

Department of Consumer & Business Services
Oregon Division of Financial Regulation - 5

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STANDARDS ACCIDENTAL DEATH AND DISMEMBERMENT
Group and Individual Policies and Riders

This checklist must be submitted with your filing, in compliance with OAR 836-010-0011(2). This list includes the national standards, relevant statutes, rules, and other documented positions to enforce ORS 731.016. The standards 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 certificate of compliance form. "Not applicable" can be used only if the item does not apply to the coverage being filed. Any line left blank will cause this filing to be considered incomplete. Not including required information or policy provisions may result in disapproval of the filing.

Insuring company name: _____

Date: _____

TOI (type of insurance):

- H03I Individual - Accidental death and dismemberment
 H03G Group - Accidental death and dismemberment

Type of coverage: Dismemberment

(If this filing is for a rider attached to the policy, skip to the "Policy Provisions" section)

Review requirements	Reference	Description of review standards requirements	Check Answer	
GENERAL REQUIREMENTS (FOR ALL FILINGS)				
Submission package requirements	ORS 731.296, OAR 836-010-0011, ORS 743.106	Required forms are located on SERFF or on our Web site: http://dfr.oregon.gov/rates-forms/annuities/Pages/annuities.aspx . These must be submitted with your filing for it to be accepted as complete: 1. NAIC transmittal form.(paper filings only) 2. Filing description or cover letter. 3. Third-party filer's letter of authorization. 4. Certificate of compliance form signed by authorized person. 5. Readability certification. 6. Actuarial memorandum for individual policies with an overview of the contents of the filing and the reasons and procedures used to derive the rates. 7. Forms filed for approval. (If filing revised forms, include a highlighted copy of the revised form to identify the modification, revision, or replacement language.) 8. For mailed filings, two self-addressed stamped envelopes, one in which the Division of Financial Regulation can return approved forms. NOTE: This checklist does not need to be submitted with the filings. However, it may be requested by the reviewer. Please use this document as a tool to help you comply with our requirements.	Yes	N/A
	Filing description on transmittal form	The filing description (cover letter) includes the following: 1. Changes made to prior approved forms or variations from other approved forms. 2. Marketing description including the types of markets and reasons for the need in that market. 3. Application form number(s) you're using that have been approved and the approval date(s).	<input type="checkbox"/>	<input type="checkbox"/>
Review requested	ORS 742.003(1), OAR 836-010-0011(3)	The following are submitted in this filing for review: 1. New policy and/or certificate. 2. Amendment of an approved form. 3. Addition of supplemental options to previously approved forms.	<input type="checkbox"/>	<input type="checkbox"/>
Applicability	ORS 742.009, ORS 746.270	Advertisements cannot include features that are not filed and approved in the individual policy or certificate. All advertisements, regardless of format (brochure, Web site, etc.), comply with the advertisement standards (440-3308), whether or not the advertisement must be filed, and is subject to audit. (<i>Advertisements for this product are not required to be filed for prior approval.</i>)		
	OAR 836-080-0001 to 0060	When this policy is used as a replacement, marketing procedures comply with the rules that require persons who replace, offer, or propose to replace existing life insurance to provide the policyholder a written, signed, and dated statement that fully and correctly compares the terms, conditions, and benefits of an existing policy with the proposed policy.		

Review requirements	Reference	Description of review standards requirements	Check Answer
Applicability, continued	ORS 744.700 to 744.740	If this policy utilizes a third party administrator (TPA), an agreement is written for each TPA that transacts business under ORS 744.702, according to ORS 744.720.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Association/ Trusts/ Discretionary groups	form 440-2441	If filing includes issues to an association, trust, or discretionary group, Form 440-2441 is included.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
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) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		The style, arrangement, and overall appearance of the policy or certificate gives no undue prominence to any portion of the text or to any endorsements or riders.	Confirm <input type="checkbox"/>
	ORS 743.106	If filing includes forms in a language other than English, readability requirements do not apply if forms are direct translations of policies that meet product standards; certification of translation is included.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 743.106(1)(d)	Policy and certificate contain a table of contents or index of the principal sections if longer than three pages or 3,000 words.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Fairness	ORS 742.005(2)	The policy does not contain inconsistent, ambiguous or misleading clauses, or contain exceptions and conditions that unreasonably affect the risk purported to be assumed in the general coverage of the policy	Confirm <input type="checkbox"/>
Insurable interest	ORS 743.024, ORS 743.027, ORS 743.030,	<ol style="list-style-type: none"> 1. The policy provides benefit payments to the insured, insured's personal beneficiary, or the insured's estate. 2. If a consent form is required, an explanation is included as to how the policy will meet the insurable interest and consent requirements in ORS 743.024 and 743.027. 3. The consent form is limited to providing information regarding the coverage and requesting consent. A copy of the consent form is included with this filing, if applicable. 	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer
Variability	ORS 742.003(1), ORS 742.023	1. Variable data is indicated by brackets and all variable ranges or options are identified. Variability is limited to benefit data applicable to the owner or insured, disability benefits, amounts, durations, and premium information.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		2. 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. <i>(Variable data may be included within the policy and certificate or may be submitted as a separate form identified by a form number and date.)</i>	<input type="checkbox"/> <input type="checkbox"/>
		Group policies may include variable language as alternatives based on group issue. If included, variable items that apply to each alternative option are grouped in the statement of variability to clearly show the bracketed items that apply to each option.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

