

Department of Consumer & Business Services  
**Oregon Division of Financial Regulation**  
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Phone (503) 947-7983

**STANDARDS FOR PAID LEAVE OREGON EQUIVALENT PLAN FORMS, RULES AND RATES  
(NOT APPLICABLE TO SELF-INSURED PLANS)**

**IMPORTANT: Paid Leave Oregon equivalent plan filings must be filed as stand-alone policies. Any other line of insurance attached to Paid Leave Oregon equivalent plan filings will result in a rejected filing.**

**ATTENTION: Any policies with non-administrative terms that are more favorable for eligible employees than the minimum requirements under the Paid Leave Oregon state trust fund (“the state plan”) must be filed as riders. We will not permit variable policies for non-administrative terms.** For the purposes of this document, “non-administrative terms” mean any language unrelated to basic information about the policyholder. Non-administrative terms include but are not limited to benefits or benefit language, exclusions or limitations language, contribution percentage, and eligibility requirements.

**Please note that we will permit bracketed items in riders for non-administrative terms that indicate eligible employees will receive benefits that are equal to or greater than the minimum requirements under the state plan.** For instance, a term indicating the employer will pay a higher contribution percentage than the contribution percentage the employer would be required to pay under the state plan can be reflected by identifying the required contribution percentage under the state plan as the absolute lowest percentage the employer would pay, followed by the maximum contribution percentage the employer would pay. For example, a bracketed range of <40-100> percent as the contribution percentage reflected in the rider.

**We will permit variable policies for administrative terms.** For the purposes of this document, “administrative terms” mean any language related to basic information about the policyholder. Administrative terms include but are not limited to the policyholder’s name, the effective dates, signature blocks, addresses, website addresses (URLs), table of content page numbers, Group-specific policy numbers.

This product standard checklist must be submitted with your filing, in compliance with OAR 836-010-0011(2). The standards are summaries. Review of the applicable Oregon revised statutes or Oregon administrative rules will 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. Filings that do not include required information or policy provisions will result in delays or rejection of the filing.

**This product is not eligible to be filed with the insurance compact (IIPRC) and should not be mixed and matched with any forms or rates approved by the IIPRC.**

**The product standard checklist does not have to be submitted when filing only Rates or Rules.**

**Special note:** This document uses the expression “eligible employee.” The ORS 657B statutory chapter commonly uses both the expressions “eligible employee” and “covered individual.” For the purposes of this document, “covered individual” and “eligible employee” as referenced in ORS 657B are both referring to the person who will receive Paid Leave Oregon benefit payments. Insurers should not treat the two expressions differently.

**The initial filing must include Forms, Rules, and Rates regardless of the TOI and sub-TOI chosen for the submission.**

**TOI (type of insurance) code: Group Health – Disability Income Type of Insurance  H11G**

**Sub-TOI code: Other – Paid Leave Oregon  H11G.004; OR**

**TOI (type of insurance) code: Other Lines of Business (Property & Casualty) –  33.00**

**Sub-TOI Code: Other Commercial Lines – Paid Leave Oregon  33.0002**

Review requirements	Reference	Description of review standards requirements	Check Box	
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>				
Filing Submission	OAR 836-010-0011 As listed on SERFF or our website	<p>Required forms are located on SERFF or on our Web site at: <a href="http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx">http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx</a> These must be submitted for your Paid Leave Oregon equivalent plan filing to be accepted as complete:</p> <ol style="list-style-type: none"> <li>1. Filing description in SERFF (cover letter)</li> <li>2. Third-party filer's letter of authorization</li> <li>3. Certificate of Compliance form signed and dated by authorized person</li> <li>4. Product standards for the filing (this document)</li> <li>5. Actuarial or explanatory memorandum with an overview of the filing's contents and the reasons and procedures used to derive the rates</li> <li>6. Forms filed for approval. (If filing revised forms, include a highlighted copy of the revised form to identify any changes)</li> </ol>	Yes	No
Review Requested	ORS 742.003(1), ORS 737.205, OAR 836-010-0011(3)	<p>The following are submitted in this Paid Leave Oregon equivalent plan filing for review:</p> <ol style="list-style-type: none"> <li>1. New policy</li> <li>2. Amendment of an approved form</li> <li>3. Addition of supplemental options to previously approved forms</li> <li>4. Program rates and rules, including actuarial support or other documentation regarding pricing</li> </ol>	Yes	No
Application For Insurance	ORS 742.013	Paid Leave Oregon equivalent plan filings must include the application the employer completes to determine premium and coverage.	Yes	No

