

Department of Consumer and Business Services
Oregon Insurance Division – 5
P. O. Box 14480
Salem, OR 97309-0405
Phone: (503) 947-7983

TRANSMITTAL AND STANDARDS
For Group Blanket Health Coverage to be issued to
an Association, Trust, Union Trust, or Discretionary
Group

Department Action: <input type="checkbox"/> Disapproved as incomplete <input type="checkbox"/> Approved; Limitations _____ _____ <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disapproved; Reason _____ _____ Action Date: _____ Effective Date: _____ Analyst: _____ Filing No: _____ <input type="checkbox"/> OID Group No _____

SECTION I – TRANSMITTAL

Insurer Name: _____ NAIC No: _____

Filing entity (if not insurer): _____

Note: If not the insurer, a letter of authorization must be included in the filing.

Contact Person: _____ Title: _____

Mailing Address: _____

Toll-free/Collect Phone No: _____ Fax No: _____

E-mail Address: _____

Name and mailing address of the association, trust, union trust, or discretionary group as it appears on the legal document:

Name: _____

Mailing address: _____

City: _____

State: _____

ZIP: _____

Membership requirement: _____ (such as employers, qualified plans)

State of situs for the association, trust, union trust, or discretionary group: _____

Are you, the insurer, authorized to sell group blanket health insurance in that state: Yes No

Group Number Assigned By Oregon Insurance Division (if known): _____

Insurers proposing to issue group blanket health plans through associations, trusts, union trusts, or discretionary groups must file each group’s qualifications and applicable documents as listed in this form.

Insurers filing an exemption to the definition of “transact insurance” in ORS 731.146(2)(b) must have the exemption approved by the Oregon Insurance Division. Associations, trusts, and discretionary groups (entities) proposing to do any insurance business as group policyholders of blanket health insurance must file each group’s qualifications and applicable documents as listed in this form.

An entity that does not meet the exemption in ORS 731.146(2)(b) may apply as a non-exempt group policyholder by showing compliance with all applicable statutes. However, out-of-state blanket groups cannot be discretionary groups.

Filing instructions: This checklist must be submitted with your filing. In a cover letter or actuarial memorandum, include explanations as requested in the requirements.

An authorized person must sign the certificate of compliance and all relevant filing information must be included.

Filing must include:

- a.) An explanation of whether the forms are negotiated (Policy, Certificate and/or riders)
- b.) An explanation of the custom benefits and/or administrative options that are not filed due to the filing exemption requirement of negotiated forms.

Please note that Section II (Association), Section III (Trust or Union Trust), and Section IV (Discretionary Group) are mutually exclusive of one another. Only one of those three Sections should be completed for this filing.

SECTION II – STANDARDS – COMPLETE THIS SECTION IF FILING FOR GROUP BLANKET HEALTH COVERAGE TO BE ISSUED TO AN ASSOCIATION.

Please note that A and B of Section II are mutually exclusive of one another, and only A or B should be completed, not both.

A. Filing Out-of-State Exempt:

1. A statement is included certifying that the association meets the requirements for group blanket health insurance listed in ORS 731.146(2)(b).
2. Copies of the By-laws and Constitution are included with this filing.
3. The association has been in existence for at least one year.
4. The association was organized and maintained primarily for purposes other than obtaining insurance.
5. The association is the policyholder and is not under the direct or indirect control of the insurer.
6. Only members, employees, or employees of members are insured.
7. All members of the association are provided with the same coverage under the group blanket health insurance policy.
8. Documents provide evidence that the blanket health policy was delivered in accordance with the laws of the domiciliary state. ORS 731.146(2)(b).
9. If filing an exemption under ORS 731.146(2)(b)(C) for a blanket health group, defined in ORS 743.534, a copy of the situs state policy approval is included.

10. Filing includes a statement that solicitation and participation materials disclose the situs state that regulates the coverage, and that the information is in compliance with sales practices under ORS 731.484.
11. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.524(2)).
12. Certification. The Association has been previously approved by the Oregon Insurance Division, under the OID Group number above. By checking this box, we certify that the Association's qualifications, as listed above in items #1 through #10, have not changed.

