Accelerated Benefit Provisions Checklist

To be completed in addition to the base checklist, if applicable

NB: all provisions of law relative to the filing of policy forms also apply to all forms of riders, endorsements and applications designed to be attached to such policy forms, in accordance with the provisions of M.G.L. 175, §192.

Link: The General Laws of Massachusetts **Link: Division of Insurance Regulatory Information**

Cover Page

ID	Requirement	Compliance	Explanation, if Not Applicable
CP1	211 CMR 55.06(2)(l) disclosure language	Page _____, Para. _____	

Definitions (211 CMR 55.04)

ID	Requirement	Compliance	Explanation, if Not Applicable
D1	Activities of Daily Living	Page _____, Para. _____	
D2	Chronic Illness	Page _____, Para. _____	
D3	Licensed Health Care Practitioner	Page _____, Para. _____	
D4	Policyholder	Page _____, Para. _____	
D5	Qualified Long-Term Care Services	Page _____, Para. _____	
D6	Special Benefits	Page _____, Para. _____	
D7	Terminal Illness	Page _____, Para. _____	
D8	Total and Permanent Disability	Page _____, Para. _____	

Policy Form Requirements

ID	Requirement	Compliance	Explanation, if Not Applicable
PF1	Use of term "Accelerated Benefit" in form description. *211 CMR 55.06(2)(c)*	Page _____, Para. _____	
PF2	Prohibition against use of the term "Long-Term Care Insurance in description and marketing. *211 CMR 55.06(2)(c)*	Check: ☐	
PF3	Exclusion of benefits based on specific policy exclusion (optional). *211 CMR 55.05(1)*	Page _____, Para. _____	

PF4	Prohibition of pre-existing condition exclusion. *211 CMR 55.05(2)*	Check: ☐	
PF5	Incontestability clause of different duration (optional). *211 CMR 55.05(2)*	Page _____, Para. _____	
PF6	Use of term "reasonable additional evidence" (optional). *211 CMR 55.03(3)(a)*	Page _____, Para. _____	
PF7	Effective date of the accelerated benefit provision. *211 CMR 55.05(4)*	Page _____, Para. _____	
PF8	Specification of all possible payment options. *211 CMR 55.05(5)(a)*	Page _____, Para. _____	
PF9	Lump sum benefit option. *211 CMR 55.05(5)(c)*	Page _____, Para. _____	
PF10	Prohibition of benefit as annuity upon life of insured. *211 CMR 55.05(5)(d)*	Check: ☐	
PF11	Special benefit provision for qualified long-term care services (optional; chronic illness only). *211 CMR 55.05(6)*	Page _____, Para. _____	
PF12	Prohibition of restriction of use of accelerated benefits. *211 CMR 55.05(7)(a)*	Check: ☐	
PF13	Use of accelerated benefits for qualified long-term care services only (chronic illness only). *211 CMR 55.05(7)(b)*	Page _____, Para. _____	
PF14	Waiver of premiums if full death benefit is accelerated. *211 CMR 55.05(8)(a)*	Page _____, Para. _____	
PF15	*Pro rata* reduction of cash value **OR** lien against death benefit. *211 CMR 55.05(10)(a)and(b)*	Page _____, Para. _____	
PF16	Use of accelerated benefit to repay outstanding policy loans, if pro-rate reduction of cash value. *211 CMR 55.05(11)*	Page _____, Para. _____	
PF17	Restriction of death benefit reduction, when no additional premium payment. *211 CMR 55.05(12)*	Page _____, Para. _____	
PF18	Effect on accidental death provision, when any death benefit remains after acceleration. *211 CMR 55.05(13)*	Page _____, Para. _____	
PF19	New/Amended schedule page issued, when lump sum payments requested. *211 CMR 55.06(3)(c)*	Page _____, Para. _____	
PF20	Statement of amended contract values per benefit payment, when periodic payments requested. *211 CMR 55.06(4)*	Page _____, Para. _____	
PF21	Notification of assignee or irrevocable beneficiary of effects on policy, prior to acceleration. *211 CMR 55.06(2)(k)*	Page _____, Para. _____	
PF22	Requirement for group policies offering conversion. *211 55.06(2)(f)*	Page _____, Para. _____	

Disclosure Forms Requirements

ID	Requirement	Compliance	Explanation, if Not Applicable
DF1	Disclosure form to be provided to applicant at time of application. *211 CMR 55.100*	Check: ☐	
DF2	Disclosure form to be provided to policyholder at time of receipt of request for acceleration. *211 CMR 55.110*	Check: ☐	

NB: If these required disclosure notices have been submitted and/or approved under another filing, please provide the form numbers and the state tracking number(s) for that filing: _____

Actuarial Memorandum

ID	Requirement	Compliance	Explanation if Not Applicable
AM1	Support for any additional premium charge. *211 CMR 55.05(9)(b)*	Page _____, Para. _____	
AM2	Determination of policy reserves by Standard Valuation Law. *211 CMR 55.05(14)(a)*	Page _____, Para. _____	
AM3	Valuation assumptions determined by member in good standing of American Academy of Actuaries. *211 CMR 55.05(14)(b)*	Page _____, Para. _____	