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**UNIFORM STANDARDS FOR GROUP DISABILITY INCOME INSURANCE
ENROLLMENT FORMS AND STATEMENT OF INSURABILITY FORMS**

Effective Date: June 8, 2016

§ 1 ENROLLMENT FORM STANDARDS

Scope: The enrollment form standards apply to paper, telephonic or electronic enrollment forms used to enroll for coverage provided by group disability income insurance policies in situations where evidence of insurability is not required from an enrollee and underwriting questions are not included in these forms. These standards also apply to new business enrollment forms as well as enrollment forms used to request changes to existing certificates.

The Interstate Insurance Product Regulation Commission will not require the filing of enrollment forms that are for the sole purposes of requesting census data for the administration of the Policyholder's plan, authorizing payroll deduction or both. If an insurance company intends to use an enrollment form that is not required to be filed with a group disability income insurance form approved by the Interstate Insurance Product Regulation Commission, such enrollment form shall not contain any statements or requirements that conflict with the group disability income insurance uniform standards of the Interstate Insurance Product Regulation Commission.

These standards do not apply to enrollment forms that include underwriting questions, and such forms, regardless of their titles, are subject to the Statement of Insurability Standards of the Interstate Insurance Product Regulation Commission.

As used in these standards the following definitions apply:

“Census Data” means the information needed to administer the policyholder's plan and may include: name of employer, name of the *Covered Person*, location of employment, date of hire, title, salary, marital status, gender, date of birth, social security number or other *Covered Person* identification number, address, other contact information, *Covered Person* coverage options, payroll deduction authorization with signature, an actively at work statement, or other statement specific to the *Covered Person's* eligibility, such as a member of the Board of Directors.

“Enrollee” means a *Covered Person* who completes an enrollment form.

“Enrollment Form” means a form used to (1) collect census data to enroll for coverage provided by group disability income insurance policies, (2) authorize payroll deduction or (3) both.

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 for Employer Groups.

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§ 2 STATEMENT OF INSURABILITY FORM STANDARDS

Scope: These standards apply to paper, telephonic or electronic statements of insurability used to enroll for coverage provided by group disability income insurance policies in situations where evidence of insurability is required from a proposed insured and underwriting questions are included in these forms. These standards also apply to paper, telephonic or electronic enrollment forms used to enroll for coverage provided by group disability income insurance policies in situations where evidence of insurability is required from a proposed insured and underwriting questions are included in these forms. An enrollment form used in this manner shall be subject to the standards of this section. These standards are also intended to apply to new business statement of insurability forms as well as statements of insurability used to request changes to existing group certificates.

The statement of insurability shall be filed for approval whether or not it is attached to the group certificate at issue.

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: Group disability income statement of insurability forms filed under 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.

As used in these standards the following definitions apply:

“Proposed insured” means an applicant who completes a statement of insurability.

“Enrollment form” means a form used to (1) collect census data to enroll for coverage provided by group disability income insurance policies, (2) authorize payroll deduction or (3) both.

“Signed or signature” means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

Other terms may be used in the statement of insurability provided the terms are used consistently.

§ 3 ADDITIONAL SUBMISSION REQUIREMENTS

A. GENERAL

The following additional filing submission requirements shall apply:

YES NA

		(1) All forms filed for approval shall be included with the filing. Changes to a previously approved form shall be highlighted.
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		(2) If certain statement of insurability sections will only be required to be completed for specific purposes, the proposed insured shall be provided instructions that specify which sections of the statement of insurability must be completed for each purpose.
		(3) The filing shall include all the sections and questions that may be required to be completed by a proposed insured, including additional drop downs, scripts, questions, questionnaires or supplements that would be required if the proposed insured answers questions in a certain way, such as a “yes” response.
		(4) If a 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.
		(5) If the statement of insurability 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.
		(6) Include a certification signed by an insurance company officer that the statement of insurability has a minimum Flesch score of 50, if applicable. If sections of a statement of insurability are subject to federal jurisdiction, and accordingly the Appendix A requirements will not apply, the certification shall include a statement to that effect.
		(7) Include a statement of the types of certificates and plans with which the statement of insurability will be used, such as group disability income insurance.
		(8) Include a statement of how the statement of insurability will be used, such as paper, electronic, and/or telephonic. For electronic and telephonic uses, the insurance company shall:
		(a) Describe the procedures that will be used to verify the authenticity of the transaction; and
		(b) Include a John Doe sample that shows additional sections and questions that are required to be completed by a proposed insured, including additional drop downs, scripts, questions, questionnaires or supplements, if the proposed insured answers questions in a certain way, such as a “yes” response. Additionally, for telephonic uses the insurance company shall describe the process by which the proposed insured is given the completed statement of insurability for signature prior to or on the date the group certificate is issued.
		(9) Include a description of any innovative or unique features of the statement of insurability.

