certification may be included in the cover letter, filing description, or anywhere else in the filing as appropriate.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## APPLICATION FORM REQUIREMENTS (applies to all health applications)

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Alteration of application	ORS 743.039(2)*	No alteration of any written application for any health insurance policy shall be made by any person other than the applicant without the written consent of the applicant, except that insertions may be made by the insurer for administrative purposes only and in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Authorization	ORS 743.027 (individual) Signature block	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"/>

**APPLICATION FORM REQUIREMENTS (applies to all health applications), continued**

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
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"/>
Disclosure statement	OAR 836-020-0305(1)	When an insurance producer or representative of an insurer accepts an application for individual health insurance coverage other than coverage described in section (2) of the cited rule, the insurance producer or representative shall provide the applicant the documents required under this section. In the case of direct response solicitations of such individual health insurance coverage, the documents required under this section must be provided in conjunction with any application form. The following are the documents required to be provided under this section: (a) A completed disclosure statement in the form shown in Exhibit 1 to this rule; (b) An outline of coverage in the form shown for the applicable coverage in Exhibit 2 to this rule. If the offered policy provides coverage other than a coverage described in an outline of coverage in Exhibit 2 to this rule or the insurer must deliver an outline that has been previously approved by the director.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Discrimination	ORS 746.015	No person shall make or permit any unfair discrimination between individuals of the same class and equal expectation of life, or between risks of essentially the same degree of hazard, in the availability of insurance, in the application of rates for insurance, in the dividends or other benefits payable under insurance policies, or in any other terms or conditions of insurance policies.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 742.005(3),(4); ORS 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)	Neither the marital status, "living arrangements", occupation, gender, medical history, beneficiary designation, nor the zip code or other territorial classification of an applicant may be used to establish, or aid in establishing, the applicant's sexual orientation.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## APPLICATION FORM REQUIREMENTS (applies to all health applications), continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Domestic partners	ORS 106.300 to 340, Bulletin 2008-2	The Oregon Family Fairness Act (ORS 106.300 to 106.340) recognizes and authorizes domestic partnerships in Oregon. An Oregon registered domestic partnership is defined in ORS 106.310 as “a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.” Requirements beyond this are not allowed for same sex domestic partners. Any time that coverage is extended to a spouse it must also extend to a domestic partner.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Entire contract	ORS 742.016(1)	When the contract is made pursuant to a written application therefor, if the insurer delivers a copy of such application with the policy to the insured, thereupon such application shall become a part of the insurance policy. Any application that is not so delivered to the insured shall not be a part of the insurance policy and the insurer shall be precluded from introducing such application as evidence in any action based upon or involving the policy. Any oral representations by the insured that are not included in an application shall not be a part of the insurance policy and the insurer shall be precluded from introducing such representations as evidence in any action based upon or involving the policy.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Fraud warnings	ORS 742.013, Bulletin 2010-03	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"/>
Inducements not specified in policy	ORS 746.035	No person shall permit, offer to make or make any contract of insurance, or agreement as to such contract, unless all agreements or understandings by way of inducement are plainly expressed in the policy.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Investigative consumer reports	ORS 746.635	No insurer may prepare or request an investigative consumer report about an individual in connection with an insurance transaction involving an application for insurance, a policy renewal, a policy reinstatement or a change in insurance benefits unless the insurer or insurance producer informs the individual: <ol style="list-style-type: none"> <li>a. That the individual may request to be interviewed in connection with the preparation of the investigative consumer report; and</li> <li>b. The individual is entitled to receive a copy of the investigative consumer report.</li> </ol>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## APPLICATION FORM REQUIREMENTS (applies to all health applications), continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Privacy disclosure authorizations	OAR 836-080-0665(1),(2)	<p>If using a privacy disclosure authorization on an application, the authorization must be clear and conspicuous and contain all of the following:</p> <ul style="list-style-type: none"> <li>• The identity of the individual who is the subject of the personal information.</li> <li>• A general description of the categories of personal information to be disclosed.</li> <li>• The signature of the individual who is the subject of the personal information or the individual who is legally empowered to grant authority and the date signed.</li> </ul>	<p>Yes      N/A</p> <p><input type="checkbox"/>      <input type="checkbox"/></p>
	OAR 836-080-0665(3)	An authorization may not remain valid for more than 24 months.	<p>Yes      N/A</p> <p><input type="checkbox"/>      <input type="checkbox"/></p>
	OAR 836-080-0665(4)	An individual who is the subject of personal information may revoke an authorization at any time, subject to the rights of any individual who acted in reliance on the authorization prior to notice of the revocation.	<p>Yes      N/A</p> <p><input type="checkbox"/>      <input type="checkbox"/></p>
	OAR 836-080-0610(1)	<p>Privacy disclosure authorizations must be clear, conspicuous, and reasonably understandable. Examples of reasonably understandable:</p> <ul style="list-style-type: none"> <li>• Presents the information in the notice or disclosure authorization form in clear, concise sentences, paragraphs, and sections.</li> <li>• Uses short explanatory sentences or bullet lists whenever possible.</li> <li>• Uses definite, concrete, everyday words and active voice whenever possible.</li> <li>• Avoids multiple negatives.</li> <li>• Avoids legal and highly technical business terminology whenever possible.</li> <li>• Avoids explanations that are imprecise and readily subject to different interpretations.</li> <li>• Designed to call attention to the nature and significance.</li> <li>• Uses a plain-language heading to call attention to the notice or disclosure authorization form.</li> <li>• Uses a typeface and type size that is easy to read.</li> <li>• Provides wide margins and ample line spacing.</li> <li>• Uses boldface or italics for key words.</li> <li>• Uses distinctive type size, style and graphic devices, such as shading or sidebars, when a form combines the notice or disclosure authorization form with other information.</li> </ul> <p><i>Medical Information Bureau (MIB) language must be called out in some way (highlighted, bolded, italicized, bigger font, etc.).</i></p>	<p>Yes      N/A</p> <p><input type="checkbox"/>      <input type="checkbox"/></p>

