

Department of Consumer and Business Services  
Oregon Division of Insurance - 5  
350 Winter St. N.E., Rm. 440  
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Salem, Oregon 97309-0405  
Phone (503) 947-7983

**STANDARDS FOR ACCIDENT ONLY**  
Group and Individual Policies and Riders

**Use this standard for Accident Only policies or when a health policy contains a Dismemberment or Death Benefit and/or Dismemberment or Death Benefit Rider.**

**Use Form 440-3631 Standards for Accidental Death & Dismemberment for when a life policy contains a Dismemberment or Death Benefit or Dismemberment or Death Benefit Rider.**

This checklist must be submitted with your filing, in compliance with OAR 836-010-0011(2). This list includes 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.

Insurer name: \_\_\_\_\_

Date: \_\_\_\_\_

TOI (type of insurance):  H02I Individual Health - Accident only  H02G Group Health - Accident only

Type of coverage:  
(Check all that apply)

- Hospital coverage
- Individually sold student accident (not blanket student)
- Non-occupation only
- Occupation only
- Individual contractors' occupation-only coverage
- If filing as an alternative for workers' compensation coverage, Form 440-3631w (Supplemental Standards for Alternative Workers' Compensation Accident and Disability) is attached.

(If this filing has a rider attached or is a rider to an accident only policy, skip to the "Policy Provisions" section.)

" \* " Does not apply to Health Care Service Contractors.



Category	Reference	Description of review standards requirements	Answers
Applicability	ORS 742.003(1) Amendments	Amendments do not provide for unilateral changes that reduce or eliminate benefits or coverage or impair or invalidate any right granted to the policyholder under the policy.	Confirm <input type="checkbox"/>
	ORS 743.534(3)*, Form 440-2446 Blanket student accident only coverage	For blanket student accident coverage, file as a blanket policy under ORS 743.534(3) and use Standard Provisions for Blanket Health and Student Health Blanket ( <a href="#">Form 440-2446</a> ).	
Associations, trusts, discretionary groups	ORS 743.522, ORS 743.524, OAR 836-053-0007, OAR 836-053-0081	If filing includes issues to an association, trust, or discretionary group, Form <a href="#">440-2441A</a> , <a href="#">B</a> , or <a href="#">D</a> is completed and included in this filing.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
Clarity and readability	ORS 742.005	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 N/A <input type="checkbox"/> <input type="checkbox"/>
	ORS 743.106(1)(b)	The policy, except for specification pages, schedules and tables is printed in not less than 10-point type.	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
	ORS 743.106(1)(c)	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 N/A <input type="checkbox"/> <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 3 pages or 3,000 words.	Yes N/A <input type="checkbox"/> <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"/>
Form numbers	OAR 836-010-0011(2) (all), ORS 743.405(7)* (individual)	The policy, certificate, riders, endorsements, statement of variability, applications and any other forms are identified by a unique form number. Basic policy requirements are not bracketed unless an alternative selection is included. Optional benefits to the policyholder are filed under separate form numbers. (See guidelines 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> .)	Confirm <input type="checkbox"/>

Category	Reference	Description of review standards requirements	Answers
Variability	ORS 742.003(1), ORS 742.005(2)	<ol style="list-style-type: none"> <li>1. Variable data is indicated by brackets and all variable ranges or options are identified and explain when the item would be included or excluded.</li> <li>2. The filing includes a Statement of Variability (SOV) that explains the conditions under which each variable item may change. The SOV 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 on the Supporting Documentation tab as a separate form identified by a form number and date.</i>) Use of unapproved variable options is prohibited.</li> </ol>	Yes    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(Skip to Requirements for Rates if filing only a new rate or rate change.)

## GENERAL FORM REQUIREMENTS

Category	Reference	Description of review standards requirements	Answers
Cover page	ORS 742.005, ORS 743.106(1)(d), OAR 836-010-0011	<ol style="list-style-type: none"> <li>1. The full corporate name of the insuring company appears prominently on the first page of the policy.</li> <li>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.</li> <li>3. The insuring company address, consisting of at least a city and state, appears on the first page of the policy.</li> <li>4. The signature of at least one company officer appears on the first page of the policy.</li> <li>5. 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.</li> <li>6. 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:               <ol style="list-style-type: none"> <li>a. A caption of the coverage provided; example: “accidental death only” or “accidental death with dismemberment benefits”.</li> <li>b. An indication as to whether the coverage is renewable or nonrenewable and participating or nonparticipating.</li> </ol> </li> </ol>	Yes    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

