



Review requirements	Reference	Description of review standards requirements	Confirm standard by checking the box	
<b>GENERAL REQUIREMENTS (FOR ALL APPLICATIONS)</b>				
Product Locator		Were the forms in this filing developed with the NAIC Product Locator, Oregon information? <i>(The requirements on this document are substantially the same as those on the Product Locator for consistency in drafting and meeting these filing requirements.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Submission package requirements	OAR 836-010-0011 As required on SERFF or our Web site	Required forms are located on SERFF or on our Web site: <a href="http://dfc.oregon.gov/rates-forms/annuities/Pages/annuities.aspx">http://dfc.oregon.gov/rates-forms/annuities/Pages/annuities.aspx</a> . These must be submitted for your filing to be accepted as complete: 1. NAIC transmittal form. 2. Filing description on transmittal form (cover letter). 3. Third party filer's letter of authorization. 4. Certificate of compliance signed by an officer of the insuring company. 5. Product standards for forms (this document). 6. Forms filed for approval. (If filing revised forms, include a <b>highlighted</b> copy of the revised form to identify the modification, revision, or replacement language.) 7. For mailed filings, two self-addressed stamped envelopes, one in which the Insurance Division can return approved forms.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	Filing description on transmittal form (cover letter)	The filing description includes the following: 1. The policy and policy number(s) this application will be used to solicit and the approval dates, if not part of this filing. 2. The groups or targeted market. 3. Confirmation that no other application will be used simultaneously to solicit individual policies that is not fully explained and approved. Applications being replaced are listed on the transmittal form.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Review	ORS 742.003(1), OAR 836-010-0011(3)	The following are submitted in this filing for review: 1. New application or enrollment form. 2. Amendment of an approved form; complete revised application or enrollment form with a current revision date and changes <b>highlighted</b> on one copy. 3. Addition of a supplement to a previously approved application Number: _____	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Advertising	ORS 742.009 and 746.270	If advertisements are part of the application, advertisement standards form 440-3308 is completed.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Applicability	ORS 742.003(1)	An application made available electronically must be filed in paper form and meet the same requirements as an application used in paper form.		

Applicability Continued	ORS 743.348(1), (2)	1. Membership is not sold to qualify an applicant for group annuity insurance. 2. Group annuity insurance is not sold for the purpose of offering membership in the group.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	Federal requirements - HIPAA, privacy information	When adding or amending an application form to comply with federal requirements, the application must be filed for prior approval. HIPAA Privacy requirements and all HIPAA related statements are solely supported by HIPAA requirements. If providing federal requirements separately, the federal information is not required to be filed, but must state only information required by the federal regulation.		
	Credit life, health	This form not applicable to credit life and health; see form 440-2443.		
Clarity/Readability	ORS 742.005(2)	When using the application as the policy specifications page, the application is clear and understandable in its presentation of premiums, labels, description of content, title, headings, and any restrictions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes	<input type="checkbox"/>
	ORS 743.106(1)(b)	Application and medical questions are printed in type not smaller than 10 points.	Yes	<input type="checkbox"/>
Form number	ORS 742.003(1)	The application is identified by a unique form number that is located in the lower left hand corner of the document.	Yes	<input type="checkbox"/>
Insurable interest	ORS 743.030, 743.327	Insurable interest. The application is checked for insurable interest. Group applications provide for payment to the beneficiary designated by the insured or the insured's estate.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Underwriting rules	ORS 746.600(1)	Adverse underwriting decisions. No practices or procedures imply or provide for adverse underwriting by offering to insure individual applicants at higher-than-standard rates that are not filed and approved with the policy.	Yes	<input type="checkbox"/>
	ORS 746.660	Adverse underwriting decisions are not based on a previous company's denial.	Yes	<input type="checkbox"/>
Variability	ORS 742.003, 742.005(2), 742.023(1)(f)	1. Variable information is bracketed or otherwise marked to denote variability ( <i>current declared rates, current fees, and sub-accounts may be bracketed and changed without refiling as long as the changes are not discriminatory</i> ). The filing includes a Statement of Variability that explains the conditions under which each variable item may change. A Statement of Variability presents reasonable and realistic ranges for each item. The filing also includes 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.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Variability Continued		2. When the application is used as the policy specification page, current interest rates and fees are disclosed on the application and the guaranteed rates are disclosed in close proximity.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		3. Applications that include bonus rates include a statement that certifies the bonus or bonus ranges as presented on the application reflects what was approved in the policy.	<input type="checkbox"/>	<input type="checkbox"/>
		4. The application does not offer selections that are not approved for the policy, such as guaranteed periods and term plans.	<input type="checkbox"/>	<input type="checkbox"/>