## APPLICATION FORM REQUIREMENTS (applies to all health applications), continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Reinstatement	ORS 743.420*	If the insurer requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the 45th day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application. 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"/>
Representations, not warranties	ORS 742.013(1)	All statements and descriptions in any application for an insurance policy by or in behalf of the insured shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealments of facts and incorrect statements shall not prevent a recovery under the policy unless the misrepresentations, omissions, concealments of fact and incorrect statements: (a) Are contained in a written application for the insurance policy, and a copy of the application is indorsed upon or attached to the insurance policy when issued; (b) Are shown by the insurer to be material, and the insurer also shows reliance thereon; and (c) Are either: (A) Fraudulent; or (B) Material either to the acceptance of the risk or to the hazard assumed by the insurer.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Same sex marriages validly performed	OAR 836-010-0150	Any issuer must consider the marriage of a same-sex couple validly performed the same as the issuer considers any other marriage validly performed. Any privilege, immunity, right, or benefit granted to an individual because the individual is or was married to an individual of the opposite sex, is granted on equivalent terms, substantive and procedural, to an individual who is or was a partner in a marriage of a same-sex couple validly performed.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Titles and 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"/>



## APPLICATIONS WITH MEDICAL QUESTIONS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Genetic tests and information	ORS 742.005(4), ORS 746.015	Questions related to genetic testing are not used as a basis for establishing a class for underwriting. 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).	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 746.135(4),(5)	A person may not use genetic information about a blood relative to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the terms and conditions of, or otherwise affect any policy of insurance.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 192.535, ORS 746.135(1)	If a person asks an applicant for insurance to take a genetic test in connection with an application for insurance, the use of the test shall be revealed to the applicant and the company uses a consent form.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 746.135(3)	A person may not use genetic information to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the terms and conditions of or otherwise affect any policy for hospital or medical expenses.	Confirmed <input type="checkbox"/>
Inquiries regarding past test results	OAR 836-050-0255	<p>Insurers may ask whether an applicant has tested positive in any HIV antibody test, subject to the following restrictions:</p> <ul style="list-style-type: none"> <li>• General questions asking only whether the applicant has taken such a test, regardless of outcome, are prohibited.</li> <li>• Except as provided in this section, an insurer may not rate or deny coverage based merely on an affirmative response on the application to a question about past test results. Before rating or denying coverage, the insurer must confirm a positive result to the full test protocol described in OAR 836-050-0250 through medical records or current retesting unless: <ul style="list-style-type: none"> <li>○ The applicant fails to respond to a request by the insurer for the medical records or for retesting; or</li> <li>○ The insurer is informed that the applicant declines such further testing.</li> </ul> </li> </ul>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Short term major medical	ORS 742.005(2), ORS 743.730(18)(b)(H)	If application is for short term health insurance, it includes a disclosure that the policy does not exceed 12 months including renewals.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Underwriting and 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 activities of daily living (ADL) are not acceptable, except for long term care.)</i>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## APPLICATIONS WITH MEDICAL QUESTIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Underwriting and underwriting questions, continued	OAR 836-050-0245(3)	Questions relating to medical and other factual matters that are intended to reveal the possible existence of a medical condition are permissible if they are not used to establish the sexual orientation of the applicant and if the applicant is given opportunity to provide a detailed explanation for any affirmative answers given in the application. For example, insurers may ask such questions as, "Have you had chronic cough, significant weight loss, chronic fatigue, diarrhea, enlarged glands ...?" Such questions must pertain to a finite period of time preceding completion of the application, not to exceed ten years. The finite period does not apply to questions concerning prior diagnosis, treatment, or testing.