POLICY PROVISIONS			Page and paragraph
Category	Reference	Description of review standards requirements	Answers
Ambulance payments	ORS 743A.014*	Any insurance policy issued that provides coverage for ambulance care and transportation shall provide that payments will be made jointly to the provider of the ambulance care and transportation and to the insured, unless the policy provides for direct payment to the provider.	
Applications	ORS 746.650 Adverse underwriting decision reasons	Any adverse underwriting 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.	
	ORS 743.039(2)* Alteration of application	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, in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.	
	ORS 742.013, Bulletin 2010-3 Fraud warnings	Bulletin 2010-3 provides guidelines for fraud warnings and fraud notices on applications for insurance, and on coverage forms. Per 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.	
	Form 440-2442H	If an application is included in the filing, also submit Standards for Health Applications ( <a href="#">Form 440-2442H</a> ).	
Arbitration	ORS 36.600 to 36.740	If the policy provides for arbitration if claim settlement cannot be reached, the parties may elect arbitration by mutual agreement at the time of the dispute after the claimant has exhausted all internal appeals and mutually-agreed arbitration can be binding. One party may initiate arbitration proceedings; however, if there is no mutual agreement the resulting arbitration is binding only on the party who demanded arbitration. Arbitration proceedings take place under the laws of Oregon and are held in the insured’s county or another county in the state if agreed upon.	
Assignment	ORS 743.043*	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.	

Category	Reference	Description of review standards requirements	Answers
Cancellation and renewability statements	ORS 743.495, ORS 743.498 (individual)	A noncancelable or guaranteed-renewable policy includes the statement required by ORS 743.498 or similar language explaining the guaranteed or cancelable periods.	
	ORS 743.560(4) (group)	The group policy and certificate include a provision that the insurer will notify the group policyholder when the policy is terminated and the coverage is not replaced by the policyholder. This requirement includes an employer's participation in or the termination of a multiple-employer trust policy.	
Claim forms	ORS 743.426* (individual)	The "claim forms" statement in ORS 743.426, or a similar statement, is included in the policy, providing that, if claim forms are required and are not furnished within 15 days after the claimant gives notice of claim, the claimant shall be deemed to have complied with the requirement of the policy.	
Claim notice	ORS 743.423* (individual)	The "notice of claim" statement in ORS 743.423(1), or a similar statement, is included in the policy, explaining that written notice of claim is given to the company within 20 days after occurrence or commencement of any loss covered by the policy or as soon thereafter as is reasonably possible.	
Claim payment	ORS 743.432* (individual)	A "time payment of claims" statement similar to that in ORS 743.432 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.	
Credibility	ORS 742.005(3) and (4) Discretionary clauses	Discretionary clauses put insureds in the difficult situation of having to prove an insurer is being arbitrary and capricious when challenging the insurer's contractual interpretations (including claim determinations). Therefore, discretionary clauses are determined to be prejudicial, unjust, unfair, and inequitable under ORS 742.005(3) and (4).	
Definitions	ORS 731.056 Action	Action is defined as any action, suit, or legal proceeding.	
Discrimination	ORS 106.305, Bulletin 2008-2 Domestic partners	ORS 106.305 recognizes and authorizes domestic partnerships in Oregon. A domestic partnership is defined in ORS 106.305 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." Domestic partners must have the same requirements as married spouses.	
	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.	

Category	Reference	Description of review standards requirements	Answers
Eligible members	ORS 743.528(3) (group)	A provision that to the group originally insured may be added from time to time eligible new employees or members or dependents, as the case may be, in accordance with the terms of the policy.	
Entire contract	ORS 743.411* (individual)	The "entire contract" statement in ORS 743.411 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.	
Examination of contract	ORS 743.492 (individual)	There is a provision printed on the face of the policy or attached thereto entitling the prospective insured to a 10-day period in which to examine and return the policy for a refund of any premium paid, including any policy fees or other charges. If returned, the policy is considered void from the beginning and the parties are in the same position as if no policy had been issued.	
Grace period	ORS 743.417* (individual), ORS 743.560 (group)	Provision states that a minimum 10-day period is granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.	
Inducements not specified in policy	ORS 746.035	Except as otherwise expressly provided by the Insurance Code, 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 issued thereon.	
Injuries resulting from alcohol and controlled substances	ORS 743A.164 (individual)	A health insurance policy other than a disability income policy shall provide coverage or reimbursement of expenses for the medical treatment of injuries or illnesses caused in whole or in part by the insured's use of alcohol or a controlled substance to the same extent as and subject to limitations no more restrictive than those imposed on coverage or reimbursement of expenses arising from treatment of injuries or illnesses not caused by an insured's use of alcohol or a controlled substance.	
Legal actions	ORS 743.441* (individual)	Provision states that no action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the policy. No action shall be brought after the expiration of three years after the time written proof of loss is required.	
Misstatement of age	ORS 743.453* (individual)	A health insurance policy may contain a provision as follows: "MISSTATEMENT OF AGE: If the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age."	
Ownership of contract	ORS 742.023* (individual)	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.	

