

## GROUP Accidental Death and Dismemberment

This list is not a complete list of all statutes and regulations required to be addressed in form filings. It is intended solely to give companies guidance on common areas that are deficient. It is the company's responsibility to keep abreast of all changes to the Montana Insurance Code. Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.

The below checklists include hyperlinks to the electronic version of the Montana Code Annotated. MCA [33-1-501](#) and MCA [33-1-502](#) is our authority for forms approval

Look at the group structure. The group must be a group defined in 33-22-501

-Trust groups must provide all Trust Documents

-Association group – the association questionnaire must be completed for each association and sent to legal for determination of eligible group

-Discretionary groups – Each will be considered independently and reviewed by Legal

___	<b>Arbitration</b>	<a href="#">27-5-114</a> (2)
___	<b>Certificate</b>	<a href="#">33-1-501</a>
___	<b>TPA, Administrator</b>	<a href="#">33-17-102</a> , <a href="#">602</a> , <a href="#">603</a>
___	<b>Explanation of charges</b>	<a href="#">33-15-308</a> (UCR, must contain a clear definition; a complete and accurate description of any and all databases being utilized including a description of the geographical area the data is being collected from; the exact percentage or percentiles must be specified if used; a statement on the schedule page and on the face page of the outline of coverage, disclosing to the insured that the health care provider may charge more than the limits established by the policy's definition, and that the additional charges may not be covered by the pol, cert, membership contract or subscriber contract.)
___	<b>Utilization Review</b>	<a href="#">Title 33, Ch. 32</a>
___	<b>Premium increase restriction</b>	<a href="#">33-22-107</a> (if in policy, must comply)
___	<b>Freedom/practitioners</b>	<a href="#">33-22-111</a>
___	<b>Coverage phys assistant-certified</b>	<a href="#">33-22-114</a>
___	<b>Adopted child</b>	<a href="#">33-22-130</a>
___	<b>Time limit for reimbursement or offsets</b>	<a href="#">33-22-150</a>
___	<b>Offset agreement</b>	<a href="#">33-22-151</a>
___	<b>Pre-ex condition Exclusions</b>	<a href="#">33-22-514</a>
___	<b>Fraud statement</b>	<a href="#">33-22-502</a>
___	<b>Conformity</b>	<a href="#">33-22-502</a> (4)

_____	<b>Newborn infant</b>	<a href="#"><u>33-22-504</u></a>	
_____	<b>Continuation coverage reduced work schedule</b>	<a href="#"><u>33-22-507</u></a>	
_____	<b>Outline of coverage</b>	<a href="#"><u>33-22-521</u></a>	
_____	<b>Guaranteed renewability for employers</b>	<a href="#"><u>33-22-524</u></a>	
_____	<b>Health discrimination</b>	<a href="#"><u>33-22-526</u></a>	
_____	<b>Subrogation</b>	<a href="#"><u>33-22-1601</u></a>	(If in policy, it must comply)
_____	<b>Gender discrimination</b>	<a href="#"><u>49-2-309</u></a>	(pregnancy cannot be excluded)
_____	<b>Review <a href="#"><u>Chapter 15</u></a> to the extent of the coverage</b>		

10/28/2016