Specified Disease Products Checklist

To be completed in addition to the Individual Accident and Sickness Products Checklist

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**

General Requirements

ID	Requirement	Compliance	Explanation, if Not Applicable
GR1	Medicare disclosure notice. *211 CMR 42.09(4)*	Page _____, Para. _____	
GR2	"Caution" disclosure. *211 CMR 146.11(3)(b)*	Page _____, Para. _____	
GR3	Benefits paid regardless of other coverage. *211 CMR 146.05(4)*	Page _____, Para. _____	
GR4	"Notice to buyer" disclosure. *211 CMR 146.10(1)(a)*	Page _____, Para. _____	
GR5	Pre-existing conditions. *211 CMR 146.10(1)(b)*	Page _____, Para. _____	
GR6	Non-cancelable/Guaranteed-renewable. *211 CMR 146.10(1)(c)*	Page _____, Para. _____	
GR7	Policy disclosure form. *211 CMR 146.100*	Check: ☐	
GR8	Outline of coverage. *211 CMR 146.101*	Check: ☐	

Definitions (211 CMR 146.04)

ID	Requirement	Compliance	Explanation, if Not Applicable
D1	Guaranteed renewable	Page _____, Para. _____	
D2	Individual policy	Page _____, Para. _____	
D3	Non-cancelable	Page _____, Para. _____	
D4	Pre-existing condition	Page _____, Para. _____	
D5	Specified disease coverage	Page _____, Para. _____	

Minimum Requirements

ID	Requirement	Compliance	Explanation, if Not Applicable
MR1	All forms of the specified disease(s). *211 CMR 146.05(1)*	Page _____, Para. _____	
MR2	Benefits contingent upon pathological diagnosis. *211 CMR 146.05(2)*	Page _____, Para. _____	

MR3	Reduction of benefits. *211 CMR 146.05(6)*	Page _____, Para. _____	
MR4	Coverage for conditions caused or aggravated by the specified disease. *211 CMR 146.06(1)*	Page _____, Para. _____	
MR5	Benefits contingent upon medically necessary care or treatment. *211 CMR 146.06(2)*	Page _____, Para. _____	
MR6	30-day maximum waiting period. *211 CMR 146.06(3) and 146.07(2)*	Page _____, Para. _____	
MR7	Start of benefits when no waiting period or pre-existing condition limitation. *211 CMR 146.06(4)*	Page _____, Para. _____	
MR8	Benefits for confinement to skilled nursing home, or home healthcare (optional). *211 CMR 146.06(5)*	Page _____, Para. _____	
MR9	New benefit period. *211 CMR 146.06(6)*	Page _____, Para. _____	
MR10	Face value amount limits. *211 CMR 146.07(1)*	Page _____, Para. _____	
MR11	Indemnity amounts per specified disease. *211 CMR 146.07(3)*	Page _____, Para. _____	
MR12	Prohibition of new waiting periods. *211 CMR 146.07(4)*	Check: ☐	
MR13	Maximum policy benefit. *211 CMR 146.07(5)*	Page _____, Para. _____	
MR14	Benefit payable upon initial and medically appropriate diagnosis. *211 CMR 146.07(6)*	Page _____, Para. _____	