

JOE LOMBARDO  
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ  
Director



SCOTT J. KIPPER  
Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103  
Carson City, Nevada 89706  
(775) 687-0700 • Fax (775) 687-0787  
Website: [doi.nv.gov](http://doi.nv.gov)  
E-mail: [insinfo@doi.nv.gov](mailto:insinfo@doi.nv.gov)

**CERTIFICATION OF PRODUCT MARKETING PRACTICES**

PLEASE INDICATE THE TYPE OF FILING BEING SUBMITTED:

**( ) We certify that we are filing a discretionary group product. We are filing this product for approval under the exception provided in NRS 689B.026 and/or NRS 688B.030 amended April 1, 1987. (SB#70)**

**We further certify that we have complied with the items listed on Attachment A, Procedures for Filing Discretionary Group Life and/or Group Health Products. The information listed on Attachment A is enclosed for your review.**

If all the requirements on Attachment A have been met, this product is deemed approved on the date that all the information is sent to the Division for review. The information must be sent to the Division by certified mail. The Division reserves the right to declare the approval void, if it finds the filing does not comply with the statute and regulatory requirements in Attachment A.

**( ) We certify that we are filing a "true-group" product that has been effectuated and delivered outside of Nevada. We certify that this group qualifies under the provision of Nevada Administrative Code, NAC 679B.036, particularly, subsection of NAC 679B.036. We are filing for approval on an informational basis pursuant to NRS 687B.120.**

You are required to file the information as requested on Attachment B in exhibit form. We will review the information and advise you of our decision. Filings made pursuant to the requirements listed in Attachment B are not deemed to be approved on the date the filing is mailed to the Department of Insurance.

So certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
FORM NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TRUST NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
(CONT.)

\_\_\_\_\_  
COMPANY NAME

## **ATTACHMENT A**

### **PROCEDURES FOR FILING DISCRETIONARY GROUP LIFE AND/OR GROUP HEALTH PRODUCTS.**

Please send copies of the following documents and/or information. (*For Group Life products only, you do not need to comply with item numbers 6, 7, 8, and 10.*)

1. Statement from an insurance company officer certifying qualification under NRS 689B.026 and/or NRS 688B.030. (Use form number LH 100 which is attached)
2. Insurance policy, certificate, riders, endorsements, disclosure and application. The policy must provide coverage for all benefits required by Nevada law.
3. All trust or associations must be fully underwritten by an admitted insurer.
4. A certified actuarial statement that the benefits are reasonable in relation to the premium charged.
5. If an administrator is paying the claims or collecting the premiums, the name and address of the administrator.
6. Agreements or contracts for the administration of claims processing, collection of premiums, utilization or quality assurance review and marketing of the product.
7. Description of the methodology used to determine the usual and customary fees, if applicable. (NRS 679B.152)
8. Statement verifying along with a listing of the provisions that the insurer has adopted at least three or more practices in administering benefits that control or reduce the cost of health care. (NRS 687B.117)
9. The filing fee of \$25.00 per policy.
10. You must provide us with contractual language detailing the calculation of copayments, deductibles and the amount of claim payments. Calculations must reflect the netting of any provider discount so that the insurer, hospital and any other provider have copayments, deductibles and claim payments determined on the same amount.
11. Name of trust and copy of trust agreement.

## **ATTACHMENT B**

### PROCEDURES FOR FILING GROUPS THAT ARE EFFECTUATED AND DELIVERED OUTSIDE OF NEVADA, WHICH INSURE RESIDENTS OF NEVADA.

Please submit the following information as EXHIBITS, to assist in Division review.

1. Statement from an Insurance Company Officer certifying qualification under NAC 679B.036. The statement must cite the applicable subsection of this regulation. (Use form number LH100 which is attached)
2. Adequate proof substantiating that certification including:
  - A. Copy of articles of incorporation, partnership agreement, firm documents, etc.
  - B. Narrative report documenting those activities and benefits provided by the association to members which are not insurance related, including full documentation of all those non-insurance related functions.
  - C. Copies of sales, marketing and advertising materials for all functions of the trust or association.
  - D. Copy of the membership application for the trust or association.
  - E. An explanation of whether a member can join the association or trust without buying the insurance.
  - F. Copies of the Trust or Association documents and bylaws.
  - G. An accounting of the number of members of the group or association who do not have insurance benefits and those members who do have such benefits.
  - H. A financial statement showing that the overall net worth of the group or association reflects more income generated for the other services provided to the members than for insurance premiums and insurance.
3. A description of how the insurance product is marketed. Is it marketed by administrators, agents, brokers, group members, etc.?
4. If an administrator is paying the claims or collecting the premiums, the name and address of the administrator.
5. Additionally, the Commissioner may require you to file the material listed in Attachment A as provided in NRS 687B.120.