B. VARIABILITY OF INFORMATION

YES NA

		(1) The insurance company may identify items that will be considered variable in the statement of insurability, but such variability shall be limited to:
		(a) The insurance company address and other contact information;
		(b) Plan benefit information, including coverages available to proposed insureds, plan marketing name or logo;

		(c) The medical information requested;
		(d) The layout and formatting of the statement of insurability;
		(e) The statements the proposed insured is acknowledging, in accordance with the Declarations section of these standards; and
		(f) Acknowledgement of receipt of disclosures required by state or federal law. The items 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.
		(2) If the insurance company identifies plan benefit information or medical information that may be variable in the statement of insurability, such information shall be consistent with the Statement of Variability that has been or is being filed for use with the respective group certificate.

C. READABILITY REQUIREMENTS

YES NA

		(1) The statement of insurability text shall achieve a minimum score of 50 on the Flesch reading ease test or an equivalent score on any other approved comparable reading test. See Appendix A for Flesch methodology. This requirement shall not apply to statement of insurability sections that are subject to federal jurisdiction.
		(2) The statement of insurability text shall be presented in not less than ten point type, one point leaded.
		(3) The style, arrangement and overall appearance of the statement of insurability shall give no undue prominence to any portion of the text or section of the statement of insurability.

§ 4 GENERAL FORM REQUIREMENTS

A. COVER PAGE OR FIRST PAGE

YES NA

		(1) The full corporate name of the insurance company shall appear in prominent print on the cover page or first page of the statement of insurability. "Prominent print" means, for example, all capital letters, contrasting color, underlined or otherwise differentiated from the other type on the statement of insurability.
		(2) A marketing name or logo, or the policyholder's name or plan name, may also be used on the cover page or first page of the statement of insurability provided that such additions do not mislead as to the identity of the insurance company.
		(3) The insurance company's complete mailing address shall appear on the cover page or first page of the statement of insurability.
		(4) A form identification number shall appear at the bottom of the statement of insurability in the lower left hand corner of the statement of insurability. The form number shall be adequate to distinguish the form from all others used by the insurance company. The form number shall include a prefix of ICCxx (where xx represents the appropriate year the form was submitted for filing) to indicate it has

		been approved by the Interstate Insurance Product Regulation Commission.
		(5) A brief description shall appear in prominent print on the cover page or the first page of the statement of insurability. The brief description shall identify the insurance applied for, such as group disability income insurance.
		(6) A form used to enroll for coverage provided by group disability income insurance policies where evidence of insurability is required from a proposed insured and underwriting questions are included in the form shall be referred to as a statement of insurability form.

B. FAIRNESS

YES NA

		(1) The statement of insurability shall not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses; nor contain provisions that are against public policy as determined by the Interstate Insurance Product Regulation Commission; nor contain exceptions and conditions that unreasonably affect the risk purported to be assumed in the general coverage of the group certificate with which the statement of insurability will be used.
		(2) The statement of insurability questions shall be presented as single direct questions, not as declaratory statements.
		(3) Open ended questions are not permitted.
		(4) The statement of insurability questions shall not require the proposed insured to make a diagnosis of a medical condition. Questions such as “Are you in good health?” “Do you have symptoms of ...?” “Do you have any known indication of ...?” “Have you ever had ...?” “Any history of” or “Do you think you have ...?” are not acceptable.

