|  |
| --- |
| **Illinois Department of Insurance****320 West Washington Street****Springfield, IL 62767-0001** |

 **Group Whole Life Review Requirements Checklist Effective 05/05/22**

|  |  |  |  |
| --- | --- | --- | --- |
| **REVIEW REQUIREMENTS** | **REFERENCE** | **DESCRIPTION OF REVIEW****STANDARDS REQUIREMENTS** | **LOCATION OF STANDARD IN FILING** |
|  |  | **NOTE: 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.** |  |
| **FORM FILING REQUIREMENTS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS** | **LOCATION OF STANDARD IN FILING** |
| Review Requirements Checklist | Go to Review Requirements Checklists on DOI web site. 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)50 IL Adm. Code 2001.30 (a) (3)50 IL Adm. Code916.40 (b) | 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). |  |
| **GENERAL REQUIREMENTS FOR ALL FILINGS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS** |  |
| Appropriate Descriptive Title | 215 ILCS 5/143(1)215 ILCS 5/149(1) | There must be an appropriate, unambiguous title describing the form of the policy. |  |
| Grace Period | 215 ILCS 5/231.1(A) | The insured is entitled to a grace period of 31 days. |  |
| Incontestable Period | 215 ILCS 5/231.1(B)50 IL Adm. Code 1405.40 e) | The policy shall be incontestable after a period of no more than 2 years, except for non-payment of premium and certain other conditions. |  |
| Representations not Warranties | 215 ILCS 5/231.1(C) | The policy must contain a provision that a copy of the application, if any, shall be attached to the policy when issuedand that all statements made in any application shall be considered to be representations and not warranties. The provision must further declare that no statement shall be used in any legal action unless a copy has been furnished to the insured. |  |
| Evidence of Insurability | 50 IL Adm. Code 5/231.1(D) | There must be a provision in the policy detailing any circumstances in which the insurer might require a prospective insured to furnish evidence of insurability satisfactory to the insurer as a condition of all or part of the coverage. |  |
| Misstatement of Age | 215 ILCS 5/231.1(E) | If a misstatement of age is found on the group enrollment form the policy shall provide the death benefit amount that would be purchased by the most recent mortality charge at the correct age. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Beneficiary Designation | 215 ILCS 5/231.1(F) | There must be a provision in the policy stating any sum becoming due by reason of the death of the insured shall be payable to the beneficiary designated by the insured. |  |
| Group issuance of certificates | 215 ILCS 5/231.1(G) | There must be a provision that the insurer will issue to the policyholder the individual certificates to be distributed to insureds. |  |
| Conversion Privilege | 215 ILCS 5/231.1(H)215 ILCS 5/231.1(K)50 IL Adm. Code 1405.50 c) | There must be a provision in the policy that if coverage, or any part of it, ceases for the insured or a dependent due to termination of employment or membership that the individual is entitled to, without evidence of insurability, an individual policy of life insurance.If the group policy terminates or is amended to terminate any class of insured persons, every insured whose insurance terminates, including insured dependents, who has been covered for at least five years is entitled to an individual policy of life insurance with the same limitations as provided in 215 ILCS 5/231.1(H). |  |
| Termination of Insurance | 215 ILCS 5/231.1 (I) | There must be a provision in the policy that termination of employment or membership will not cause the insured’s coverage to end under the group policy until the expiration of the period for which premium has been paid, not to exceed 31 days. |  |
| Addition of new insureds | 215 ILCS 5/231.1(J) | There must be a provision that new employees or members desiring coverage are eligible to be added to the plan. |  |
| Payment of Claim | 215 ILCS 5/231.1(L) | There must be a provision in the policy providing that if the insured person dies during a period in which the individual would have been eligible to convert to an individual policy as provided for in 215 ILCS 5/231.1(H) or (I) the amount of life insurance that would have been payable under the individual policy will be payable as a claim under the group policy regardless of whether an application had been made or the first premium paid. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Continuation of Coverage | 215 ILCS 5/231.1(M) | If active employment is a condition of insurance, there must be a provision stating that an insured may continue coverage during his/her period of total disability by timely payment to the policyholder of that portion of the premium required from the insured had total disability not occurred. |  |
| Policy replacing another Policy in force with another Insurance Carrier | 215 ILCS 5.231.1(N) | In the case of a policy of group life insurancereplacing another policy of group life insurance in force withanother insurance carrier immediately prior to the effectivedate of the new policy, a provision preventing loss of coverage, subject to premium payments, for those activeemployees who are not actively at work on the effective date of the new policy if the following conditions are met:(1) the active employee was insured under the priorcarrier's group life insurance policy immediately prior tothe effective date of the policy.(2) the active employee is not actively at work on theeffective date of the new policy. (3) the active employee is a member of an eligibleclass under the policy; and(4) the active employee is not receiving or eligibleto receive benefits under the prior carrier's group lifeinsurance policy. |  |
| **ADMINISTRATIVE CODE PROVISIONS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS** |  |
| Name and Address Required | 50 IL Adm. Code 1405.20 c) 1) 2) | The insurer name and home office address are required on the front and back page of the policy. |  |
| Schedule Page Requirements | 50 IL Adm. Code 1405.20 d) 3) | The schedule page must be completed in “John Doe” fashion. |  |
| War Clause | 50 IL Adm. Code 1402.10 and 1402.20 | Military and noncombatant civilian exclusion clauses are permissible as long as the insurer has excluded benefits due to war in the incontestable clause and complies with the requirements of 50 IL Adm. Code 1402. |  |
| Contributory or Non- Contributory Coverage | 50 IL Adm. Code 1405.50 b) | The policy must state whether it is contributory or non- contributory coverage. |  |
| **GENERAL INFORMATION** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS** |  |
| No Discrimination on Lawful Travel | 215 ILCS 5/236(e) | No life company may discriminate in its underwriting or rating practices based on an insured’s past or future lawful travel. Exceptions may be made based on sound actuarial principals or related to actual or reasonably expected experience not based solely on a destination’s inclusion on the US Department of State’s travel warning list. |  |
| **DEPARTMENT POSITIONS** |  |  |  |
| Life Illustration | 50 IL. Adm. Code 1406.40 c) d) | If the policy is to be illustrated, a copy of the illustration must be submitted (policies with guaranteed scheduled death benefits of $10,000 or less or illustrated death benefits less than $15,000 are exempt). |  |
| HIV/AIDS Questions on Application | 215 ILCS 5/143(1) | Questions designed to elicit information regarding AIDS, ARC and HIV must be specifically related to the testing, diagnosis or treatment done by a physician or an appropriately licensed clinical professional acting within the scope of his/her license. |  |

**Contact Person:**

**Arlene Mehsling**

**Arlene.Mehsling@illinois.gov**

**217-785-9022**

Ed. 05/05/22