



**IIPRC-DI-G-H11-POL CHANGE**

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

Effective Date: March 3, 2025

**Scope:** These standards apply to riders, endorsements or amendments that are used to effect group policy changes that are required by state or federal law, that have been requested for a group disability income insurance policy by the *Policyholder*, or that are the result of either party exercising their rights under the group policy. Such policy change forms may be attached to the group disability income insurance policy on the policy date of issue or after the policy 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.
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		(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 life 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 policies with which the form will be used, including the policy form numbers, the corresponding approval date for these policies and any filing identification number.
		(6) Include a statement whether the form will be made a part of the group policy at issue or is intended for use after the date of issue of a group policy, or both.

**B. VARIABILITY OF INFORMATION**

YES N/A

		(1) The insurance company may file a generic group policy change form to accommodate all the policy 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 policy 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 policy changes to be made shall be consistent with the Statement of Variability filed for such policy change form and the Statement of Variability filed for the group term life insurance policy for which the change is being made, as well as the company's underwriting guidelines for such policy.
		(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 POLICY 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 an insurance company officer shall appear on the form if it is added after the date of issue of the group policy.
		(3) The form shall contain a statement that it is made a part of the group policy, and that the form provisions apply in lieu of any policy provisions to the contrary.

Date: November 16, 2024

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	(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 name of the <i>Policyholder</i> for whom the change applies;
	(c) Any changes to the premium;
	(d) The effective date of the group policy change; and
	(e) If the group policy change has an expiry date, the expiry date for the policy change.
	(6) If the group policy change eliminates or reduces benefits or rights under the policy, the form shall require the signature of the <i>Policyholder</i> . An insurance company may eliminate the signature requirement if the change is required by state or federal law or if it has supporting documentation, such as an application signed by the <i>Policyholder</i> or a signed request from the <i>Policyholder</i> , supporting the policy 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.