## APPLICATION FORM

Arbitration	ORS 36.300-36.305	Arbitration statements made on the application are consistent and representative of the policy provision. ( <i>Application does not include arbitration or appeal requirements that are not described in the policy.</i> )	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Authorization	ORS 743.027	Application includes a signature block unless the application is filed specifically for Internet use. ( <i>Signature blocks cannot be filed as optional; they must be completed.</i> )	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 743.039(1)	A life application that provides for any change in the plan or benefits, amount of insurance, or classification of risk is subject to a signed acceptance by the insured.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.630(2)	Authorization to obtain information is limited to the issuing of the coverage applying for a period not to exceed the contestable period. ( <i>Authorization to issue coverage cannot be used at the time of claim if the policy is beyond the contestable period.</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"/>
	Equity-indexed annuity	The application must contain a prominent acknowledgment statement immediately preceding the signature line, disclosing that the applicant understands that he/she is applying for an equity-indexed annuity and that while the value of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	Market-value adjustment	The application must contain a prominent acknowledgment statement immediately preceding the signature line, disclosing that the applicant understands that surrender values during guaranteed period(s) are subject to a MVA.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 742.005(2)	If the application is for a graded or modified death benefit, the application clearly discloses the deviation for the applicant's acknowledgement.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Beneficiaries	ORS 743.024	Beneficiaries are to be designated by the applicant; no beneficiary names are pre-printed on applications.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Claim payment	ORS 742.013(1)(a)	A copy of the application will be attached to the policy as part of the entire contract provision in the policy that may be used as evidence to deny a claim.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discrimination	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)	Marital status, ZIP code, or any other territorial classification is not used to aid in establishing sexual orientation.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Fraud	Bulletin 98-5	If 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"/>
Incontestability	ORS 742.013(1)(b)	Any representations to be used to deny claims are material to the acceptance of coverage and are subject to the incontestability provision in the policy.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Incontestability, continued	ORS 744.078	The application does not disclaim any knowledge or information given to the producer.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Misrepresentations, statements	ORS 742.013	All statements and responses are representations and not warranties.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Privacy	HIPAA	All privacy statements related to HIPAA are solely supported by HIPAA requirements. <i>(No additional company statements are incorporated.)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Replacement questions	OAR 836-080-0022(3) & 836-080-0039(1)	<i>(Replacement does not apply to AD&amp;D.)</i> Application includes a signed statement by the applicant (and producer when applicable) as to whether the proposed insurance will replace an existing life insurance or annuity policy.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-080-0022(3)	The application asks whether the applicant has any existing life or annuity policies.  If the application does not include this question, a copy of the questionnaire used is included, which provides for the signature of the producer and applicant. <i>(If this form was previously approved, you need only provide form number and approval date at the top of this form.)</i>	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
Reinstatement	ORS 743.168, 743.171	Reinstatement application. With respect to any reinstated insured, the restart of the contestable period is based only on statements in the reinstatement application, and statements in the initial application apply on the initial policy date.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Titles & headings	ORS 742.005(2)	The application clearly identifies the type of coverage being solicited and prominently discloses the company.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Variable benefits	ORS 742.016	The application and contract do not reference the prospectus as part of the contractual agreement nor does the application reference fees or details in the prospectus not in the contract that would serve to control the contract.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 731.296	If separate accounts available on the application are described in the applicable contract, the separate accounts listed on the application correspond to those in the contract.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Complete the following for applications with medical questions.</b>				
Genetic testing	ORS 746.015, 742.005(4)	Questions related to genetic testing are not used as a basis for establishing a class for underwriting. A genetic-testing question cannot be asked unless the company will perform and pay for a genetic test on all applicants who have not had a genetic test. <i>(Consideration of genetic test only on those that have previously had the test is a discriminatory practice and prohibited under ORS 746.015 and is unjust, unfair, and inequitable under ORS 742.005(4).)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.135(4), 659.700(9)	No question includes genetic information about a blood relative.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 746.135(1), 192.535	If genetic-testing is utilized, the company uses a consent form required in Exhibit 1 of OAR 836-051-0700.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
HIV Consent	OAR 836-050-0250	If HIV-, AIDS-, or ARC-related questions are asked, the company has a consent form approved or included in this filing for approval that meets the requirements of OAR 836-050-0250.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Underwriting & underwriting questions	ORS 746.015(2)	Questions related to applicant's health are related to a disease or medical condition. <i>(A general "good health" question is not acceptable.)</i> Questions related to a person's ability to perform ADLs are not included unless specifically to qualify the applicant for an increased benefit, such as for immediate annuities.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(3)	Questions about applicant's medical conditions whose answers may reveal the possible existence of HIV, AIDS, or ARC cover a period no more than 10 years immediately prior to the date of application. <i>(Asking if the applicant has been diagnosed with or treated for AIDS, ARC, or positive HIV infection does not require a 10-year limit.)</i>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(2)(b)	HIV-, AIDS-, or ARC-related questions are asked in a medical section that includes other medical questions on conditions of a similar nature.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	OAR 836-050-0245(2)	Questions about medical conditions are factual and designed to establish the existence of the condition using "diagnosed" or "treated." Questions do not contain vague language such as "any known indication" or "consulting a physician for advice" when the questions are about symptoms common to HIV.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

HIV CONSENT FORMS			
HIV Consent	OAR 836-050-0250	The consent form states that the purpose of the testing is to determine insurability.	Yes <input type="checkbox"/>
		The testing protocol of two ELISA tests confirmed by a Western blot test or other approved test series is stated on the consent form. OAR 836-050-0250(1), (2)(a)	Yes <input type="checkbox"/>
		Testing samples are identified. Testing samples are limited to blood, oral specimen, and urine specimen.	Yes <input type="checkbox"/>
		The forms provide for the applicant's designation of the person to whom final positive test results are to be reported; options are the named physician, the county health department, and the applicant.	Yes <input type="checkbox"/>
		Consent form states that it is valid for six months following the date that it was signed.	Yes <input type="checkbox"/>
		HIV informational brochure, Exhibit 1 under OAR 836-050-0250(2)(d), is provided, or company has received approval from the division for use of a substitute form.	Yes <input type="checkbox"/>