§ 5. STATEMENT OF INSURABILITY SECTIONS

A. SECTION TO BE COMPLETED BY THE POLICYHOLDER OR PLAN RECORDKEEPER

YES NA

		(1) The section may request the information that the insurance company determines it needs to identify the policyholder or plan recordkeeper, such as full legal name, address, telephone number and tax identification number.
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B. SECTION TO BE COMPLETED BY THE POLICYHOLDER, PLAN RECORDKEEPER OR PROPOSED INSURED APPLYING FOR COVERAGE SUBJECT TO A STATEMENT OF INSURABILITY

YES NA

		(1) The section shall request the information that the insurance company determines it needs to identify a proposed insured and the coverage subject to the statement of insurability, such as the proposed insured’s name, address, telephone number, email address, age, date of birth, place of birth, gender, tax identification or social security number, marital status, the insurance amounts requested, the amounts subject to a statement of insurability, salary, hours worked, sick leave period, class of insureds,
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		work location, and other disability coverage.
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C. SECTION TO BE COMPLETED BY EACH PROPOSED INSURED APPLYING FOR COVERAGE SUBJECT TO A STATEMENT OF INSURABILITY

YES NA

		(1) The section shall request the information that the insurance company determines it needs to underwrite the requested coverage. The statement of insurability may include only the following questions to be answered by a proposed insured:
		(a) Tobacco Use. Questions regarding the proposed insured’s tobacco use, such as: smoking cigarettes, pipes or cigars; using snuff, chewing tobacco or a nicotine delivery device such as a patch or gum.
		(b) Driving Record. Whether the proposed insured’s driver’s license has ever been suspended or revoked, whether the proposed insured has ever plead guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug; and/or whether during a specified period of time not to exceed the last 5 years the proposed insured has plead guilty to or been convicted of any moving violation or been involved in any accident in which they were found to be at fault. For a “yes” response, details may be requested, such as: a description of the Department of Motor Vehicles’ action, plea, conviction or accident; the number of times the various issues had taken place, the date and state of occurrence;
		(c) Felony or Misdemeanor. Whether the proposed insured has in the past 10 years plead guilty to or been convicted of a felony or misdemeanor or do they have such charge currently pending against them. For a “yes” response, details may be requested, such as: the nature of the plea, conviction or charge, the date and state where the plea, conviction or charges occurred, and whether time was served in prison;
		(d) Aviation Activity. Whether the proposed insured has ever flown, or intends within the next two years to fly, other than as a fare paying passenger on a scheduled airline. For a “yes” response, details may be requested such as: type of license, type of aircraft, instrument flight rating, number of hours flown, number of hours to be flown within a specified period of time, if flying is for business purposes, flying accidents that proposed insured has been involved with, experimental flying, flying restrictions imposed, flying outside the United States, flying for pay and flying for the military. As an alternative to requesting details in the application, the application may require the completion of an Aviation supplement which shall request details such as those described above;
		(e) Recreational Activity (Avocation, Hobby, Sport). Whether the proposed insured has ever engaged, or intends within the next two years to engage, in activities identified by the insurance company as recreational activities. Examples of recreational activities may include such as: motor sports events or racing (auto, truck, cycle, boat, etc.); rock or mountain climbing; skin or scuba diving; aeronautics (hang-gliding, sky diving, parachuting, ultralight, soaring, ballooning, etc.). For a “yes” response, details may be requested such as: type of activity, number of times performed within a specified period of time, type of vehicle used, competitive class, division or category, member of any activity-specific association, group or sanctioning body, whether activities take

		place outside the United States, professional competition. As an alternative to requesting details in the application, the application may require the completion of an Activity Specific supplement which shall request details such as those described above;
		(f) Foreign Travel. Whether the proposed insured has traveled outside the United States within a specified period of time not to exceed the last 2 years, or intends to travel outside the United States within a specified period of time not to exceed the next 2 years. For a “yes” response, details may be requested such as: the travel mode, country, cities, provinces, purpose and length of stay. As an alternative to requesting details in the application, the application may require the completion of a Foreign Travel supplement which shall request details such as those described above;
		(g) Foreign Residency. Whether the proposed insured has lived outside the United States within a specified period of time not to exceed the last 2 years, or plans to live outside the United States within a specified period of time not to exceed the next 2 years. For a “yes” response, details may be requested such as: the travel mode, country, cities, provinces, purpose and length of stay. As an alternative to requesting details in the application, the application may require the completion of a Foreign Residency supplement which shall request details such as those described above; or
		(h) Citizenship. Whether the proposed insured is a citizen of the United States. For a “no” response, details may be requested such as: the type of visa, country that issued it, and whether the proposed insured is a permanent resident of the United States and if “yes” for how long.
		(i) Personal Physician or Medical Facility. Questions regarding the identity of the proposed insured’s personal physician or medical facility that the proposed insured consults for routine health care or periodic check-ups. If a physician or facility is identified, details may be requested, such as: patient identification number, full name of physician or facility and their telephone number, address, and date and reason last consulted.
		(j) Prescribed and Non-Prescribed Medication and Prescribed Diet. Questions regarding the proposed insured’s use of prescribed and non-prescribed medications or being on a prescribed diet. For a “yes” response, details may be requested, such as: a description of the medication or diet, date prescribed, and name and address of prescriber.
		(k) Height/Weight. Questions regarding the proposed insured’s current height and weight, and any weight change within a specified period of time (such as in the past year);
		(l) Family Medical History. Questions regarding whether the proposed insured has a parent or sibling diagnosed or treated by a member of the medical profession for certain conditions, such as heart or vascular disease, cancer, diabetes, high blood pressure, kidney disease, attempted suicide or mental illness. For a “yes” response, details may be requested such as: parent’s or sibling’s diagnosis, age of diagnosis and date last treated; parent’s or sibling’s age if alive and if not alive, age, date and cause of death;
		(m) Pregnancy. Questions whether the proposed insured is pregnant. For a “yes” response, the application may request the anticipated delivery date;