<i>(Skip to Requirements for Rates if filing only a rate change.)</i>			
GENERAL FORM REQUIREMENTS			
Review requirements	Reference	Description of review standards requirements	Check Answer
Cover page	ORS 743.198, ORS 742.023	1. The full corporate name of the insuring company appears prominently on the first page of the policy.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		2. A marketing name or company logo, if used on the policy, must not mislead as to the identity of the insuring company. Policy title and subtitles are generic and clearly describe the guaranteed elements; policy contains no marketing or agency/broker names. ORS 743.198	<input type="checkbox"/> <input type="checkbox"/>
		3. The insuring company address, consisting of at least a city and state, appears on the first page of the policy.	<input type="checkbox"/> <input type="checkbox"/>
		4. The signature of at least one company officer appears on the first page of the policy.	<input type="checkbox"/> <input type="checkbox"/>
		5. The individual policy or certificate includes a right-to-examine provision that appears on the cover page of the policy or certificate.	<input type="checkbox"/> <input type="checkbox"/>
		6. A form-identification number appears in the lower left-hand corner of the forms. The form number is adequate to distinguish the form from all others used by the company. (continued on next page)	<input type="checkbox"/> <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check Answer	
Cover page, continued	ORS 743.198, ORS 742.023	7. The policy contains a brief description that appears prominently on the cover page of the policy and describes the type of coverage. The brief description contains at least the following: (a) A caption of the coverage provided; example: “accidental death only” or “accidental death with dismemberment benefits”. (b) An indication as to whether the coverage is renewable or nonrenewable; convertible or nonconvertible; and participating or nonparticipating. (c) Variations from the death benefit provided, such as double indemnity for certain causes of accidental death and duration of added benefit, if limited.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Specifications page	ORS 743.156	Individual policies. Policy premiums are disclosed for each benefit, and policy fees and charges are disclosed separately on the schedule pages.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	ORS 742.023	1. The specifications page includes the benefits, amounts, durations, premium information, and any other benefit data applicable to the owner or insured. 2. The specifications page is completed with hypothetical data that is realistic and consistent with the other contents of the policy and any required actuarial memorandum. 3. Any information appearing on the specification page that is variable is bracketed or otherwise marked to denote variability. 4. When rates increase due to the attainment of certain ages or duration of the policy, an applicable schedule of rates is prominently placed on the specifications page. 5. When benefits decrease due to the attainment of certain ages or duration of the policy, a schedule of benefits is prominently placed on the specifications page.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

POLICY PROVISIONS

Review requirements	Reference	Description of review standards requirements	Page & paragraph
Accident	ORS 742.005	The definition of injury or accidental death means benefits paid to an insured due to loss caused solely by an accident independent of sickness, illness or disease, and does not characterize the definition by requiring a visible or external wound or an autopsy if there is no visible wound, or the concept of violent or similar words as part of the description.	
Accident, continued	ORS 742.005(3),(4); ORS 742.023(1)(d),(f)	Benefits for specific injuries due to accident do not provide that benefits are in lieu of or limit disability benefits unless the benefit for specific injuries due to accident exceeds the disability benefit.	
Accidental death and dismemberment	ORS 743.053	Accidental death and dismemberment benefits cover losses for at least 180 days after the accident.	

