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**Line(s) of Business**

**Student Blanket (Excess) Policy**

**Illinois Division of Insurance**

**Review Requirements Checklist**

**Line(s) of Insurance**

**Blanket Accident/Sickness**

**320 West Washington Street**

**Springfield, IL 62767-0001**

**Effective as of ///**

<b>Illinois Insurance Code Link</b>	<a href="#">Illinois Compiled Statutes Online</a>		
<b>Illinois Administrative Code Link</b>	<a href="#">Administrative Regulations Online</a>		
<b>Product Coding Matrix</b>	<a href="#">Product Coding Matrix</a>		
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>
		<b>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.</b>	
<b>FORM FILING REQUIREMENTS</b>	<b>REFERENCE</b>	<b>STANDARDS FOR FILING</b>	
Uniform Transmittal Document (Etrans)	50 IL Adm. Code 916	Form filings must now be submitted either by SERFF or CD-ROM. Please visit the Division’s web site for the Universal Transmittal Document (Etrans) at: <a href="http://www.idfpr.com/DOI/Regulatory_Filings/regulatory_filings.asp">http://www.idfpr.com/DOI/Regulatory_Filings/regulatory_filings.asp</a> Scroll down to “Universal Transmittal Document Software (Etrans)”	
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. Code 916.40 (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).	
<b>GENERAL REQUIREMENTS FOR ALL FILINGS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	

Entire Contract	215 ILCS 5/357.2	The policy, including the application and any amendments and riders, constitutes the entire contract of insurance and no change is valid unless approved by an executive officer of the company and unless such approval be endorsed hereon or attached hereto.	
Blanket Group Policies	215 ILCS 5/367a	Provides guidelines for covering special groups of people as listed.	
Special Group Policies	215 ILCS 5/367(4)	Insurers may provide coverage to school districts for students injured while participating in school sponsored athletic events.	
Time Limit on Certain Defenses	215 ILCS 5/357.3	A policy is incontestable two years from the date of issue except for fraudulent misstatements made by the applicant on the application.	
Notice of claim	215 ILCS 5/357.6	Written notice of claim should be submitted to the company within 20 days of the occurrence or commencement of any loss.	
Legal Action	215 ILCS 5/357.12	No such action shall be brought after 3 years from the date of due proof of loss is required to be furnished.	
Claim Forms	215 ILCS 5/357.7	The company shall furnish those forms needed to submit proofs of loss within 15 days.	
Timely Payment of Claims	215 ILCS 5/357.9	Claims must be paid within 30 days following receipt of written due proof of loss.	
Grace Period	215 ILCS 5/357.1 215 ILCS 5/357.4	A grace period of not less than 7 days (weekly premium), 10 days (monthly premium) and 31 days for all other policies is required.	
Proof of Loss	215 ILCS 5/357.1 215 ILCS 5/357.8	Written proofs of loss should be submitted to the company within 90 days of loss.	
Physical examinations and autopsy	215 ILCS 5/357.1 215 ILCS 5/357.11	Insurers, at their own expense, have the right and opportunity to examine the insured when, and as reasonably often as required, during a claim's pending period. It may also conduct an autopsy in the case of death when law does not forbid it.	
Change of Beneficiary	215 ILCS 5/357.1 215 ILCS 5/357.13	The individual designating a beneficiary retains the right to change that designation unless he/she makes that designation irrevocable.	
Reinstatement	215 ILCS 5/357.1 215 ILCS 5/357.5	A policy may be reinstated with or without an application as provided.	
<b>GENERAL INFORMATION</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	
Applicability of Mandated Benefits	215 ILCS 5/356z.15	This provision lists sections of the Insurance Code that are inapplicable to certain policies.	
Discretionary Authority	215 ILCS 5/143(1) 50 IL Adm. Code 2001.3	Insurers are not permitted to place discretionary authority language in contracts of accident and health.	
Rate Filings	50 IL Adm. Code 916.40 e) and f)	Rule 916 does not require the filing of Group Rates, except for Credit, Medicare Supplement and Long Term Care, which do need to be filed. Rates also need to be provided for individual accident and health filings.	