Category	Reference	Description of review standards requirements	Answers
Physical examinations and autopsy	ORS 743.438* (individual)	The "physical examinations and autopsy" statement in ORS 743.438, or a similar statement, is included in the policy, explaining that the company at its own expense shall have the right and opportunity to examine the insured when and as often as it may reasonably require while a claim is pending.	
Premium unpaid	ORS 743.468* (individual)	A provision covering premiums due and unpaid at claim time states that, upon the payment of a claim under the policy, any premium then due and unpaid or covered by any note or written order may be deducted from the claim payment.	
Proofs of loss	ORS 743.429* (individual)	The policy includes the "Proofs of Loss" statement in ORS 743.429, or a similar statement, that proof of loss is due to the company within 90 days of the loss or, in the case of continuing loss for which the company is obligated to make periodic payments, 90 days after the end of the period of company liability. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.	
Rebates	ORS 746.045	No person shall personally or otherwise offer, promise, allow, give, set off, pay or receive, directly or indirectly, any rebate of or rebate of part of the premium payable on an insurance policy or the insurance producer's commission thereon, or earnings, profit, dividends or other benefit founded, arising, accruing or to accrue on or from the policy, or any other valuable consideration or inducement to or for insurance on any domestic risk, which is not specified in the policy.	
Reinstatement	ORS 743.420* (individual)	A provision states that if the renewal premium has not been paid within the time granted, but a company or authorized producer subsequently accepts a premium, the policy shall be reinstated. The only exception is an application for reinstatement required to be submitted by the enrollee and accepted by the company.	
Renewability	ORS 742.023* (individual),	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 OID.	
	ORS 743.018 (individual)	Individual policies contain a schedule of guaranteed premiums for the renewal periods.	
Representations, not warranties	ORS 743.528 (group)	A provision that, in the absence of fraud, all statements made by applicants, policyholder, or an insured person shall be deemed representations and not warranties, and that no statement made for the purpose of effecting insurance shall void the policy or reduce benefits unless contained in writing by the policyholder or the insured person, a copy of which has been furnished to the policyholder or to the person or the beneficiary of the person.	

Category	Reference	Description of review standards requirements	Answers
Summary of essential features	ORS 743.528(2) (group)	A provision that the insurer will furnish to the policyholder for delivery to each employee or member of the insured group a statement in summary form of the essential features of the insurance coverage of the employee or member, to whom the insurance benefits are payable, and the applicable rights and conditions set forth in ORS 743.527, 743.529, 743.600 to 743.610 and 743.760. If dependents are included in the coverage, only one statement need be issued for each family unit.	
Time limit on certain defenses	ORS 743.414(1)* (individual)	A provision states that after two years from the date of issue of the initial coverage or two years from subsequent increases in coverage, no misstatements except fraudulent misstatements made by the applicant is used to void the policy or to deny a claim.	
	ORS 743.414(2)* (individual)	The policy provision does not affect any legal requirement for avoidance of a policy or denial of a claim during the first two-year period or limit the application of ORS 743.450 to 743.462 in the event of misstatement with respect to age or occupation or other insurance.	
	ORS 743.414(3) and (4)* (individual)	The "incontestable" statement in ORS 743.414(3) and (4), 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.	

**REQUIREMENTS FOR ACCIDENT ONLY POLICIES THAT CONTAIN A DISMEMBERMENT OR DEATH BENEFIT AND/OR DISMEMBERMENT OR DEATH BENEFIT RIDER**

Category	Reference	Description of review standards requirements	Answers
Personal insurance, insurable interest and beneficiaries	ORS 743.024 (individual)	1. Except as provided in ORS 743.030, no person shall procure or cause to be procured any insurance policy upon the life or body of another unless the benefits under such policy are payable to the individual insured or the personal representatives of the individual, or to a person having, at the time such policy was entered into, an insurable interest in the individual insured.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		2. If the beneficiary, assignee or other payee under any policy made in violation of this section receives from the insurer any benefits thereunder accruing upon the death, disablement or injury of the individual insured, the individual insured or the individual's executor or administrator may maintain an action to recover such benefits from the person so receiving them.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
		3. An insurer shall be entitled to rely upon all statements, declarations and representations made by an applicant for insurance relative to the matter of insurable interest. No insurer shall incur legal liability, except as set forth in the policy, by virtue of any untrue statements, declarations or representations so relied upon in good faith by the insurer.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Category	Reference	Description of review standards requirements	Answers
Accidental death and dismemberment	ORS 743.053*	If the policy or rider contains provisions providing benefits in case of death or dismemberment by accident shall not require that the death or dismemberment occur less than 180 days after the date of the accident in order for benefits to be paid under the policy.	
Beneficiaries	ORS 742.023* (individual)	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 743.444* (individual) Change of beneficiary	Policy states that unless the insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the insured and the consent of the beneficiary shall not be requisite to surrender or assignment of this policy.	
	ORS 743.435* (individual) Payment of claims	Policy states that benefits paid for loss of life are payable in accordance with the beneficiary's designation. If no such designation or provision is in effect, such payments shall be payable to the estate of the insured.	
Claim procedures	ORS 746.230, OAR 836-080-0225 through 0235	If the policy includes claim procedures, the procedures and timelines comply with requirements for fair claim practices.	

