

Wyoming Insurance Department

Policy, Rate & Form Filing Requirements

Group Disability Income Insurance

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Updated August 2017

For **ALL** filings, the Wyoming Insurance Department requires the following documents to be completed:

[Wyoming Uniform Filing Procedure for All Regulated Insurance Coverage Certification Form.](#)

Wyoming Insurance Department	Statutes	http://legisweb.state.wy.us/NXT/gateway.dll?f=templates&fn=default.htm
Wyoming Insurance Department	Rules and Regulations	http://soswy.state.wy.us/Rules/default.aspx
Wyoming Insurance Department	Memoranda/Dept. Position	None
REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Requirements	W.S. §26-15-110	Filing requirements
Filing Fees		None
SERFF/Transmittal Letter	Wyoming Uniform Filing Procedure	All filings shall:
		Contain the company's name, address, NAIC number and company phone number.
		Have a "SUBJECT" line briefly describing filing type.
		Contain an itemized listing of each policy form and endorsement, including form number.
		Contain the name of individual responsible for the preparation of the filing.
		Contain a Certification of Compliance signed by an officer of the company, attorney or actuary.
"Red-Line" Documents	Department Position	Any filing that replaces or changes previously approved forms requires a "red-line" version of the document highlighting the proposed changes. "Red-Line documents are also required if changes are made due to Department objections to the filing.
Actuarial Memorandum	W.S. §26-15-111	Shall certify rates are reasonable in relation to the benefits provided.

Forms

Eligible Groups	W.S. § 26-19-102	Employer
		Trustee
		Association:
		Minimum of fifty (50) eligible persons.
		Organized and maintained in good faith for purposes other than that of obtaining insurance.
		Shall have been in existence for at least one (1) year.
		Shall have a constitution and by-laws and hold regular meetings.
		Debtor
		If covered person does not pay any part of premium, the policy shall include all eligible persons, except those who reject coverage in writing.

Out of State Policies	W.S. § 26-19-110	Groups other than the one provided for in W.S. § 26-19-102 shall be subject to the following requirements:
		Issuance of the policy is not contrary to the best interest of the public.
		Issuance of the policy would result in economies of acquisition or administration.
		The benefits are reasonable in relation to the premiums charged.
		The insurer possess and maintains required capital and surplus (W.S. § 26-3-108).
		A copy of the group master contract.
		A copy of the statute of the state where the group policy is issued that authorizes the issuance of the group policy.
		Evidence of the approval of the group policy in the state where the group policy is issued.
		Copies of all supportive material used by the insurer to secure approval of the group in the state where the group policy is issued.
Entire Contract Clause	W.S. § 26-19-107(a)(i)	The policy including endorsements constitute the entire contract between the parties.
Incontestability Clause	W.S. § 26-19-107(a)(ix)	The validity of the policy shall not be contested except for nonpayment of premiums after it has been in force for two (2) years from the date of issue.
Grace Period	W.S. § 26-19-107(a)(viii)	A grace period of thirty-one (31) days shall be granted for the payment of any premium due except the first, during which the policy shall continue in force.
Notice of Claim	W.S. § 26-19-107(a)(ii)	Written notice of claim shall be given to the insurer within twenty (20) days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible.
Furnishing Claim Forms	W.S. § 26-19-107(a)(iii)	The insurer, upon receipt of a notice of claim will furnish to the claimant the forms it usually furnishes for filing proofs of loss. If the forms are not furnished within fifteen (15) days after giving notice, the claimant is deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.
Proof of Loss	W.S. § 26-19-107(a)(iv)	Written proof of loss shall be furnished to the insurer within ninety (90) days after the date of loss. Failure to furnish proof within the time required does not invalidate nor reduce any claim if it is not reasonably possible to give proof within that time, provided the proof is furnished as soon as reasonably possible.
Time Payment of Claims	W.S. § 26-19-107(a)(v)	Indemnities payable under the policy for any loss are payable not more than forty-five (45) days after receipt of written proof of loss and supporting evidence.
Payment of Claims	W.S. § 26-19-107(a)(xiv)	If any indemnity of the policy is payable to the insured's estate, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay the indemnity, up to an amount not exceeding \$5,000, to any relative by blood or connection by marriage of the insured or beneficiary whom the insurer deems to be equitably entitled thereto.
Physical Examination and Autopsy	W.S. § 26-19-107(a)(vi)	The insurer at its own expense has the right to examine the person of the insured when and often as it reasonably requires during the pendency of a claim under the policy and to make an autopsy in case of death if it is not forbidden by law.
Legal Action	W.S. § 26-19-107(a)(vii)	No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty (60) days after written proof of loss is furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.
Misstatement of Age	W.S. § 26-19-107(a)(xii)	If the insured's age is misstated, a provision shall specify an equitable adjustment of premiums, benefits, or both and the method of adjustment to be used.
Pre-existing Condition Exclusions	W.S. § 26-19-107 (a)(xi)	Pre-existing condition exclusions or limitation shall not exclude coverage for a period beyond twelve (12) months following the individual's effective date of coverage and shall only relate to conditions for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage. "Prudent Person" language is not allowed, only exclusions related to actual medical advice, diagnosis, care or treatment was recommended or received.

Eligibility	W.S. § 26-19-107 (g)	<p>A policy of group disability insurance shall not establish rules for eligibility, including continued eligibility of any individual to enroll under the policy based on any of the following health status related factors in relation to the employee or an eligible dependent:</p> <ul style="list-style-type: none"> (i) Health status; (ii) Medical condition, including both physical and mental illness; (iii) Claims experience; (iv) Receipt of health care; (v) Medical history; (vi) Genetic information; (vii) Evidence of insurability, including conditions arising out of acts of domestic violence; (viii) Disability.
Proceeds Exempt From Creditors' Claims	W.S. § 26-15-131	<p>A policy of group disability insurance or the proceeds thereof payable to the individual insured or to the named beneficiary are not liable to be applied by any legal or equitable process to pay any debt or liability of the insured individual or his beneficiary or of any other person having right under the policy. The proceeds, when not made payable to a named beneficiary, or to a third person pursuant to a facility of payment clause, do not constitute a part of the insured individual's estate for the payment of his debts.</p> <p>This provision does not apply to group insurance issued pursuant to a creditor covering his debtors, to the extent that the proceeds are applied to payment of the obligation for the purpose of which the insurance is issued.</p>