Review requirements	Reference	Description of review standards requirements	Check box
Discrimination	ORS 746.015	Paid Leave Oregon equivalent plan insurers shall not 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 Paid Leave Oregon equivalent plan policies, in the dividends or other benefits payable under Paid Leave Oregon equivalent plan policies, or in any other terms or conditions of Paid Leave Oregon equivalent plan policies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fairness	ORS 742.005(2)&(4)	Paid Leave Oregon equivalent plan policies may not contain unclear, inconsistent, ambiguous, misleading clauses, or confusing clauses. Paid Leave Oregon equivalent plan policies may not contain exceptions and conditions in policies that unreasonably affect the risk purported to be assumed in the general coverage of the policy. The Oregon Department of Consumer & Business Services (“DCBS”) has broad discretion to disallow any provisions in policies that it finds unclear, inconsistent, ambiguous, unintelligible, uncertain, misleading, confusing, unjust, unfair, or inequitable for employers/employees, or that unreasonably affect the risk purported to be assumed in the general coverage of the policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
<b>FORMS</b>			
Application For Paid Leave Oregon (Application Employer Submits To OED For Employer Participation In Paid Leave Oregon Equivalent Plan)	OAR 471-070-2210(1) &(2)	<p>Employers will have the option of using the state plan for Paid Leave Oregon, self-insuring for Paid Leave Oregon, or obtaining Paid Leave Oregon through a 3<sup>rd</sup> party insurer that provides an equal or greater Paid Leave Oregon coverage than the state plan (Paid Leave Oregon plans through a 3<sup>rd</sup> party insurer are referred to as “equivalent plans” in this product standard; they are also commonly referred to as “alternative plans” in day to day conversations).</p> <p>The Oregon Employment Department (“OED”) will provide Paid Leave Oregon equivalent plan applications for employers to complete and submit to OED.</p> <p>However, OED requires the Paid Leave Oregon equivalent plan policy as part of the application that employers submit to OED for OED’s approval of the Paid Leave Oregon equivalent plan. <b>Here, the word “application” should not be equated with the Application For Insurance, or the expression “Application for Benefits” as referenced in OAR 471-070-1100</b> (in OAR 471-070-1100, the expression “Application for Benefits” is referring to the information an eligible employee would need to submit to OED for a Paid Leave Oregon claim under the state plan, which has nothing to do with DCBS’ use of the word “application” throughout this document). <b>Here, the word “application” is referring to the employer’s application it submits to OED for OED’s approval of the Paid Leave Oregon equivalent plan.</b></p> <p>Additionally, per OED’s request, Paid Leave Oregon equivalent plan insurers must submit a formal written notice to OED stating that the employer has Paid Leave Oregon equivalent plan coverage.</p>	Confirm <input type="checkbox"/>
Submitting Equivalent Plan Forms to DCBS for Approval	ORS 742.003, ORS 737.205	<p>Pursuant to ORS 742.003, Paid Leave Oregon equivalent plan insurers must file all equivalent plan forms with the Oregon Department of Consumer &amp; Business Services (“DCBS”) for approval before such policies are sold to employers.</p> <p>Paid Leave Oregon insurers must include the application form(s) that the employer(s) will complete and submit to OED, with their forms, rules and rates submissions to DCBS.</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Underlying Purpose of Paid Leave Oregon	ORS 657B.005(2)	Paid Leave Oregon equivalent plans must provide to employees and certain other individuals compensated time off from work to care for and bond a child during the first year after the child's birth or arrival through adoption or foster care, to provide care for a family member who has a serious health condition or to recover from an employee's or an individual's own serious health condition.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
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**FORMS**

