



IIPRC-DI-G-H11-CERT CHANGE

UNIFORM STANDARDS FOR RIDERS, ENDORSEMENTS OR AMENDMENTS USED TO EFFECT GROUP DISABILITY INCOME INSURANCE CERTIFICATE CHANGES CHECKLIST

Effective Date: March 3, 2025

Scope: These standards apply to riders, endorsements or amendments that are used to effect all group certificate changes that are required by state or federal law, or changes that have been requested for a group disability income insurance named certificate by the policyholder or the insurance company in exercising rights under the group policy, or changes the group policy permitted to be requested for a named certificate by the *Employee* or *Covered Person*, as applicable. Such change forms may be attached to the group disability income insurance certificate on the certificate date of issue or after the certificate date of issue.

With respect to non-employer groups, approval of a group policy and certificate by the Commission shall not be deemed as approval to use or issue the product to a non-employer group. A non-employer group must be approved or permitted by the Compacting State as required under the applicable state laws and procedures before a product filing approved by the Commission pursuant to the applicable group Uniform Standards may be issued to a non-employer group.

Mix and Match: These standards are not available to be used in combination with State Product Components as described in Section 111(b) of the Operating Procedure for the Filing and Approval of Product Filings, except that these standards are available to be used in combination with state-approved group life insurance policies and annuity contracts, provided that the disability income rider and all the components associated with the disability income rider, e.g. application and rates, are filed and approved in accordance with the applicable uniform standards. These standards are available to be used in combination with IIPRC-approved group insurance forms.

Self-Certification: These standards are not available to be filed using the Rule for the Self-Certification of Product Components Filed with the Interstate Insurance Product Regulation Commission.

Terms not defined in these standards that are capitalized and italicized have the meanings specified in the Group Disability Income Insurance Policy and Certificate Uniform Standards.

“Policyholder” as used in these standards means the entity to whom the group policy was issued.

§ 1 ADDITIONAL SUBMISSION REQUIREMENTS

A. GENERAL

The following additional submission requirements shall apply:

YES N/A

		(1) Include all forms filed for approval with the filing. Highlight changes to a previously approved form.
		(2) If the filing is being submitted on behalf of an insurance company, include a letter or other document authorizing the firm to file on behalf of the insurance company.
		(3) If the form contains variable items, include the Statement of Variability. The submission shall also include a certification that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification
		(4) Include a certification signed by an insurance company officer that the form has a minimum Flesch Score of 50. See Appendix A of the respective group disability income insurance product standards with which the form will be used for the Flesch methodology.
		(5) Include a listing by filing jurisdiction of the types of group certificates with which the form will be used, including the group certificate form numbers, the corresponding approval date for these certificates and any filing identification number.
		(6) Include a statement whether the form will be made a part of a group certificate at issue or is intended for use after the date of issue of the certificate, or both.

B. VARIABILITY OF INFORMATION

YES N/A

		(1) The insurance company may file a generic group certificate change form to accommodate all the certificate changes required to reflect the underwriting needs of an insurance company. To support the use of such form, the submission shall include a Statement of Variability providing information sufficient to identify the potential certificate changes that may be made.
		(2) The insurance company shall identify items that will be considered variable. The item shall be bracketed or otherwise marked to denote variability. The submission shall include a Statement of Variability that will discuss the conditions under which each variable item may change.
		(3) The group certificate changes to be made shall be consistent with the Statement of Variability filed for such certificate change form and the Statement of Variability filed for the group disability income insurance certificate for which the change is being made, as well as the insurance company’s underwriting guidelines for such certificate.
		(4) Items such as officer titles and officer signatures may be denoted as variable and may be changed without notice or prior approval.

§ 2 BENEFIT PROVISIONS

A. GROUP CERTIFICATE CHANGE FORM REQUIREMENTS

YES N/A

		(1) The full corporate name of the insurance company shall appear on the form.
		(2) At least one signature of a company officer shall appear on the form if it is added

		after the date of issue of the group certificate.
	(3)	The form shall contain a statement that it is made a part of the group certificate, and that the form provisions apply in lieu of any certificate provisions to the contrary.
	(4)	A form identification number shall appear at the bottom of the form in the left hand corner. The form number shall be adequate to distinguish the form from all others used by the company. The form number shall include a prefix of ICCxx (where xx represents the year the form was submitted for filing).
	(5)	The form shall include:
	(a)	The group policy number;
	(b)	The information sufficient to identify the <i>Covered Person</i> or class of <i>Covered Persons</i> affected by the change;
	(b)	Any changes to the class of <i>Covered Persons</i> ;
	(d)	For a named certificate, any changes to premiums for <i>Contributory Insurance</i> ;
	(e)	The effective date of the group certificate change; and
	(f)	If the group certificate change has an expiry date or expiry age, the expiry date or expiry age for the certificate change.
	(6)	If the group certificate change is required by state or federal law or is requested by the policyholder or the insurance company in exercising rights under the group policy, and such change eliminates or reduces benefits or rights under the certificate, the form shall not require the signature of the <i>Covered Person</i> . If the group named certificate change is requested by a <i>Covered Person</i> and such change eliminates or reduces benefits or rights under the certificate, the form shall require the signature of the <i>Covered Person</i> . An insurance company may eliminate the signature requirement if it has supporting documentation, such as a signed request from the <i>Employee</i> or <i>Covered Person</i> , supporting the group certificate change.

The Reviewer Checklist is intended for the sole purpose of assisting a company product filer ("User") in understanding the requirements of the applicable Uniform Standard(s) for IIPRC product filings. Users are hereby notified not to rely solely upon the Reviewer Checklist in preparing a product filing or in complying with the IIPRC Uniform Standards, Rules and Operating Procedures. The User also acknowledges there is a possibility of human, mechanical or technical error in the development, presentation or use of the Reviewer Checklist. The Interstate Insurance Product Regulation Commission (Commission) accepts no liability for any loss, cost or damage caused by use of this tool, including without limitation, direct or indirect, incidental, special, consequential or exemplary or punitive damages arising out of the use or inability to use the Reviewer Checklist. There are no warranties either express or implied and User specifically acknowledges the Commission does not warrant the truth, accuracy or completeness of the Reviewer Checklist.