

## Group Health Discretionary Group Checklist

### Use this checklist

- When reviewing group health discretionary products and policies.
- To ensure the product or policy meets requirements as listed in the Texas Insurance Code (TIC), the Texas Administrative Code (TAC), department guidelines, and other laws.
- Use in addition to, not in lieu of, the "[Group Health Products Requirements](#)" checklist.
- When filing out this checklist use the "Page" field to enter the page number or reference location.

### Filing Requirements

- The definition of discretionary group in [TIC Section 1251.056](#) is not intended to bypass or circumvent the requirements of other defined groups.
- All discretionary groups must have commonality of membership.

### If the filing is issued in Texas

The forms are reviewed for approval or disapproval – [TIC Section 1701.054](#)

### If the filing is issued in another state

The forms are reviewed for approval or disapproval – [TIC Section 1701.054](#)

Page \_\_\_\_\_ : The group and the forms must have been approved by another state with the same or similar discretionary group laws as Texas – [TIC Section 1251.056\(b\)](#)

Page \_\_\_\_\_ : Provide documentation that was furnished to the other state for review. - [TIC Section 1251.056\(b\)](#)

Page \_\_\_\_\_ : Provide a copy of the other state's discretionary group law. – [TIC Section 1251.056\(b\)](#)

Page \_\_\_\_\_ : Provide evidence of approval in that state.- [TIC Section 1251.056\(b\)](#)

Page \_\_\_\_\_ : Provide certification by an officer of the company that the filing is made under [TIC Section 1251.056](#) and approval has been granted in another state with the same or similar discretionary group law as Texas. Include the following statements:

- The certifying officer has reviewed or supervised the preparation of the forms and to the best of his knowledge, information, and belief
- the information provided is correct and complete,
- the forms comply with all Texas laws and rules that expressly apply to any certificate or coverage issued in Texas, and the forms are not deceptive or misleading.

Page \_\_\_\_\_ : Use of the forms will be discontinued in the event of future changes in laws or rules which would prohibit use of such forms

**For both categories - issued in Texas and issued in another state**

Page \_\_\_\_\_ : The policyholder cannot be variable and must be group specific.

Page \_\_\_\_\_ : The filing must include any applicable trust agreements and application and enrollment forms.

**For the group to be considered for discretionary approval, the following must be provided – [TIC Section 1251.056\(a\)](#)**

Page \_\_\_\_\_ : Evidence that issuance of the group policy is not contrary to the best interest of the public

Page \_\_\_\_\_ : Documentation to support that issuance of the policy would result in economies of acquisition or administration, and

Page \_\_\_\_\_ : Certification by a qualified actuary that the benefits are reasonable in relation to the premiums charged.

Page \_\_\_\_\_ : The premium for the policy must be paid from the policyholder's funds, funds contributed by the covered persons, or both – [TIC Section 1251.056\(c\)](#)