B. Filing In-State or Out-of-State Non-Exempt:

1. A statement is included certifying that the association meets the requirements for group blanket health insurance listed in ORS 731.146(2)(b).
2. Copies of the By-laws and Constitution are included with this filing.
3. The association has been in existence for at least one year.
4. The association was organized and maintained primarily for purposes other than obtaining insurance.
5. The association is the policyholder and is not under the direct or indirect control of the insurer.
6. Only members, employees, or employees of members are insured.
7. All members of the association are provided with the same coverage under the group blanket health insurance policy.
8. Filing includes a statement that solicitation and participation materials are in compliance with sales practices under ORS 743.523.
9. Underwriting criteria used by the insurer does not include actual or expected health status of individual enrollees. (ORS 743.752(1))
10. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.524(2)).
11. Certification. The Association has been previously approved by the Oregon Insurance Division, under the OID Group number above. By checking this box, we certify that the Association's qualifications, as listed above in items #1 through #8, have not changed.
12. A statement is included certifying that all policies, applications, and any other forms that will be issued to the group are in compliance with Oregon law. Please refer to ORS 742.003. If new policies are filed for this group, the form requirements are included with this transmittal for review and approval. See the form filing requirements under the applicable product on our Web site. *(If an approved policy, application, or form has been modified to accommodate this group and the changes are within the variable brackets previously approved, the forms do not need to be filed.)*

List form numbers of policies, certificates, applications, and other forms to be issued to the group for blanket health insurance coverage: (If necessary use a separate document.)

Form number	Product or form type	Negotiated (Y/N) If no, provide the State Filing number in which the forms were approved in next column	State filing number

SECTION III – STANDARDS – COMPLETE THIS SECTION IF FILING FOR GROUP BLANKET HEALTH COVERAGE TO BE ISSUED TO A TRUST OR A UNION TRUST *Note: Multiple associations, multiple-group mortgage trusts, banks, and savings associations do not qualify.*

Please note that A and B of Section III are mutually exclusive of one another, and only A or B should be completed, not both.

A. Filing Out-of-State Exempt:

1. A statement is included certifying that the trust meets the requirements for group blanket health insurance listed in ORS 731.146(2)(b).
2. A copy of the trust document is included with the filing.
3. A trust formed by an association includes only membership of that association.
4. The policy names the trust as the policyholder.
5. The trust is not under the actual control of the insurer.
6. If two or more employers are members of the trust, they must be in the same or related industry. What is that industry? _____
7. All members of the association are provided with the same coverage under the group blanket health insurance policy.
8. Documents provide evidence that the blanket health policy was delivered in accordance with the laws of the domiciliary state. ORS 731.146(2)(b).
9. If filing an exemption under ORS 731.146(2)(b)(C) for a blanket health group, defined in ORS 743.534, a copy of the situs state policy approval is included.
10. Filing includes a statement that solicitation and participation materials disclose the situs state that regulates the coverage, and that the information is in compliance with sales practices under ORS 731.484.
11. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.526(4)).
12. Certification. The Trust has been previously approved by the Oregon Insurance Division, under the OID Group number above. By checking this box, we certify that the Trust's qualifications, as listed above in items #1 through #10, have not changed.

B. Filing In-State or Out-of-State Non-Exempt:

1. A statement is included certifying that the trust meets the requirements for group blanket health insurance listed in ORS 731.146(2)(b).
2. A copy of the trust document is included with the filing.
3. A trust formed by an association includes only membership of that association.
4. The policy names the trust as the policyholder.
5. The trust is not under the actual control of the insurer.
6. If two or more employers are members of the trust, they must be in the same or related industry. What is that industry? _____
7. All members of the trust are provided with the same coverage under the group blanket health insurance policy.
8. Filing includes a statement that solicitation and participation materials are in compliance with sales practices under ORS 743.523.
9. Underwriting criteria used by the insurer does not include actual or expected health status of individual enrollees. (ORS 743.752(1))
10. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.526(4)).