Review requirements	Reference	Description of review standards requirements	Page & paragraph
Ambulance	ORS 743A.014	If ambulance care and ground transportation to the nearest hospital is covered, coverage payments are made directly to the provider or jointly to the insured and the provider.	
Applications	ORS 743.039	Coverage is issued for the amount of insurance, classification of risk, plan of insurance, or benefits, unless the application contains a statement that no such changes are effective until approved in writing by the applicant.	
	ORS 746.650	Any adverse decision made in accepting or not accepting an applicant, including preliminary questions prior to filling out an application, are subject to the notification under ORS 746.650.	
Arbitration	ORS 36.600 - 36.740	Voluntary arbitration is permitted by the Oregon Constitution and statutes after all internal appeals and can be binding upon consent of the covered participant. (If the policy provides for arbitration when claim settlement cannot be reached, the enrollee may elect arbitration by mutual agreement at the time of the dispute. Arbitration takes place under the laws of Oregon or another agreed-upon procedure. Arbitration must be held in the insured's county and state.)	
Assignment	ORS 743.043, ORS 743.345	The policy describes the availability of an assignment and its related procedures. Unless otherwise specified by the policy owner, an assignment will take effect on the date the assignment is signed subject to any payments made or actions taken by the company prior to receiving notice of the assignment. The policy may state that the company will not be liable for the validity of the assignment.	
Beneficiaries	ORS 742.023	The policy contains a beneficiary provision. The provision describes the terms and conditions for designating or changing beneficiaries, for selecting default beneficiaries as may be necessary, and for indicating when such designation is effective.	
		If irrevocable beneficiaries are referenced in the policy, the policy explains that such beneficiaries cannot be changed without the consent of the irrevocable beneficiaries.	
	ORS 743.027	Group policy. Policy provides for payment to the beneficiary designated by the insured or, when no beneficiary is designated, to the insured, insured's personal beneficiary, or estate as outlined in the policy.	
	ORS 743.046	Marketing practices for this policy encourage the lawful designation of a beneficiary under the exemption. Any life policy issued with a lawful beneficiary is exempt from execution of any court in this state and from any legal proceedings in the event of bankruptcy.	
Claim forms	ORS 742.053	An insurer shall furnish, upon written request of any person claiming to have a loss under an insurance policy issued by such insurer, forms of proof of loss for completion by such person, but such insurer shall not, by reason of the requirement so to furnish forms, have any responsibility for or with reference to the completion of such proof or the manner of any such completion or attempted completion.	

Review requirements	Reference	Description of review standards requirements	Page & Paragraph
Claim payment	ORS 743.192(1)	A "timely payment of claims" statement similar to that in ORS 743.192 is included in the policy, stating that indemnities payable will be paid immediately upon receipt of due written proof of loss or stating the intervals of periodic payment of benefits.	
	ORS 743.192(3)	Individual policies. Policy states that benefits paid for loss of life are payable in accordance with the beneficiary's designation.	
Claims of creditors	ORS 743.046	If the policy includes a provision for "claims of creditor," the language prohibits the insured's creditors from making claims on proceeds against a lawful beneficiary and the policy is exempt from execution issued from any court in this state and from any legal proceedings in the event of bankruptcy.	
Discretionary clause	ORS 742.005(2),(3)	If plan includes a discretionary clause, it does not give the company full and final discretion in interpreting its insurance contract. (<i>Such a clause is considered to be inequitable, deceptive, and misleading to consumers.</i>)	
Benefits	ORS 743.153, ORS 743.005	The policy describes how death-benefit proceeds are determined. The death benefits paid are at least equal to the face value of the policy and any riders that are payable, plus any dividend values in the policy at the time of death, less any indebtedness, plus or minus any premium adjustments with interest.	
	ORS 743.192	<p>Payment of proceeds.</p> <p>(a) The policy contains a provision that settlement of the death proceeds shall be made to the beneficiary upon receipt of due proof of death promptly and in accordance with applicable law.</p> <p>(b) Death claims are paid upon proof of death. If delayed longer than 30 days, payment includes interest from the date of death at the current withdrawable interest rate for life policies issued by the company. No time limit is stated. ORS 743.192</p> <p>(c) The death-proceeds provision contains information on the items that satisfy proof of death, including an alternative when standard proof is not obtainable.</p> <p>(d) Death proceeds are available as a lump sum whether or not settlement options are available. ORS 743.192(2)</p> <p>(e) The payment-of-proceeds provision includes a notice that full payment of policy proceeds to the person designated as entitled discharges the company from all claims. ORS 743.041</p>	
Definitions	ORS 742.005	"Accident benefits" means benefits paid to an insured due to loss caused solely by an accident independent of sickness, illness, or disease. (<i>See accident category.</i>)	
		"Dismemberment" means an additional benefit paid to an insured for loss of use or severance of one or more limbs. (<i>Benefit may be increased for more than one limb or total loss of one or more limbs.</i>)	
		"Injury" means accidental bodily injury that may be sustained independent of sickness and that occurs on or after the policy effective date and while the policy is in force. (<i>See accident category.</i>)	