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-050-0240(1),(2),(3); OAR 836-050-0245(1)	No question shall be used that is designed to establish the sexual orientation of the applicant, nor should it be used in the underwriting process or in the determination of insurability.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-050-0240(4), OAR 836-050-0245(2)	Questions relating to HIV infection, including AIDS and ARC, may be asked but only if questions related to other high risk medical conditions are also asked. The questions must be presented and asked, and the answers used, in the same manner as other questions and their answers relating to other high risk medical conditions. Additional questions may be asked in a supplement but the supplement must be used in conjunction with medical questions on the application form.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-050-0245(2)(a)	Questions relating to the applicant's having or having been diagnosed as having HIV infection, including AIDS or ARC, are permissible if the questions are factual and designed to establish the existence of the condition. For example, insurer shall not ask such questions as "do you believe you may have...?", or "have you had any indications of...?", but insurers may ask "have you been diagnosed or treated for...?"	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## HIV CONSENT FORMS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Testing for HIV infection	OAR 836-050-0250(1) Testing protocol	The testing protocol of two ELISA tests confirmed by a Western Blot test or other approved test series is stated on the consent form.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## HIV CONSENT FORMS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
Testing for HIV infection, continued	OAR 836-050-0250(1) Testing samples	Testing samples are identified. Check types included for consent: <ul style="list-style-type: none"> <li>• Blood</li> <li>• Oral specimen</li> <li>• Urine specimen</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	OAR 836-050-0250(1) Indeterminate test results	If the result of a Western Blot test is indeterminate, the insurer may postpone action on the application not longer than six months after the date of that Western Blot test in order to retest the applicant for conclusive Western Blot test results. The insurer may rate or deny coverage only if retesting produces the positive testing result or if the applicant declines the retesting or fails to respond to a request for retesting by the insurer.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0250(2)(a) Consent of applicant	Testing may be done only with the informed consent of the applicant. Any test that helps an insurer determine the presence of HIV infection and is performed in conjunction with an insurance application shall have a signed consent by the applicant regarding the specific types of tests involved. This consent shall require the applicant to designate the person to whom final positive test results are to be reported. The applicant may designate a named physician, the county health department, or the applicant directly. An insurer may obtain the consent of the applicant at any time in the underwriting process prior to obtaining a sample or specimen.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0250(2)(b) Consent form must be approved	The consent form must be submitted to the director for approval before use. A consent form may not be used unless the director has approved the form as complying with OAR 836-050-0230 to 836-050-0255.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0250(2)(c) Disclosure	An insurer shall disclose to the applicant when soliciting consent that the test is used for determining insurability.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0250(2)(d) Informational brochure	A copy of an informational brochure (containing the information in Exhibit 1) shall be given to the applicant prior to or at the time of consent. The consent form and informational brochure may be combined in one form.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0250(2)(e) Valid for six months	A consent form signed by an applicant is valid for six months following the date that the consent form was signed. The consent form must so state. If after six months the test is not performed or retesting is needed, a new signed consent form must be obtained.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