		<p>(n) <i>Drug and Alcohol Use.</i> Questions whether the proposed insured has within the past 10 years:</p>
		<p>(i) Used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or other habit forming drugs, except as prescribed by a physician;</p>
		<p>(ii) Received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs; or</p>
		<p>(iii) Been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous.</p> <p>For a “yes” response, details may be requested, such as: type of drug or alcohol used, contact information for the medical professional or facility providing treatment, advice or counseling, type and dates of treatment or counseling, and self-help membership periods. As an alternative to requesting details in the statement of insurability form, the form may require the completion of a Drug and Alcohol Use supplement which shall request details such as those described above;</p>
		<p>(o) <i>Benefits, Pension or Compensation.</i> Questions whether the proposed insured has, within a specified period of time not to exceed the past 5 years, made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition. For a “yes” response, details may be requested, such as: date claim filed, type of benefits claimed, amounts and dates of payments received, contact information for the payor of the benefits, type of injury, sickness, disability or impaired condition, duration of these, and contact information for the treating physician;</p>
		<p>(p) <i>Disorders and Diseases.</i> Questions whether the proposed insured has within the past 10 years been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:</p> <ul style="list-style-type: none"> (i) Any disorder or disease of the brain or nervous system; (ii) Any disorder or disease of the heart, blood vessels or circulatory system; (iii) Any disorder or disease of the respiratory system; (iv) Any disorder or disease of the stomach, liver, intestines, rectum, pancreas or abdominal organs; (v) Any disorder or disease of the genito-urinary organs; (vi) Any disorder or disease of the skeletal system; (vii) Any disorder or disease of eyes, ears, nose or throat; (viii) Any disorder or disease of the blood, skin, thyroid, lymph or other glands; (ix) Any psychiatric or mental health disorder or disease; (x) Any gynecological disorders or diseases; (xi) Any cancer, tumor, cyst or nodule; (xii) Any sexually transmitted disorders or diseases; or (xiii) Any disorders or diseases of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus). <p>For any category of disorder or disease included, the statement of</p>