Review requirements	Reference	Description of review standards requirements	Page & Paragraph or check answer																																
Entire contract	ORS 742.016	The "entire contract" or similar statement is included in the policy, explaining that the contract, including the endorsements and attached papers, if any, constitutes the entire contract of insurance.																																	
Exclusions	ORS 742.005(2)(4)	<p>If coverage provides for exclusions or limitations, they are at least as favorable to the insured as the following standards. All exclusions are voluntary risks that can be anti-selected against the company or specifically defined catastrophes of large magnitude. All exclusions are related to the coverage provided. For instance, an exclusion based on receipt of workers' compensation benefits is applicable only to employer-paid plans.</p> <ul style="list-style-type: none"> (a) Individual acts are defined as voluntary, willful, and direct acts by the insured and do not include acts of others that are not preventable by the insured. (b) Exclusions or provisions do not include limitations on individual benefit levels. (c) Self-inflicted injury is defined as "intentional." (d) An exclusion for voluntary taking of illegal drugs. (<i>Does not include drugs taken as prescribed by a physician or purchased over the counter.</i>) (e) An exclusion for voluntary inhaling of gas or poison does not include exposure during the course of employment. (f) An intoxication exclusion is specific as to the blood alcohol level, which cannot be less than the intoxication level under state law, or the exclusion can be stated as "legally intoxicated." (g) A combination of drugs and alcohol is specific to illegal drugs and those against which there is a warning on the insured's prescription. (h) An exclusion for participation in a felony or involvement in an illegal occupation. The policy may state that the company is not liable for any loss under the policy when a contributing cause to the loss is (1) the insured's commission of or attempt to commit a felony or (2) the insured's being engaged in an illegal occupation. (i) An exclusion for riots is limited to instigators and those actively participating and does not include civil commotion, disorder, injury as a bystander, or injury for self-defense. (j) An exclusion for declared or undeclared war is understood to be military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by the insured, civil war, or a local or community faction. (<i>Civil activity as a whole cannot be excluded, except for direct participation or instigation by the insured.</i>) (k) Active duty in the armed forces of any nation or international governmental authority or governmental auxiliary units or the National Guard or similar government organizations, when coverage is suspended and no premiums collected. 	<p>(Check "Yes" if exclusion is included.)</p> <table border="0"> <thead> <tr> <th data-bbox="1829 483 1885 508">Yes</th> <th data-bbox="1927 483 1984 508">N/A</th> </tr> </thead> <tbody> <tr> <td data-bbox="1829 513 1885 537"><input type="checkbox"/></td> <td data-bbox="1927 513 1984 537"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 578 1885 602"><input type="checkbox"/></td> <td data-bbox="1927 578 1984 602"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 610 1885 634"><input type="checkbox"/></td> <td data-bbox="1927 610 1984 634"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 643 1885 667"><input type="checkbox"/></td> <td data-bbox="1927 643 1984 667"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 708 1885 732"><input type="checkbox"/></td> <td data-bbox="1927 708 1984 732"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 773 1885 797"><input type="checkbox"/></td> <td data-bbox="1927 773 1984 797"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 837 1885 862"><input type="checkbox"/></td> <td data-bbox="1927 837 1984 862"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 902 1885 927"><input type="checkbox"/></td> <td data-bbox="1927 902 1984 927"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 967 1885 992"><input type="checkbox"/></td> <td data-bbox="1927 967 1984 992"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1032 1885 1057"><input type="checkbox"/></td> <td data-bbox="1927 1032 1984 1057"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1097 1885 1122"><input type="checkbox"/></td> <td data-bbox="1927 1097 1984 1122"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1162 1885 1187"><input type="checkbox"/></td> <td data-bbox="1927 1162 1984 1187"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1227 1885 1252"><input type="checkbox"/></td> <td data-bbox="1927 1227 1984 1252"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1292 1885 1317"><input type="checkbox"/></td> <td data-bbox="1927 1292 1984 1317"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1829 1357 1885 1382"><input type="checkbox"/></td> <td data-bbox="1927 1357 1984 1382"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	N/A	<input type="checkbox"/>																													
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Exclusions, continued	ORS 742.005(2)(4)	<p>(Continued from prior page)</p> <p>(l) An exclusion related to air travel does not deny coverage for fare-paying passengers or obligate fare-paying passengers to research airline compliance with federal licensing and safety requirements.</p> <p>(m) An exclusion for travel to foreign countries is limited to countries on the U.S. State Department's advisory list at the time of accidental injury or death. In no event may death occurring from natural causes be excluded.</p> <p>(n) Exclusions for dangerous or hazardous sports, hobbies, or activities may be excluded when added by rider or endorsement only when individually underwritten in the application process. Limitation is clearly defined and applies to continuous and regular participation, or participation as a professional or semi-professional.</p>	<p>Check "Yes" if exclusion is included.)</p> <table border="0"> <tr> <td>Yes</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	N/A	<input type="checkbox"/>					
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Grace period	ORS 743.165	A life insurance policy shall contain a provision that a grace period of 30 days or, at the option of the insurer, of one month of not less than 30 days, or of four weeks in the case of individual life insurance policies the premiums for which are payable more frequently than monthly, shall be allowed within which the payment of any premium after the first may be made, during which period of grace the policy shall continue in full force. The insurer may impose an interest charge not in excess of six percent per annum for the number of days of grace elapsing before the payment of the premium. If a claim arises under the policy during such period of grace the amount of any premium due or overdue, together with interest and any deferred installment of the annual premium, may be deducted from the policy proceeds.									
Incontestability	ORS 743.168	The "incontestable" statement in ORS 743.168(1) and (2), or a similar statement, is included that after the initial coverage or subsequent increases in coverage has been in force for a period of two years during the lifetime of the insured.									
Reinstatement	ORS 743.171, Bulletin INS 2010-3	Only fraudulent misstatements or misrepresentations made in the reinstatement application that are material to the acceptance for coverage may be used to void the policy or to deny a claim after two years of coverage.									