Qualifying Purposes	ORS 657B.020(1), ORS 657B.010	Qualifying purposes for compensated time off work under Paid Leave Oregon include family leave, medical leave, or safe leave.	Confirm <input type="checkbox"/>
Safe Leave	SB 913, HB 3443, ORS 659A.272, OAR 471-070-1000	"Safe leave" has the same meaning as stated in ORS 659A.272 and encompasses domestic violence, stalking, sexual assault, harassment, or bias crimes "Domestic violence", "stalking," "sexual assault" and "harassment" are further defined in OAR 471-070-1000.	Confirm <input type="checkbox"/>
Family Leave	SB 913	"Family leave" means leave from work taken by an eligible employee: (a) To care for and bond with a child during the first year after the child's birth or during the first year after the placement of the child through foster care or adoption; or (b) To care for a family member with a serious health condition.	Confirm <input type="checkbox"/>
Medical Leave	SB 913	"Medical leave" means leave from work taken by an eligible employee that is made necessary by the employee's own serious health condition.	Confirm <input type="checkbox"/>

**FORMS**

Serious Health Conditions	ORS 657B.005(1), ORS 657B.010, ORS 659A.150(7)	<p>Paid Leave Oregon equivalent plans must provide medical leave and family leave benefit payments to eligible employees for leave taken due to a “serious health condition.” A “serious health condition” has the same meaning as stated in ORS 659A.150(6).</p> <p>“Family member” means:</p> <ul style="list-style-type: none"><li>(a) the spouse of an eligible employee;</li><li>(b) a child of an eligible employee or the child’s spouse or domestic partner;</li><li>(c) a parent of an eligible employee or the parent’s spouse or domestic partner;</li><li>(d) a sibling or stepsibling of an eligible employee or the sibling’s or stepsibling’s spouse or domestic partner;</li><li>(e) a grandparent of an eligible employee or the grandparent’s spouse or domestic partner;</li><li>(f) a grandchild of an eligible employee or the grandchild’s spouse or domestic partner;</li><li>(g) the domestic partner of an eligible employee;</li><li>(h) any individual related by blood or affinity whose close association with an eligible employee is the equivalent of a family relationship</li></ul> <p>“Parent” means:</p> <ul style="list-style-type: none"><li>(a) a biological parent, adoptive parent, stepparent or foster parent of an eligible employee;</li><li>(b) a person who was a foster parent of an eligible employee when the eligible employee was a minor;</li><li>(c) a person designated as the legal guardian of an eligible employee at the time the eligible employee was a minor or required a legal guardian;</li><li>(d) a person with whom an eligible employee was or is in a relationship of in loco parentis; or</li><li>(e) a parent of an eligible employee’s spouse or domestic partner</li></ul>	Confirm <input type="checkbox"/>
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Review requirements	Reference	Description of review standards requirements	Check box
Domestic Partners Qualify For Coverage	ORS 106.305, ORS 106.310, Bulletin INS 2008-2	ORS 106.305 recognizes and authorizes domestic partnerships in Oregon. A domestic partnership is defined in ORS 106.310 as “a civil contract described in ORS 106.300 to 106.340 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.” Paid Leave Oregon equivalent plans must make Paid Leave Oregon benefit payments to any eligible employees, when such eligible employees have to take time off work to care for domestic partners who have a “serious health condition” as defined under ORS 659A.150(7).	Confirm <input type="checkbox"/>
Definition of “Employee” For The Purposes of Determining Paid Leave Oregon Employee Eligibility	SB 913	<p>An “Employee” means at least one of the following:</p> <p>“An individual performing services for an employer for remuneration or under any contract of hire, written or oral, express or implied;” or</p> <p>“A home care worker as defined in ORS 410.600.”</p> <p><b>Paid Leave Oregon equivalent plan insurers are prohibited from denying the “employee” status to any natural person falling into either of those two “employee” categories directly above.</b></p> <p>Please note that an “employee” does not include:</p> <ul style="list-style-type: none"> <li>(a) An “independent contractor” as defined in ORS 670.600;</li> <li>(b) A participant in a work training program administered under a state or federal assistance program;</li> <li>(c) A participant in a work-study program that provides students in secondary or postsecondary educational institutions with employment opportunities for financial assistance or vocational training;</li> <li>(d) A railroad worker exempted under the federal Railroad Unemployment Insurance Act;</li> <li>(e) A volunteer.;</li> <li>(f) A “judge” as defined in ORS 260.005;</li> <li>(g) A member of the Legislative Assembly; and</li> <li>(h) A holder of public office as defined in ORS 260.005.</li> </ul>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Calculating Weekly Paid Leave Oregon Benefit	ORS 657B.050(1); ORS 657B.210(2)(b)	<p>The Director of OED determines the state’s average weekly wage (SAWW) that will be used to determine benefit amounts of Paid Leave Oregon to eligible employees under state plans, self-insured plans and Paid Leave Oregon equivalent plans.</p> <p>If the eligible employee’s average weekly wage is equal to or less than 65 percent of SAWW, the eligible employee’s weekly benefit amount must be 100 percent of the eligible employee’s average weekly wage.</p> <p>If the eligible employee’s average weekly wage is greater than 65 percent of SAWW, the eligible employee’s weekly benefit amount must be 65 percent of the SAWW plus 50 percent of the eligible employee’s average weekly wage that exceeds 65 percent of the SAWW.</p>	Confirm <input type="checkbox"/>