## HIV CONSENT FORMS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Testing for HIV infection, continued	OAR 836-050-0250(3) HIV results disclosed to applicant	All final positive HIV results shall be directly or indirectly disclosed to the applicant. Information about the results that an insurer acquires through required tests other than from a physician shall be disclosed to the applicant through the physician or county health department named by the applicant for that purpose, so that the physician or county health department may give further explanation of the results to the applicant. Such information may be disclosed directly to the applicant only if the applicant requested disclosure in the consent form and if the insurer, after receipt of positive HIV results has given the applicant another opportunity to designate a physician or county health department. Direct disclosure to the applicant of final positive HIV results shall include a notice that gives the Oregon AIDS Hotline numbers for securing local assistance and advises the applicant to call the Oregon AIDS Hotline or consult a physician.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-050-0250(4) Positive test results	An insurer may report only positive test results to the person or person designated in the consent form and to affiliates, reinsurers, employees, and contractors of the insurer in relation to the underwriting of the insurance application. For positive test results, an insurer may also make a report of a nonspecific abnormality determined by the testing of blood, oral specimen, or urine to the Medical Information Bureau. An insurer may not make a report to the Medical Information Bureau when positive or inconclusive results occur only with respect to preliminary tests, even when the applicant fails to follow up with the required protocol.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## HEALTH BENEFIT PLAN APPLICATIONS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Health-related information	ORS 743.751(1) (individual and small group)	A carrier may require an applicant for individual or small group health benefit plan coverage to provide health-related information only for the purpose of health care management and may not use the information to deny coverage.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 743.751(2) (individual and small group)	If a carrier requires an applicant to provide health-related information, the carrier must also notify the applicant that the information may not be used to deny coverage.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## HEALTH BENEFIT PLAN APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
Health-related information, continued	OAR 836-053-0510(3) (individual)	A carrier may require an applicant for a nongrandfathered individual health benefit plan to provide health-related information for the sole purpose of health care management, including providing or arranging for the provision of services under the plan.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	<b>A carrier that chooses to collect health-related information from an applicant before enrollment must:</b>			
	OAR 836-053-0510(3)(a)(A) (individual)	Prominently state immediately before, and on the same page as, any health-related questions that: <ul style="list-style-type: none"> <li>• Health-related information provided by the applicant will be used solely for health care management purposes.</li> <li>• The applicant’s coverage cannot and will not be denied, terminated, delayed, limited or rescinded based on the applicant’s responses or failure to respond to the questions.</li> <li>• The premium charged for the insurance policy cannot and will not change based on the applicant’s responses or failure to respond to questions.</li> </ul>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-053-0510(3)(a)(B) (individual)	Limit pre-enrollment health-related questions to whether an applicant: <ul style="list-style-type: none"> <li>• Has a disability or a chronic health condition</li> <li>• Has been advised by a licensed medical professional in the twelve months before application that hospitalization, surgery or treatment is necessary or pending.</li> <li>• Is pregnant.</li> </ul>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-053-0510(3)(b) (individual)	A carrier that chooses to ask pre-enrollment health questions may include the following as examples of a disability or chronic health condition: asthma, lung disease, depression, diabetes, heart disease, chronic back pain, chronic joint pain, obesity.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-053-0510(3)(c) (individual)	A carrier may not delay or refuse to issue nongrandfathered individual coverage to an applicant because the applicant has failed to respond or failed to respond completely to the allowed questions.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-053-0510(3)(d) (individual)	For purposes of ORS 743.751 and this section, “applicant” includes a prospective enrollee or dependent of a prospective enrollee.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