11. Certification. The Trust has been previously approved by the Oregon Insurance Division, under the OID Group number above. By checking this box, we certify that the Trust's qualifications, as listed above in items #1 through #9, have not changed.
12. A statement is included certifying that all policies, applications, and any other forms that will be issued to the group are in compliance with Oregon law. Please refer to ORS 742.003. If new policies are filed for this group, the form requirements are included with this transmittal for review and approval. See the form filing requirements under the applicable product on our Web site. *(If an approved policy, application, or form has been modified to accommodate this group and the changes are within the variable brackets previously approved, the forms do not need to be filed.)*

List form numbers of policies, certificates, applications, and other forms to be issued to the group for blanket health insurance coverage: (If necessary use a separate document.)

Form number	Product or form type	Negotiated (Y/N) If no, provide the State Filing number in which the forms were approved in next column	State filing number

SECTION IV – STANDARDS – COMPLETE THIS SECTION IF FILING FOR GROUP BLANKET HEALTH COVERAGE TO BE ISSUED TO AN IN-STATE DISCRETIONARY GROUP (Note: Out-of-State Blanket Health Groups cannot be filed as Discretionary Groups in Oregon.)

1. Copies of the trust document, By-laws, or other organizational registration documents and Constitution are included with this filing.
2. The filing documentation explains how issuance of the group blanket health insurance policy to this discretionary entity is in the best interest of the public and does not violate ORS 742.005.
3. The filing documentation explains the purpose for organizing the members.
4. The filing documentation defines the qualifications for eligible members. Qualifications must comply with Oregon law. *(Membership of other entities is not permitted since each entity would have to be reviewed for compliance with Oregon law.)*
5. The document provides for replacement of the master policy or continuance of the certificate as an individual policy if the trust is dissolved.
6. The filing includes a statement explaining how the premiums are paid and who submits the payments to the insurer.
7. The filing includes a description of the targeted market, your company's (the insurer's) marketing approach, the licensed entities through which the group will be solicited, and the availability of customer service.
8. Solicitation and participation materials are in compliance with sales practices described under ORS 743.523.
9. All members of the discretionary group are provided with the same coverage under the group blanket health insurance policy.
10. Underwriting criteria used by the insurer does not include actual or expected health status of individual enrollees. (ORS 743.752(1))

- 11. The filing includes a copy of the disclosure provided to the applicant that identifies the policyholder and the authority of the policyholder to make changes, gives notification of changes to the participants, and states the consent to the participant is not required for the policyholder to make changes.
- 12. The filing includes documentation supporting economies of acquisition or administration resulting from such a group blanket health policy. **To meet this requirement, provide the following:**
 - (a) An explanation of the cost savings, such as providing the economies of larger groups, marketing costs, and commission structure.
 - (b) A list of group policy administrators and explanation of established fiduciary responsibilities to the group.
- 13. The filing includes an actuarial demonstration showing that benefits are reasonable in relation to the premiums charged. ORS 742.005 and 746.005(6) and (7). To meet this requirement for group blanket health insurance, attach **Appendix C** or any substantially similar support and include an **actuarial memorandum** explaining the following:
 - (a) Assumptions and sources of the data,
 - (b) Information about new or experimental benefits and features,
 - (c) Effects of the groups' characteristics on these projections, and
 - (d) Any influences that could affect the reliability of these projections.
- 14. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division.
- 15. The filing includes a statement certifying that all policies, applications, and any other forms that will be issued to the group are in compliance with Oregon law. Please refer to ORS 742.003. If new policies are filed for this group, the form requirements are included with this filing for review and approval. See the form filing requirements under the applicable product on our Web site. *(If an approved policy, application, or form has been modified to accommodate the group and the changes are within the variable brackets previously approved, the forms do not need to be filed.)*

List form numbers of policies, certificates, applications, and other forms to be issued to the group for blanket health insurance coverage: (If necessary use a separate document.)

Form number	Product or form type	Negotiated (Y/N) If no, provide the State Filing number in which the forms were approved in next column	State filing number