Calculating Benefits: Base Year or Alternate Base Year	ORS 657B.010(1); ORS 657B.010(3);	Paid Leave Oregon equivalent plans are expected to use the “base year” or “alternate base year” to calculate an eligible employee’s Paid Leave Oregon benefit payments. Paid Leave Oregon equivalent plans must use the “alternate base year” if it is the only means to make the employee eligible for Paid Leave Oregon. See the employee eligibility provisions below on Paid Leave Oregon Eligibility for further details. Either the “base year” or “alternate base year” (if applicable), when appropriate, is used to determine benefits, as appropriate.	Confirm <input type="checkbox"/>
Base Year	ORS 657B.010(3)	The “Base year” is the first four of the last five completed calendar quarters preceding the “benefit year.”	Confirm <input type="checkbox"/>
Alternate Base Year	ORS 657B.010(1)	The “Alternate base year” is the last four completed quarters preceding the “benefit year.”	Confirm <input type="checkbox"/>
Benefit Year	OAR 471-070-1000(4)	The “Benefit year” is a period of 52 consecutive weeks beginning on the Sunday immediately preceding the date on which family, medical, or safe leave begins. Or, if the event would result in an overlap of any quarter of the base year as previously filed, a period of 53 consecutive weeks beginning on Sunday immediately preceding the date on which the leave begins is used.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Employee Coverage	ORS 657B.210; ORS 657B.250	A Paid Leave Oregon equivalent plan must cover all Oregon employees who have been continuously employed with the employer for at least 30 calendar days, regardless of hours worked, including full-time, part-time, temporary workers hired by the employer, and replacement employees hired to temporarily replace eligible employees during a qualifying leave (family, medical or safe leave) under Paid Leave Oregon. Any employees who were eligible for benefits under their previous Oregon employer's Paid Leave Oregon equivalent plan, who begin working for a new employer with an approved Paid Leave Oregon equivalent plan must be automatically covered for benefits under the equivalent plan offered by the new employer, as described in ORS 657B.250.	Confirm <input type="checkbox"/>
Benefit Eligibility: Base Year & Alternate Base Year	SB 913; ORS 657B.015; ORS 657B.020	<p>A Paid Leave Oregon equivalent plan must provide coverage when an employee has earned a minimum of \$1,000 in wages during the base year and experiences a qualifying event (family, medical or safe leave).</p> <p>A Paid Leave Oregon equivalent plan must provide coverage when an employee has earned less than \$1,000 during the base year, but has earned at least \$1,000 during the alternate base year, and experiences a qualifying purpose (family, medical or safe leave). Under those circumstances, the employee is eligible for Paid Leave Oregon benefits under ORS 657B.015 (see below for more details on ORS 657B.015 eligibility).</p> <p><b>Special note:</b> An employee eligible under either the base year or alternate base year criteria is an eligible employee, even if eligibility is attained from previous employment.</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Benefit Eligibility: Employee Switches From A State Plan Employer To An Equivalent Plan Employer	OAR 471-070-2250(1)(a)	The Paid Leave Oregon equivalent plan must provide coverage for a new employee who was previously covered through Oregon's state plan for Paid Leave Oregon within 30 calendar days from the new employee's start date with the Paid Leave Oregon equivalent plan employer.	Confirm <input type="checkbox"/>
Benefit Eligibility: Employee Switches From An Equivalent Plan Employer To Another Equivalent Plan Employer	OAR 471-070-2250(1)(b)	The Paid Leave Oregon equivalent plan must provide coverage for a new employee who was previously insured for Paid Leave Oregon through a different Paid Leave Oregon equivalent plan employer on the new employee's start date with the current Paid Leave Oregon equivalent plan employer.	Confirm <input type="checkbox"/>
