**Review Requirements Checklist**

**Additional Benefits for Total and Permanent Disability - Individual and Group Products**

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Illinois Department of Insurance
320 West Washington St.
Springfield, IL 62767-0001

**Effective Date: 10/17/08**

**Line(s) of Insurance:** Accelerated Benefits & Group Permanent Disability

**Links:**

* [Illinois Compiled Statutes Online](http://www.ilga.gov/legislation/ilcs/ilcs.asp)
* [Administrative Regulations Online](http://www.ilga.gov/commission/jcar/admincode/050/050parts.html)
* [Product Coding Matrix](http://www.naic.org/documents/industry_pcm_lahac.pdf)

Each filing must include a completed Review Requirements Checklist that must contain a completed “Location of Standard in Filing” column for each required element of the filing. Please indicate the proper page # and form # for each entry.

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| **FORM FILING REQUIREMENTS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTSNOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.** | **LOCATION OF STANDARD IN FILING** |
| Review Requirements Checklist | Go to Review Requirements Checklists.See next column | Each filing must include a completed Review Requirements Checklist that must contain a completed “Location of Standard in Filing” column for each required element of the filing. Please indicate the proper page # and form # for each entry. |   |
| Cover Letter and Letter of Submission | [50 IL Adm. Code 1405.20 (e)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdm.Code1405.20%28e%29.pdf)[50 IL Adm. Code 2001.30 (a) (3)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdm.Code2001.30a%293%29.pdf)[50 IL Adm. Code 916.40 (b)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50%20IL%20AdmCode%20916.40%20b%29.pdf) | In addition to referencing any previously approved form number(s) as required by 50 IL Adm. Code 1405.20(e), those references must also include the filing number and SERFF tracking number (if applicable and available) for the referenced forms. Letters of submission must generally describe the intent and use of the form being filed and, if applicable, how it will be used with any previously approved form(s). |   |
| Limitation of Benefits  | [215 ILCS 5/4](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/215ILCS5-4.pdf) | Only total and permanent disability benefits may be added to a life policy. |   |
| **ADMINISTRATIVE CODE PROVISIONS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTSNOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.** | **LOCATION OF STANDARD IN FILING** |
| Company Name | [50 IL Adm. Code 1405.20 c) 1)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdm.Code1405.20%28c%29%281%29%282%29.pdf) | The name of the company shall appear on the form. |   |
| Appropriate Descriptive Title | [50 IL Adm. Code 1405.20 c) 5)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdm.Code1405.20%20c%29%205%29.pdf) | There must be an appropriate, unambiguous title describing the form. |   |
| Direct Result Language Requirement | [50 IL Adm. Code 1405.40 p) 2)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdmCode1405.40p%292%29.pdf) | Only direct result language is permitted. Words such as "external", "violent" or "visible wound" are prohibited. |   |
| Contributory Language Prohibited | [50 IL Adm. Code 1405.40 p) 2)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdmCode1405.40p%292%29.pdf) | Contributory language such as "indirectly", "wholly or in part", or "contributed to by" is prohibited. |   |
| **GENERAL INFORMATION** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTSNOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.** | **LOCATION OF STANDARD IN FILING** |
| Additional Benefits | [50 IL Adm. Code 1405.40 p) 1)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdmCode1405.40p%291%29.pdf) | Benefits for total and permanent disability are considered additional benefits. These benefits must be paid in addition to the basic policy death benefit. |   |
| Prohibited Exclusions | [50 IL Adm. Code 1405.40 p) 3)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/50ILAdmCode1405.40p%293%29.pdf) | Exclusions such as "that results from or arises out of any past or present employment or occupation for compensation or profit" are prohibited. |   |
| **DEPARTMENT POSITIONS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTSNOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.** | **LOCATION OF STANDARD IN FILING** |
| Definition of Total and Permanent Disability  | [215 ILCS 5/143(1)](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/215ILCS%205-143%281%29.pdf)[215 ILCS 5/401](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/reference/215ILCS5401.pdf) | The Department considers a Total and Permanent Disability to be one that results in the insured's inability to work and earn money because of an injury or illness from which recovery is unlikely at any time in the future and that is expected to continue indefinitely or result in death.  |   |