## HEALTH BENEFIT PLAN APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Individual applications	ORS 743.769(2),(3) (individual)	No carrier shall, directly or indirectly, discourage an individual from filing an application for coverage because of the health status, claims experience, occupation or geographic location of the individual. This does not apply with respect to information provided by a carrier to an individual regarding the established geographic service area or a restricted network provision of a carrier.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Medical questions	45 CFR §147.110	Eligibility is not based on any health status related factors. The only medical underwriting questions that may be mandatory to ask is for tobacco use and age. A carrier may ask other medical questions for medical management purposes, not underwriting, but must clearly disclose that these medical questions are optional.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Participation or contribution requirements	ORS 743.737(7)(b) (small group)	A carrier may not deny a small employer's application for coverage under a health benefit plan based on participation or contribution requirements but may require small employers that do not meet participation or contribution requirements to enroll during the open enrollment period.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Reasonable assurance for pediatric dental	45 CFR §155.1065(d), 78 Fed. Reg. 12834 at 12853 (February, 25, 2013) (individual and small group)	The Affordable Care Act (ACA) requires an issuer to ensure that coverage offered to an enrollee provides coverage consistent with Sections 1301 and 1302 of the ACA. Individual and small group health benefit plans offered outside of the exchange must include all ten categories of essential health benefits. However, if a carrier is reasonably assured that the enrollees under the health benefit plan have obtained exchange certified pediatric dental coverage through a separate individual or small group plan, the issuer may issue coverage that does not provide pediatric dental benefits. Whether an issuer is reasonably assured, is a determination that only the issuer can make. However, an absence of reasonable assurance is not an exception to the ACA's guaranteed issue requirements.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Rejected applications	ORS 743.769(4) (individual)	Rejection by a carrier of an application for coverage shall be in writing and shall state the reason or reasons for the rejection.	Confirmed <input type="checkbox"/>
Tobacco use definition	45 CFR §147.102	Tobacco use is defined as use of tobacco on average four or more times per week within no longer than the past six months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## HOSPITAL INDEMNITY OR OTHER FIXED INDEMNITY APPLICATIONS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Disclosure requirements	45 CFR §148.220(4) (individual)	<p>(i) The benefits are provided only to individuals who attest, in their fixed indemnity insurance application, that they have other health coverage that is minimum essential coverage within the meaning of section 5000A(f) of the Internal Revenue Code, or that they are treated as having minimum essential coverage due to their status as a bona fide resident of any possession of the United States pursuant to Code section 5000A(f)(4)(B). This requirement applies to hospital or other fixed indemnity insurance policies issued on or after January 1, 2015, and to hospital or other fixed indemnity policies issued before that date, upon their first renewal occurring on or after October 1, 2016.</p> <p>(ii) There is no coordination between the provision of benefits and an exclusion of benefits under any other health coverage.</p> <p>(iii) The benefits are paid in a fixed dollar amount per period of hospitalization or illness and/or per service (for example, \$100/day or \$50/visit) regardless of the amount of expenses incurred and without regard to the amount of benefits provided with respect to the event or service under any other health coverage.</p> <p>(iv) A notice is displayed prominently in the application materials 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. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES."</p> <p>(v) The above requirement applies to all hospital or other fixed indemnity insurance policy years beginning on or after January 1, 2015.</p>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## LONG TERM CARE APPLICATIONS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
ADL question	ORS 743.652(2), ORS 743.656(1), ORS 746.015(2)	Long term care application includes a question related to a person's ability to perform activities of daily living (ADL).	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Health condition questions	OAR 836-052-0576(1)	For non-guaranteed-issue policies, each application for a long-term care insurance policy, rider, or certificate shall contain clear and unambiguous questions designed to ascertain the health condition of the applicant.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## LONG TERM CARE APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
Health history	ORS 743.655(3)(d)	The definition of preexisting condition does not prohibit an insurer from using an application form designed to elicit the complete health history of an applicant, over the 10 years immediately prior to the date of application, and, on the basis of the answers on the application, from underwriting in accordance with that insurer's established underwriting standards.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Inflation protection	OAR 836-052-0616(7)(a),(b)	Inflation protection shall be included in a long-term care insurance policy unless an insurer obtains a rejection of inflation protection signed by the policyholder as required in this section. The rejection may be either in the application or on a separate form. The rejection shall be considered a part of the application and shall state: <i>I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed Plans _____, and I reject inflation protection.</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Language required	OAR 836-052-0576(4)(a)	For non-guaranteed-issue policies, the following language shall be set out conspicuously and in close conjunction with the applicant's signature block on an application for a long-term care insurance policy, rider, or certificate: <i>Caution: If your answers on this application are incorrect or untrue, (insurer) has the right to deny benefits or rescind your policy.</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0576(4)(b)	The following language, or language substantially similar to the following, shall be set out conspicuously on the long-term care insurance policy, rider or certificate at the time of delivery: <i>Caution: The issuance of this long-term care insurance (policy) (rider) (certificate) is based upon your responses to the questions on your application. A copy of your (application) (enrollment form) (is enclosed) (was retained by you when you applied). If your answers are incorrect or untrue, the insurer has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the insurer at this address: (insert address).</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Medications listed	OAR 836-052-0576(3)	If the medications listed in the application were known by the insurer, or should have been known by the insurer at the time of application, to be directly related to a medical condition for which coverage would otherwise be denied, the policy, rider or certificate shall not be rescinded for that condition.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0576(2)	If an application for long-term care insurance contains a question asking whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication that has been prescribed.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>