Benefit Eligibility: New Employee Entering The Workforce In Oregon For An Equivalent Plan Employer	OAR 471-070-2250(1)(c)	The Paid Leave Oregon equivalent plan must provide coverage for a new employee entering the workforce in Oregon within 30 calendar days of the new employee's start date with the Paid Leave Oregon equivalent plan employer. This 30-day requirement applies regardless of whether the new employee worked for a different employer in Oregon previously but did not acquire Paid Leave Oregon eligibility with that previous employer, whether the new employee is new to the workforce in general (for instance, the new employee just became old enough to be in the workforce), or whether the new employee is relocating from another state to work in Oregon.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Prorated Benefit Amounts For Eligible Employees' Simultaneous Coverage	OAR 471-070-2270(1)&(3)	<p>An eligible employee has simultaneous coverage when the eligible employee is covered by more than one Paid Leave Oregon equivalent plan employer at the same time, or is covered by the Oregon state plan and at least one Paid Leave Oregon equivalent plan employer at the same time.</p> <p>In simultaneous coverage situations, Paid Leave Oregon equivalent plans must prorate Paid Leave Oregon benefit payment amounts based on the eligible employee's current average number of work days typically worked per week for each respective plan and the benefit amount is rounded to the nearest whole cent. Paid Leave Oregon equivalent plans must pay benefits <b>equal to or greater than</b> the prorated weekly benefit amount and may further prorate the weekly benefit amount when leave is taken in work day increments based on the number of work days of leave taken in the work week.</p> <p><b>Special note:</b> OED may provide information to equivalent plan insurers on prorated benefit payment amounts. When such information is provided, Paid Leave Oregon equivalent plan insurers are expected to use that information in determining the prorated Paid Leave Oregon benefit payment amounts.</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Minimum Policy Duration of One Year	ORS 657B.210(8); OAR 471-070-2210(8)	<p>Paid Leave Oregon equivalent plans must cover eligible employees for at least one year beginning on policy inception.</p> <p>Note that the Paid Leave Oregon equivalent plan provides coverage on the first day of the next calendar quarter immediately following OED's approval of the Paid Leave Oregon equivalent plan. The policy effective dates may be the first day of quarter one (January 1<sup>st</sup>), quarter two (April 1<sup>st</sup>), quarter three (July 1<sup>st</sup>) or quarter four (September 1<sup>st</sup>).</p>	Confirm <input type="checkbox"/>
<b>Two-Week Deadline</b> For Paid Leave Oregon Equivalent Plans To Accept Or Deny A Claim	OAR 471-070-2220(14), OAR 471-070-1100	<p>Paid Leave Oregon equivalent plan insurers are expected to accept or deny a claim within two weeks after receiving the claim or after the individual commences leave, whichever is later. For Paid Leave Oregon equivalent plan purposes, "receiving the claim" means the claim is sent to the insurer by certified mail or when the claim is submitted electronically by any electronic medium the insurer authorizes, and the claim contains all the information that would be required in a claim for benefits under the state plan under OAR 471-070-1100 (remember that document is titled "Application for Benefits" under the State Plan). If the Paid Leave Oregon equivalent plan insurer accepts the claim, the Paid Leave Oregon equivalent plan insurer must pay the eligible employee's Paid Leave Oregon benefits on a weekly basis following such acceptance.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Reporting	ORS 657B.210, OAR 471-070-2230	<p>Since OED has final approval authority under Paid Leave Oregon equivalent plans, Paid Leave Oregon equivalent plan insurers must report the following information on behalf of employers, to OED, upon OED's request or request by the employer:</p> <ul style="list-style-type: none"> <li>• The annual Aggregate Benefit Usage reports with OED online or in another format approved by OED. The report is due on or before the last day of the month that follows the close of the calendar year. The report shall include, but is not limited to: <ul style="list-style-type: none"> <li>(a) The number of benefit applications received during the reporting period and the qualifying leave purpose;</li> <li>(b) The number of benefit applications approved during the reporting period, the qualifying leave purpose, and the total amount of leave; and</li> <li>(c) The number of benefit applications denied during the reporting period, the qualifying purpose, the number of appeals made on denials, and the outcome of the appeals.</li> </ul> </li> </ul> <p><b>Special note:</b> Paid Leave Oregon equivalent plan policies must reflect the insurer's obligation to provide this information to OED.</p>	Confirm <input type="checkbox"/>