Review requirements	Reference	Description of review standards requirements	Page & Paragraph
Misrepresentations, misstatements (life policies)	ORS 743.180	<p>Misstatement of age.</p> <p>(a) If the insured's age has been misstated, all amounts payable under the policy shall be amounts as the premium paid would purchase at the correct age or sex.</p> <p>(b) If spouse or children are covered as part of the policy, the provision may refer to an adjustment of the duration of the benefits.</p> <p>(c) If more than one life is insured, the misstatement provision may state that the amount payable on death or amount of premium payable may be adjusted due to misstatement of age or the misstatement of age or sex, as appropriate, of any insured.</p> <p>(d) The policy provision may provide for the adjustment of premium and credit given according to the company's published rate at date of issue.</p>	
Misrepresentations, misstatements (annuity policies)	ORS 743.180, ORS 743.264	<p>Misstatement of age or sex.</p> <p>(a) If the insured's age or sex has been misstated, all amounts payable under the policy shall be amounts as the premium paid would purchase at the correct age or sex.</p> <p>(b) If spouse or children are covered as part of the policy, the provision may refer to an adjustment of the duration of the benefits.</p> <p>(c) If more than one life is insured, the misstatement provision may state that the amount payable on death or amount of premium payable may be adjusted due to misstatement of age or the misstatement of age or sex, as appropriate, of any insured.</p> <p>(d) The policy provision may provide for the adjustment of premium and credit given according to the company's published rate at date of issue.</p>	
Misrepresentations, continued	ORS 731.062, ORS 744.078	Any provision allowing for modification based on misrepresentations does not directly or indirectly imply that the company is not bound by statements given to the producer. Knowledge of or information given to the producer is knowledge or information of the company.	
Non-variable benefits	ORS 743.153	The policy includes a provision stating the amount of benefits payable or procedures to determine the amount payable, the manner of payment, and the premium.	
	ORS 743.195	<p>Settlement option.</p> <p>(a) The policy contains a description of guaranteed minimum payout amounts for each form of settlement option specified in the policy. The guaranteed interest rate and mortality table, if used for payout, are identified in the policy.</p> <p>(b) Settlement options and guaranteed tables are included if policy allows for selection of settlement payments. Policies offering only lump-sum payout prominently state this limitation.</p> <p>(c) The policy contains a description and tables of guaranteed minimum payout amounts for each settlement option specified in the policy. The mortality table, guaranteed interest rate, and any other factors are stated in the description.</p>	