		<p>insurability form shall include specific disorders and diseases that the insurance company determines it needs for underwriting purposes;</p> <p>For any “yes” answer, details may be requested, such as: name, address and telephone number of the medical professional or facility providing treatment, diagnosis, dates of diagnoses, consultations, tests and treatments;</p>
		<p>(q) Immune Deficiency. Questions whether the proposed insured has within the past 10 years been:</p>
		<p>(i) Diagnosed or treated by a member of the medical profession for specified symptoms such as: immune deficiency, anemia, recurrent fever, fatigue or unexplained weight loss, malaise, loss of appetite, diarrhea, fever of unknown origin, severe night sweats; unexplained or unusual infections or skin lesions; unexplained swelling of the lymph glands; Kaposi’s Sarcoma or Pneumocystis Carinii Pneumonia;</p>
		<p>(ii) Diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS).</p> <p>For any “yes” answer, details may be requested, such as: name, address and telephone number of the medical professional or facility providing diagnosis or treatment, diagnosis, dates of diagnoses, tests, and treatments;</p>
		<p>(r) Treatment by a Member of the Medical Profession. Questions whether the proposed insured, within a specified period of time not to exceed 5 years, has been:</p>
		<p>(i) Treated, examined or advised by a member of the medical profession; or</p>
		<p>(ii) Been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus);</p> <p>For any “yes” answer, details may be requested, such as: name, address and telephone number of the medical professional or facility providing treatment, examination or advice, diagnosis, date of diagnosis, dates of treatment;</p>
		<p>(s) Inpatient and Outpatient Treatment. Questions whether the proposed insured, within a specified period of time not to exceed 5 years, has been an inpatient or outpatient in a hospital, clinic or medical facility, or any similar entity. For any “yes” answer, details may be requested, such as: name, address and telephone number of the place where treatment was provided, diagnosis, date of diagnosis, dates of treatment;</p>
		<p>(t) Diagnostic Tests. Questions whether the proposed insured, within a specified period of time not to exceed 5 years, has had diagnostic tests such as: an electrocardiogram (EKG) or X-ray, except those related to the Human Immunodeficiency Virus (AIDS virus). For any “yes” answer, details may be requested, such as: name, address and telephone number of the place where the</p>

		tests were performed, name, address and telephone number of medical professional or facility prescribing the tests, dates of the tests; or
		(u) <i>Inability To Work or Perform Normal Activities of Like Age and Gender.</i> Questions whether the proposed insured, within a specified period of time not to exceed 5 years, has been unable to work or perform the normal activities of like age and gender, or been confined at home. For any “yes” answer, details may be requested, such as: explanation of inability or confinement; name, address and telephone number of medical professional or facility consulted; diagnosis; treatment prescribed; medications prescribed; date of onset and recovery.
		(3) The statement of insurability may state that, in responding to any of the questions, a proposed insured need not include colds, minor viruses or minor injuries which prevented normal activities for a period less than a specified period of days (such as 5 days).
		(4) The statement of insurability may include an additional details section where a proposed insured may provide the details to “yes” answers. The details shall include information such as: name of the proposed insured; question number; name, addresses and telephone numbers of all medical providers; diagnosis; date of onset; dates of consultations, tests and treatment; date of surgery; medications prescribed; date of recovery.

D. MEDICAL EXAM

If the medical exam is considered part of or a continuation of the statement of insurability, then the following standards apply:

YES NA

		(1) The statement of insurability may include a separate section for questions to be answered by a proposed insured and a report of a paramedical or medical exam conducted by a medical professional designated by the insurance company.
		(2) For the questions to be answered by a proposed insured, these may include the same questions as those included in these standards for §5 Items A. and B., Tobacco Use, Personal Physician or Medical Facility, Prescribed Medication and Diet and Medical Questions. For “yes” answers, the same type of details requested in those sections may also be requested. The proposed insured will be required to sign the section of questions to confirm that they have read the answers as written before signing, that the answers are true and complete to their best knowledge and belief, and that there are no exceptions to any answers other than as written, or statements to similar effect.

E. DECLARATION SECTION

YES NA

		(1) The section shall require a proposed insured signing the statement of insurability to declare that the proposed insured has read the statement of insurability and all the statements and answers as they pertain to the proposed insured, and that these statements and answers are true and complete to the best of the proposed insured’s knowledge and belief, and that the proposed insured understands that the statements and answers will be used by the insurance company to determine insurability.
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		(2) The declaration statements shall not be used to obtain confirmation or certification of facts related to the insurability of a proposed insured not already ascertained in other sections of the statement of insurability.
		(3) Notwithstanding the above, the declaration statements may be used to obtain acknowledgement or confirmation by a proposed insured of facts related to the proposed insured's eligibility to enroll for coverage and the conditions related to the commencement of such coverage.

F. FRAUD NOTICE/WARNING

YES NA

		(1) The statement of insurability shall include the following fraud notice/warning: "Any person who knowingly presents a false statement in a statement of insurability for insurance may be guilty of a criminal offense and subject to penalties under state law."
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G. SIGNATURE REQUIREMENTS

YES NA

		(1) The statement of insurability shall include a signature section which includes the signature of the person for whom insurance is being requested, provided such person is at least the age of majority in the state where the person resides and not otherwise incapacitated. If the person is not of the age of majority, or is incapacitated, the signature of such person's legal representative shall be required. The date of signature and city and state where signed shall also be required.
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