Sick Leave	ORS 657B.210(6)	Paid Leave Oregon benefits are in addition to the leave an eligible employee acquires under ORS 653.606. Thus, Paid Leave Oregon equivalent plans cannot reduce benefits available for an eligible employee who acquires paid sick leave under ORS 653.606.	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Benefit Decision Requirements & Appeals	ORS 657B.420; OAR 471-070-2400; OAR 471-070-2220(12)&(13)	<p>A Paid Leave Oregon equivalent plan must provide written decisions on benefit claims, either in hard copy or electronically if the employee has opted for electronic notifications. The decisions on benefit claim approvals must include the amount of leave approved, and the weekly benefit amount. Decisions must also include a statement indicating how the employee may contact OED to request the eligible employee's average weekly wage amount if the employee believes the benefit amount may be incorrect. Denial decisions must include the reason(s) for denial of benefits and an explanation of an employee's right to appeal the decision and instructions on how to submit an appeal.</p> <p>The Paid Leave Oregon equivalent plan must provide an appeal process to review benefit decisions when requested by an employee that also requires the employer or Paid Leave Oregon equivalent plan insurer to issue a written decision. The employee must have at least 60 calendar days from the date of the written denial to request an appeal with the employer or insurer, if applicable, or as soon as practicable if there is good cause for the delay beyond the 60 calendar days as described in OAR 471-070-2400(7). The employee, and employer or Paid Leave Oregon equivalent plan insurer have 20 calendar days from the date the appeal is received, or as soon as practicable if there is good cause for the delay beyond the 20 calendar days as described in OAR 471-070-2400(7), to resolve the appeal and for the employer or Paid Leave Oregon equivalent plan insurer to issue a written appeal determination letter along with an explanation of OED's dispute resolution process as described in OAR 471-070-2400 if an appeal is denied.</p> <p><b>Special note:</b> The payment of any Paid Leave Oregon benefits not subject to appeal shall continue during the appeal process.</p> <p><b>Speciate note:</b> Any determinations of overpayments are a reviewable "benefit decision", and all employee disputes relating to overpayments (whether the employee is disputing the overpayment determination itself, or just the amount of the overpayment) must follow the equivalent plan's appeals process, as outlined in the policy.</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Fraud	ORS 742.013; ORS 742.016; ORS 746.230; ORS 183.482; Bulletin INS 2010-3	<p>If the Paid Leave Oregon equivalent plan policy has fraud, concealment, misrepresentation language, then the <b>employer’s application/enrollment for coverage</b> is required to include a fraud warning. If one is included, it must be general in nature and does not state that the employer is “guilty” of fraud, but that the employer “may be” guilty of fraud. Fraud or misstatement warnings that mention criminal or civil penalties must avoid definite statements of the criminal nature of an act, guilt, or possible penalties. A warning that specifies that knowingly providing false information “may be” a crime, which “may be” grounds for criminal or civil penalties is appropriate.</p> <p>To deny or cancel coverage due to the employer’s misrepresentations, omissions, concealments of fact, or incorrect statements; the written application must be indorsed upon (or included by reference in the policy), or attached to the policy when issued. This includes any written or electronic application form, supplemental application, and/or questionnaire. If other media is used to obtain information regarding the employer that could be used to later cancel a policy or deny a claim, this must be disclosed to the employer.</p> <p>The Paid Leave Oregon equivalent plan insurer must show the misrepresentations, omissions, concealments of fact, or incorrect statements are material. The equivalent plan insurer must also show they have relied upon them, and that they are either:</p> <p>A. Fraudulent or; B. Material either to the acceptance of the risk or to the hazard assumed.</p> <p>Paid Leave Oregon Equivalent plan insurers should review Bulletin 2010-3 and the Oregon Insurance Code to determine whether their statements comply.</p>	Confirm <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Check box
Paid Leave Oregon Cancellation & Non-Renewal	ORS 742.023(f); OAR 471-070-460(3)	<p>Paid Leave Oregon equivalent plans are required to provide employers and OED with a minimum 30-day notice of cancellation or non-renewal of the equivalent plan, before the cancellation takes effect (at which point, the employer would be providing paid leave through the Paid Leave Oregon state plan). Such notices must include the effective date of the Paid Leave Oregon equivalent plan's policy cancellation or non-renewal and the reason(s) for the cancellation.</p> <p><b>Special note:</b> The minimum 30-day notice is needed to maintain policies as Paid Leave Oregon equivalent plans, since employers are required to provide a 30-day notice of withdrawing a Paid Leave Oregon equivalent plan to their employees.</p>	Confirm <input type="checkbox"/>
Fees, Service Charges, Taxes	ORS 742.023(1)(e)	The premium for the Paid Leave Oregon equivalent plan must be stated on the declarations page or similar section. Unfiled policy or service fees are not allowed. Paid Leave Oregon equivalent plans must include language on the policy declarations page that conveys the insurance contract being consistent with the provisions outlined in the Paid Leave Oregon statute (ORS Chapter 657B).	Confirm <input type="checkbox"/>

**RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS**

Filing Submission	ORS 737.205	Copies of rates, rating plans, and rating systems in the filing.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Rating Provisions	ORS 746.015; ORS 737.205	Does the policy have any rating provisions that are greater or in addition to the equivalent plan? If so, the filed rating plan shows how the difference in benefits is determined.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Ratemaking Generally	ORS 737.310, OAR 836-010-0021	Provide a description of the data used and judgments made.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		Provide a description of methodology used.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Fees, Service Charges, Taxes	ORS 737.310; OAR 836-010-0021	Provide the cost-accounting justification for any fixed charges or fees in the initial filings and subsequent changes.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Loss Valuation	ORS 737.310; OAR 836-010-0021	Provide the following: 1. Premium data 2. Loss and LAE data 3. Expected loss ratio	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		1. Provide earned exposure and earned exposure at present rates for each coverage or for combined coverages. 2. Include a rate-level history.	<input type="checkbox"/>	<input type="checkbox"/>
Trending	ORS 737.310; OAR 836-010-0021	1. Provide all internal loss-trend data or external-industry loss trend data used. 2. Separate calculations of loss severity and frequency trends. 3. Calculation of annual trend factors, including statistical results. 4. All data used and judgments made. 5. A description of methodology used.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Underwriting Profit & Contingencies	ORS 737.310; OAR 836-010-0021	1. Include Oregon data for commission and brokerage.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		2. Include Oregon data for taxes, licenses, fees and acquisition expense (These expenses can be supported with either Oregon or countrywide data).	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		3. Include expense trends.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
		4. Include historical experience.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>