## LONG TERM CARE APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
Other health policies	OAR 836-052-0626(2)	An insurance producer shall list any other health insurance policies that the insurance producer has sold to the applicant: (a) List such policies sold that are still in force, and; (b) List such policies sold in the past five years that are no longer in force.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Replacement notice	OAR 836-052-0626(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"/>
Required questions	OAR 836-052-0626(1)	An application form for long term care insurance shall include the questions set forth in this section designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy, rider or certificate in force or whether a long-term care insurance policy, rider or certificate is intended to replace any other health or long term care insurance policy, rider or certificate currently in force. A supplementary application or other form to be signed by the applicant and insurance producer, except when the coverage is sold without an insurance producer, containing the questions may be used. With regard to a replacement policy issued to a group defined by ORS 743.652(3)(a), the following questions may be modified only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced, but only if the certificate holder has been notified of the replacement. <b>The questions are as follows:</b>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0626(1)(a)	Do you have another long-term care insurance policy, rider or certificate in force (including health care service contract, health maintenance organization contract)?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0626(1)(b)	Did you have another long-term care insurance policy, rider or certificate in force during the last 12 months? If so, with which insurer? If that policy lapsed, when did it lapse?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0626(1)(c)	Are you covered by a state assistance program (Medicaid)?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0626(1)(d)	Do you intend to replace any of your medical or health insurance coverage with this policy, rider or certificate?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Unintentional lapse	OAR 836-052-0536(1)(b)	The application or enrollment form shall clearly indicate the payment plan selected by the applicant.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

## LONG TERM CARE APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Unintentional lapse, continued	OAR 836-052-0536(1)(a)	An individual long-term care insurance policy or certificate shall not be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate one or more additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. The form used for the written designation must provide space clearly designated for listing at least one person and shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: " <i>Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice.</i> " The insurer shall notify the insured of the right to change this written designation no less often than once every two years.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## MEDICARE SUPPLEMENT APPLICATIONS

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Disclosure provisions	OAR 836-052-0160(5)(c)	Applications provided to persons eligible for Medicare for the health insurance policies or certificates shall disclose, using the applicable standard statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as part of, or together with, the application for the policy or certificate.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Eligible persons	OAR 836-052-0142(2)	<b>“Eligible persons” is defined as one of the following:</b>	
	OAR 836-052-0142(2)(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.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

## MEDICARE SUPPLEMENT APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
Eligible persons, continued	OAR 836-052-0142(2)(b)	An individual enrolled with a Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, and any of the circumstances apply under OAR 836-052-0142(2)(b), 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 Advantage plan.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142(2)(c)	An individual enrolled with an eligible organization defined in OAR 836-052-0142(2)(c)(A)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142(2)(d)	An individual enrolled under a Medicare supplement policy and the enrollment ceases due to insolvency, involuntary termination of coverage, or issuer violations.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-052-0142(2)(e)	An individual enrolled under a Medicare supplement policy terminates enrollment and subsequently enrolls, for the first time, with any Part C Medicare Advantage 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"/>
	OAR 836-052-0142(2)(f)	An individual, upon first becoming enrolled for benefits under Medicare part A, enrolls in a Medicare Advantage 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.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

## MEDICARE SUPPLEMENT APPLICATIONS, continued

Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box
Guaranteed issue	OAR 836-052-0142(1)	For Medicare supplement applications, questions are asked to determine if insured is guaranteed-issue eligible. Eligible persons are those individuals who seek to enroll under the policy during the open enrollment period and who submit evidence of the date of termination, disenrollment, or Medicare Part D enrollment with the application for a Medicare supplement policy. With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy. <i>If applicant is guaranteed issue, carrier may not ask required health questions (including height/weight). Make sure this is clear to consumer that the health questions are optional.</i>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Guaranteed issue time periods	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"/>
Open enrollment	OAR 836-052-0138(1)(a)	An issuer may not deny or condition the issuance or effectiveness of any Medicare supplement policy/certificate nor discriminate in the pricing of a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a Medicare supplement policy or certificate that is submitted to the issuer prior to or during the six month period beginning with the first day of the first month in which an individual is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an issuer shall be made available on a guaranteed issue basis to all applicants who qualify under this section without regard to age.	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 the form number and approval date in your transmittal description or cover letter.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>