

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
**MEDICARE SUPPLEMENT INSURANCE FORM CHECKLIST**

Checked or N/A	REVIEW REQUIREMENTS	REFERENCE	COMMENTS	Form & Page #'s
	<b>Policy Definitions and Terms</b>	<a href="#">3 AAC 28.430</a>	Certain terms, if used in the policy, are defined by regulation.	
	<b>Prohibited Policy Provisions</b>	<a href="#">3 AAC 28.440</a>	No duplication of Medicare benefits; no pre-ex limitation more restrictive than those of Medicare; no exclusions for specified diseases or conditions; policies labeled "Medigap" must conform to Medicare supplement regulations.	
	<b>Minimum Standards for Policies Issued Before 7/1/92</b>	<a href="#">3 AAC 28.450</a>	Minimum policy and certificate standards must be met as listed by regulation.	
	<b>Minimum Standards for Policies Issued on or After 7/1/92 and Before 6/1/10</b>	<a href="#">3 AAC 28.453</a>	Minimum policy and certificate standards must be met as listed by regulation.	
	<b>Minimum Standards for Policies Issued on or After 6/1/10</b>	<a href="#">3 AAC 28.454</a>	Minimum policy and certificate standards must be met as listed by regulation.	
	<b>Standard 1992 Medicare Supplement Plans</b>	<a href="#">3 AAC 28.455</a>	Benefit plans must be uniform in structure, language, designation and format to the standard benefit plans "A" through "L" in this section.	
	<b>Standard 2010 Medicare Supplement Plans</b>	<a href="#">3 AAC 28.456</a>	Benefit plans must be uniform in structure, language, designation and format to the standard benefit plans "A" through "N" in this section.	
	<b>Open Enrollment</b>	<a href="#">3 AAC 28.457</a>	Policies and certificates must be available to individuals who are both 65 years of age and are enrolled under Medicare Part B.	
	<b>Guaranteed Issue for Eligible Persons</b>	<a href="#">3 AAC 28.462</a>	Eligible persons must apply within 63 days of either the date enrollment is terminated or the date their health benefit plan is reduced.	
	<b>Standards for Claim Payment</b>	<a href="#">3 AAC 28.466</a>	Compliance with OBRA. Notification of payment determination as required.	
	<b>Filing and Approval of Policies, Certificates, and Premium Rates</b>	<a href="#">3 AAC 28.472</a>	No more than one form of a policy for each type of standard Medigap benefit plan may be filed except as noted.	
	<b>Required Disclosure Provisions</b>	<a href="#">3 AAC 28.490</a>	Renewal or continuation provisions are required. Requirements for outline of coverage are specified.	
	<b>Requirements for Application Forms and Replacement Coverage</b>	<a href="#">3 AAC 28.500</a>	This sub-section requires certain statements and questions to be used.	
	<b>Standards for Marketing</b>	<a href="#">3 AAC 28.504</a>	A prominent "Notice to buyer" statement required.	
	<b>Prohibitions in Replacement Policies or Certificates</b>	<a href="#">3 AAC 28.507</a>	No preexisting condition limitations, waiting periods, elimination periods, or probationary periods are permitted in replacement policies.	

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	<b>Prompt Payment of Claims</b>	<a href="#">AS 21.36.495</a>	Claims must be paid or denied within 30 days after receipt of a clean claim.	
	<b>INDIVIDUAL POLICIES</b>			
	<b>Claim Forms</b>	<a href="#">AS 21.51.090</a>	Proof of loss forms must be provided within 10 working days after receipt of notice of claim.	
	<b>Guaranteed Issue</b>	<a href="#">3 AAC 28.462 (c)(1)</a>	The right of guaranteed issue extends to individuals over age 65 who postpone enrolling in Medicare Part B due to existing coverage through employee welfare benefit plans.	