

## Custom Enrollment/Application Certification

It is your responsibility to review and assure compliance for all customized enrollment/application forms prior to submission with your filing. Below is a checklist to assist you in meeting these compliance requirements.

Prior to submitting your customized enrollment/application form, complete this document, sign it and load (attach) it under the SERFF Supporting Documents tab. Some of the items on this certification do not apply to plans that are not Health Benefit Plans. If any items below do not apply, check "Not a Health Benefit Plan." Do not leave that section blank.

NOTE: If you file a customized enrollment/application form and do not include this signed document, your filing will be rejected. The OIC will rely on the Custom Enrollment/Application Certification form for compliance and will take a final action of "Acknowledged" in SERFF on that part of the filing. The OIC will conduct a random review of these certifications and forms. If this office finds the certifications are being submitted with non-compliant forms, an issuer may be required to cease use of custom enrollment/application forms and may be subject to enforcement action.

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I have reviewed the custom enrollment/application form to insure compliance with the following requirements:

**The following does not apply because the form is not a Paper Form.**

**Font Size – Paper Form**

- Font size is at least 10pt.

RCW 48.20.012(2), WAC 284-44A-050(2), WAC 284-46A-050(2), WAC 284-58-030(2)

**Undue Prominence**

- Logos or names of the Producer or TPA are not larger than that of the issuer.
- The form clearly identifies the underwriter of coverage.

RCW 48.18.110(1)(c), RCW 48.20.012(2), RCW 48.44.020(2)(a), RCW 48.46.060(3)(a),  
WAC 284-44A-050(2), WAC 284-46A-050(2), WAC 284-58-030(2)

**Form Number**

- The form has a unique form number in the lower left corner of first page.
- Revised forms have either a new form number or the same form number with a revision date as part of the form number.
- The form does not have a hand written form number.

RCW 48.20.012(4), WAC 284-44-030(3), WAC 284-44A-050(1)(a)(ii),

WAC 284-46A-050(1)(a)(ii), SERFF Filing General Instructions

**Licensed Name of Issuer**

- Each issuer is listed with the full name and address or location of its home office.

RCW 48.30.050

**Using Legal Licensure**

- Issuers are identified correctly by licensure (Insurer, HCSC, or HMO).

RCW 48.30.040, RCW 48.44.110, RCW 48.46.400

**The following does not apply because the form is not related to a Health Benefit Plan.**

**Eligibility** (Applies only to Health Benefit Plans)

- Dependents are not required to reside with the subscriber.
- Dependents are not required to be dependent upon the subscriber for support.
- Eligibility for medical assistance is not considered when determining eligibility for coverage or making payments.

PPACA, RCW 48.01.180, RCW 48.01.230, RCW 48.01.235, RCW 48.20.435,  
RCW 48.21.157, RCW 48.44.215, RCW 48.46.325

**Dependent Age**

- All plans – If dependent children are covered, they are covered through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan.

PPACA, PHSA § 2714, RCW 48.21.157, RCW 48.44.215, RCW 48.46.325

**State Registered Domestic Partner**

- Washington State Registered Domestic Partners are treated the same as a spouse and must be clearly listed on the enrollment/application form. RCW 26.60.015.
- If children of the primary insured are covered, children of Domestic Partners are covered on the same basis.

RCW 48.20.900, RCW 48.21.900, RCW 48.30.300, RCW 48.43.904, RCW 48.44.900,  
RCW 48.46.930

**Producers**

- Forms use the term Producer rather than Agent or Broker.

RCW 48.17.010(6), RCW 48.44.011, RCW 48.46.023

**Fraud Statement**

- Washington specific fraud language is included in the application form.

RCW 48.135.080

**The following does not apply.**

**Noninsurance Offerings by a Life Insurer**

- Applications including a life insurance option which offer noninsurance benefits are limited to the types of benefits allowed by law.

RCW 48.23.525(1), RCW 48.24.280(1)

**The following does not apply because the form is not web-based.**

**Customized Web-based Forms (you must complete the font size fields)**

- Font Size is submitted in \_\_\_pt font. Font is produced on website in \_\_\_pt font.
- Screen-shots of the actual web-based process which meets all of the above requirements have been filed under the Forms Schedule tab.

The information [i.e. screen shots, videos, etc] available to applicants via the following URL links are not filed. We certify they are not a part of the enrollment process:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- Forms have been reproduced in a John Doe Fashion with no personal information included. RCW 48.18.100(1), RCW 48.44.050, RCW 48.46.060(2), WAC 284-44A-010(4)(a)(i), WAC 284-44A-050, WAC 284-46A-010(4)(a)(i), WAC 284-46A(050), WAC 284-58-030, SERFF Filing General Instructions.

The customized web-based form meets the Electronic Signatures in Global and National Commerce Act (E-SIGN) protocol.

**Important:** This certification form must be signed by the Director of Compliance or an officer of the company.

By signing this document, I hereby certify that form # \_\_\_\_\_ has been reviewed for compliance and meets all of the above requirements.

\_\_\_\_\_  
Name/Title of Company Representative (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date