Illegal Occupation	215 ILCS 5/357.24	An insurer shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.	
Discrimination	50 IL. Adm. Code 2603	Provides guidelines on unfair discrimination based on sex, sexual preference or marital status.	
Right of Reimbursement and Subrogation	50 IL Adm. Code 2020	Provides guidelines for reimbursement and subrogation rights due to negligence of a third party.	
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.	
Use of SSN on ID Cards	815 ILCS 505 2QQ 215 ILCS 138/15	<p>The scope of 815 ILCS 505 2QQ is on any card required for an individual to access products or services. 215 ILCS 138/15 is more limited in that it just focuses on the elements of uniform prescription drug information cards.</p> <p>815 ILCS 505 2QQ prevents a person from:</p> <ul style="list-style-type: none"> <li>• Publicly posting or displaying an individual's SSN;</li> <li>• Printing an individual's SSN on any card required for the individual to access products or services, however, an entity providing an <u>insurance card</u> must print on the card a unique identification number as required by 215 ILCS 138/15.</li> <li>• Being required to transmit an SSN over the Internet to access a web site unless the connection is secure or the SSN is encrypted;</li> <li>• Requiring the individual to use his/her SSN to access a web site unless a PIN number or other authentication device is also used; and,</li> <li>• Printing an individual's SSN on any materials mailed to an individual unless required by state or federal law.</li> </ul> <p>Insurers must comply with both provisions.</p>	
Cancer Clinical Trials	<u>215 ILCS 5/364.01</u>	Insurers may not cancel or non-renew any individual's coverage due to participation in a qualified cancer clinical trial. Guidelines are provided.	
<b>STUDENT EXCESS ALLOWED</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	
Voluntary Programs	215 ILCS 5/143(1)	A voluntary program is a program in which the premium is paid by the parents, guardian or student. The policy must cover at least the first \$100 of eligible charges incurred. The insurer must provide notice to the parents, guardian or other proper authorities that after the first \$100 in benefits has been paid they will continue to pay benefits if there is no other coverage in effect. However, if there is other coverage claims for benefits in excess of the first \$100 must be filed with that insurer until those benefits have been exhausted. The voluntary program is then responsible for the balance up to the policy maximum benefit.	
Excess Coverage	215 ILCS 5/143(1)	<p>An excess coverage policy is one that pays no claims at all until all other in force coverage has been exhausted. Illinois only permits such coverage if:</p> <ol style="list-style-type: none"> <li>1.) the coverage is specifically requested by the school district or nonpublic school;</li> </ol>	

		2.) the enrolling school district or nonpublic school pays 100% of the premium; and 3.) 100% of eligible students are enrolled in the group.	
<b>DEPARTMENT POSITIONS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	
Hospital Definition	215 ILCS 5/143(1)	The definition of hospital must allow for those hospitals providing surgery, etc., on a formal arrangement basis with another institution.	
Prohibited Terms	215 ILCS 5/143(1) 50 IL Adm Code 2001.20 h) 2)	Policies may not use terms such as “external” and “violent” in connection with the definition of accident and health.	
Intoxication Definition	215 ILCS 5/143(1)	An intoxication definition must be included in the policy if it is listed as an exclusion. A reasonable example would be, "Intoxication means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred."	
Prohibited Exclusion	50 IL Adm Code 2001.20 q)	General Body System exclusions are not permissible.	
Aggregate Limits	215 ILCS 5/143(1)	Aggregate limits of liability are only allowed if the school pays the entire premium. They are not permitted if the insured pays any portion of the premium.	
Precertification penalties	215 ILCS 5/143(1)	The Division will permit a failure to precertify a hospital admission penalty of the lesser of up to \$1,000 or 50% of the billed charge. The penalty may be no more frequent than a per confinement basis.	