Review requirements	Reference	Description of review standards requirements	Page & Paragraph
Ownership of contract	ORS 742.023, ORS 743.027	The policy contains an ownership provision that describes the terms and conditions for designating or changing the owner or for designating default owner as may be necessary and indicates when such designation is effective. The provision indicates the insured is the owner unless an owner designation different from the insured, with a proper insurable interest, is in effect.	
Payment plans	ORS 746.005(6)	Methods of payment such as salary savings, bank draft, pre-authorized check, payroll deduction, or similar plan are offered at a reduced rate based on cost savings to the company.	
	ORS 731.446	Advance premium deposits are not subject to fees or surrender charges and are credited a defined interest rate.	
Premium	ORS 743.162	The policy clearly explains premium-payment requirements, including when and where payments are due.	
Rebates	ORS 746.035, ORS 746.045	This policy is not offered at a reduced rate or with a bonus that is not filed in the policy.	
	ORS 746.130	This policy is not offered without charge as part of a purchase or rental of any property or service as an inducement to purchase.	
Reinstatement	ORS 743.189	A life insurance policy shall contain a provision that if in the event of a default in premium payments the value of the policy has been applied to provide a paid-up nonforfeiture benefit, and if this benefit is currently in force and the original policy has not been surrendered to the insurer and canceled, and if a period of not more than three years has elapsed since the default (or two years in the case of an industrial life policy), the policy may be reinstated upon furnishing evidence of insurability satisfactory to the insurer and payment of arrears of premiums and payment or reinstatement of any other indebtedness to the insurer under the policy, with interest at a rate not exceeding the maximum permitted by the policy loan provision.	
Renewability	ORS 742.023, ORS 743.018	A premium change or renewability provision provides for premium changes only when such changes apply to all policies of this form, are issued to persons in the same class in this state, and have been approved by the Oregon Division of Financial Regulation.	
		Individual policies contain a schedule of guaranteed premiums for the renewal periods.	
Suicide	ORS 742.005(3), ORS 743.168	<ol style="list-style-type: none"> 1. The policy may provide for a suicide exclusion that includes a provision of conditions. 2. The suicide exclusion period does not exceed two years from the date of issue of the policy. 3. A minimum refund of all premiums paid, less dividends paid and any indebtedness, shall be paid by the company in the event of death by suicide during the suicide exclusion period. 	

REQUIREMENTS FOR RATES FOR INDIVIDUAL POLICIES (*Information requested under this section is determined to be necessary to evaluate the filing for compliance. ORS 731.296*)

Requirements	Reference	Description of review standards requirements	Check Answer
Filing requirements	ORS 743.018	A complete table of individual life rates is filed and it includes current and guarantee rates. Any subsequent amendments or corrections to the filed rates must also be filed. Filed rates include policy fees and premium payment fees that are reasonable to the expense being covered.	Yes <input type="checkbox"/>
Payment plans	ORS 746.005(6)	Payment options such as salary savings, bank draft, pre-authorized check, payroll deduction, or similar plan are offered at a reduced rate based on cost savings to the company.	Yes <input type="checkbox"/>
Requirement not part of a listed category	ORS 731.296, ORS 746.015, ORS 743.018, ORS 733.030, OAR 836-080-0050 and 0055	<ol style="list-style-type: none"> Filing includes a copy of the approved application (if not part of this filing). If supplemental applications exclude hazardous hobbies, explain how this is taken into consideration in the experience and statistics used in developing the rates. Filing includes a schedule of guaranteed premiums. The filing includes a statement that no assumptions or provisions unfairly discriminate in availability, rates, benefits or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard. 	Yes <input type="checkbox"/>
	ORS 746.005, ORS 744.077	Modification of rates. Any reduction in premium rates is not more than corresponding reductions in administration and issuance expenses reasonably attributable to the policy. When filing reduced rates, an actuarial demonstration shows the relationship between the savings and the reduction in rates. A reduction in savings does not include reduction in commissions when sold by a producer.	Yes <input type="checkbox"/>
	ORS 742.041	Combined classes. The classes of life and health insurance may be combined. No other class is combined in this filing in which the liability of the company for unearned premiums or the reserve for unpaid, deferred, or undetermined-loss claims is estimated in a different manner.	Yes <input type="checkbox"/>
Ratemaking, generally	ORS 733.030	Filing identifies how reserving assumptions (including specific company experience) take into account any expected adverse mortality and lapses that are reflected in the pricing.	Yes <input type="checkbox"/>
Underwriting	ORS 746.600(1)	No practices or procedures imply or provide for "adverse underwriting" by offering individuals insurance at higher than standard rates.	Yes <input type="checkbox"/>