Category	Reference	Description of review standards requirements	Answers
Consent of individual required	ORS 743.027 (individual)	<p>A health insurance policy upon an individual may not be made or effectuated unless at the time of the making of the policy the individual insured, being of competent legal capacity to contract, applies therefor or has consented thereto in writing, except in the following cases:</p> <ol style="list-style-type: none"> <li>1. A spouse may effectuate such insurance upon the other spouse.</li> <li>2. Any person having an insurable interest in the life of a minor, or any person upon whom a minor is dependent for support and maintenance, may effectuate insurance upon the life of or pertaining to such minor.</li> <li>3. Family policies may be issued insuring any two or more members of a family on an application signed by either parent, a stepparent, or by a husband or wife.</li> <li>4. A person may effectuate insurance that provides for the funeral expenses of an adult who is dependent upon the person for support and maintenance.</li> <li>5. A person may effectuate insurance that provides for the funeral expenses of an adult if the person:               <ol style="list-style-type: none"> <li>a. Is closely related to the adult by blood or by law or has a substantial interest in the adult engendered by love and affection; and</li> <li>b. Has a lawful and substantial interest in having the life, health and bodily safety of the adult continue.</li> </ol> </li> </ol>	Yes N/A <input type="checkbox"/> <input type="checkbox"/>
Payment discharges insurer	ORS 743.041*	<p>Whenever the proceeds of or payments under a health insurance policy become payable in accordance with the terms of such policy, or the exercise of any right or privilege under such policy, and the insurer makes payment in accordance with the terms of the policy or in accordance with any written assignment of the policy, the person so designated as being entitled to the proceeds or payments shall be entitled to receive them and such payments shall fully discharge the insurer from all claims under the policy unless, before payment is made, the insurer has received at its home office written notice by or on behalf of some other person that such other person claims to be entitled to such proceeds or payments or some interest in the policy.</p>	
Specifications page	ORS 742.023* (individual)	<ol style="list-style-type: none"> <li>1. The specifications page includes the benefits, amounts, durations, premium information, and any other benefit data applicable to the owner or insured.</li> <li>2. 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.</li> <li>3. 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.</li> </ol>	Yes N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## 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)*

Category	Reference	Description of review standards requirements	Answers
Filing requirements	ORS 743.018 Rate review	Every insurer shall file with the Director of the Department of Consumer and Business Services all schedules and tables of premium rates for individual health insurance to be used on risks in this state, and shall file any amendments to or corrections of such schedules and tables. Premium rates are subject to approval, disapproval or withdrawal of approval by the director as provided in ORS 742.003, 742.005, and 742.007.	Yes <input type="checkbox"/>
	ORS 733.030, ORS 743.018, ORS 746.015	1. Filing includes a schedule of guaranteed premiums. 2. 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	<b>Modification of rates.</b> The issuing of health insurance policies at rates less than the usual premium rates for such policies, or using modifications of premium rates based on amount of insurance, if such issuance or modification does not result in reduction in premium rates in excess of savings in administration and issuance expenses reasonably attributable to such policies.	Yes <input type="checkbox"/>
	ORS 742.041*	<b>Combined classes.</b> 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	OAR 836-010-0011	Appendix A (Form 440-2462) is included and all columns completed showing support of the rate requested; includes actual and projected experience and overall loss ratio from policy inception for Oregon and the company's national experience. This document is required for both new rates and rate changes. See website: <a href="http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx">http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx</a>	Yes <input type="checkbox"/>
		A complete actuarial memorandum, signed by an accredited actuary, is included containing a description of all policy benefits and the actuarial assumptions used to develop each of the benefits. <i>(Include a description of the risk and the assumptions used in developing the cost.)</i>	Yes <input type="checkbox"/>
	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"/>

Category	Reference	Description of review standards requirements	Answers
Underwriting	ORS 746.600(1)(a) (D) Adverse underwriting	No practices or procedures imply or provide for “adverse underwriting” by offering individuals insurance at higher-than-standard rates.	Yes <input type="checkbox"/>
	OAR 836-010-0011	Mark the type of health underwriting filed for the forms in this rate filing: 1. Full underwriting 2. Simplified underwriting 3. No underwriting	Mark one <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>