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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H03I |
| Individual Accidental Death & Dismemberment |
| Revised – 11/21/2019 |
| Carriers must confirm compliance and IDENTIFY the LOCATION (Form number, Page number, Section, Paragraph, etc.) of the standard in the form in the last column. Any response of N/A requires that a carrier explain why the requirement is not applicable. |
| This checklist is intended to provide a summary of State and Federal requirements for the TOI listed above. Please see the laws/rules referenced in the checklist below for the full requirement. |

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| **REVIEW REQUIREMENTS** | **REFERENCES** |  | **COMPLIANCE** |
| **GENERAL SUBMISSION REQUIREMENTS** |  |  |  |
| Electronic (SERFF) Filing Requirements: | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(2) [Bulletin 360](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdf) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See http://www.serff.com. |  |
| FILING FEES | [Title 24-A § 601](https://legislature.maine.gov/statutes/24-A/title24-Asec601.html) (17) | $20.00 for Rate filings, rating rules filings, insurance policy, forms, riders, endorsements and certificates. See General Instructions page in SERFF for additional information on filing fee structure. Filing fees must be submitted by EFT in SERFF at the time of submission of the filing. All filings require a filing fee unless specifically excluded per 24-A M.R.S.A. §4222(1), and/or are a required annual report. |  |
| Grounds for disapproval | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [Title 24-A § 2441](https://legislature.maine.gov/statutes/24-A/title24-Asec2441.html) | Minimum of 50.  Riders, endorsements, applications all must be scored. They may be scored either individually or in conjunction with the policy/certificate to which they will be attached. Exceptions: Federally mandated forms/language, Groups > 1000, Group Annuities as funding vehicles. Scores must be entered on form schedule tab in SERFF. |  |
| Variability of Language | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)  [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Forms with variable bracketed information must include all the possible language that might be placed within the brackets. The use of too many variables will result in filing disapproval as Bureau staff may not be able to determine whether the filing is compliant with Maine laws and regulations. |  |
| **GENERAL POLICY PROVISIONS** |  |  |  |
| Age Limit | [Title 24-A § 2735](https://legislature.maine.gov/statutes/24-A/title24-Asec2735.html) | If policy contains a provision establishing, as an age limit or otherwise, a date after which the coverage provided by the policy will be not effective, and if such date falls within a period for which premium is accepted by the insurer or if the insurer accepts a premium after such date, the coverage provided by the policy will continue in force, subject to any right of termination, until the end of the period for which premium has been accepted. In the event that the age of the insured has been misstated and if, according to the correct age of the insured, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such premium, then the liability of the insurer shall be limited to the refund, upon request, of all premiums paid for the period not covered by the policy. |  |
| AIDS | [Title 24-A § 2750](https://legislature.maine.gov/statutes/24-A/title24-Asec2750.html) | May not provide more restrictive benefits for expenses resulting from Acquired Immune Deficiency Syndrome (AIDS) or related illness. |  |
| Change of Beneficiary | [Title 24-A § 2716](https://legislature.maine.gov/statutes/24-A/title24-Asec2716.html) | The following must be included: Unless the insured makes an irrevocable beneficiary, the right to change the beneficiary is reserved to the insured and the consent of the beneficiaries is not required to surrender, assign, or change the beneficiary, or to any other changes in the policy. |  |
| Death with Dignity | [Title 22 § 2140](https://legislature.maine.gov/statutes/22/title22sec2140.html)(19) | The sale, procurement or issuance of any health or accident insurance or the rate charged for any health or accident policy may not be conditioned upon or affected by the making or rescinding of a request by a qualified patient for medication that the patient may self-administer to end the patient's life in accordance with the Maine Death With Dignity Act. |  |
| Designation of Classification of Coverage | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6 | The heading of the cover letter of any form filing subject to this rule shall state the category of coverage set forth in [Title 24-A § 2694](https://legislature.maine.gov/statutes/24-A/title24-Asec2694.html) that the form is intended to be in. |  |
| Entire contract - Changes | [Title 24-A § 2705](https://legislature.maine.gov/statutes/24-A/title24-Asec2705.html) | The following must be included: Entire contract; changes: This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions. |  |
| Examination, autopsy | [Title 24-A § 2714](https://legislature.maine.gov/statutes/24-A/title24-Asec2714.html)  [Title 24-A § 2826](https://legislature.maine.gov/statutes/24-A/title24-Asec2826.html) | The following must be included:  Physical examination and autopsy: The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law. |  |
| Explanations for any Exclusion of Coverage for work related sicknesses or injuries | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | If the policy excludes coverage for work related sicknesses or injuries, clearly explain whether the coverage is excluded if the enrollee is exempt from requirements from state workers compensation requirements or has filed an exemption from the workers compensation laws. |  |
| Format of Policy | [Title 24-A § 2703](https://legislature.maine.gov/statutes/24-A/title24-Asec2703.html) | Time, place, and amount of premium payment required, Effective and Termination Date required, Name of Insured(s) required. Each form, including riders and endorsements, which comprise the contract, shall be identified by a form number in the lower left hand corner of the first page thereof. |  |
| General Outline of Coverage Requirements | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) Sec. 7(B) | This subsection contains general requirements and disclosures for Outlines of Coverage. |  |
| Genetic Information Protections | [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159-C.html)-C(3)  [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159.html)-C(4) | An insurer may not make or permit any unfair discrimination against an individual in the application of genetic information or the results of a genetic test in the issuance, withholding, extension or renewal of an insurance policy. An insurer may not request, require, purchase or use information obtained from an entity providing direct-to-consumer genetic testing without the informed written consent of the individual who has been tested. |  |
| Grace Period | [Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707.html) | The policy must include a “Grace period” of not less than 7 days for weekly premium, 10 days for monthly premium, and 31 days for all other policies. |  |
| Intoxicants and narcotics | [Title 24-A § 2728](https://legislature.maine.gov/statutes/24-A/title24-Asec2728.html)  [Title 24-A § 2829](https://legislature.maine.gov/statutes/24-A/title24-Asec2829.html)(3) | Policies cannot contain the following provision: “2728 and narcotics. The insurer is not liable for any loss sustained or contracted in consequence of the insured’s being intoxicated or under the influence of any narcotic or of any hallucinogenic drug, unless administered on the advice of a physician.” |  |
| Legal Actions | [Title 24-A § 2715](https://legislature.maine.gov/statutes/24-A/title24-Asec2715.html) | There shall be a provision as follows:  Legal actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished. |  |
| Limitations and Exclusions | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5(E) | A policy shall not limit or exclude coverage except as provided in this subsection. |  |
| Misstatement of age | [Title 24-A § 2720](https://legislature.maine.gov/statutes/24-A/title24-Asec2720.html) | f the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. |  |
| Probationary or Waiting Periods Not Allowed | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5(A) | Accident policies shall not contain probationary or waiting periods. |  |
| Proof of loss | [Title 24-A § 2711](https://legislature.maine.gov/statutes/24-A/title24-Asec2711.html) | The following must be included: Proofs of loss: Written proof of loss must be furnished to the insurer at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. |  |
| Rebates | [Title 24-A § 2160](https://legislature.maine.gov/statutes/24-A/title24-Asec2160.html)  [Title 24-A § 2163-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2163-A.html)  [Bulletin 426](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/426.pdf)  [Bulletin 382](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/382.pdf) | Are there any provisions that give the insured a benefit not associated with indemnification or loss? Yes \_\_\_No \_\_\_ |  |
| Reinstatement | [Title 24-A § 2708](https://legislature.maine.gov/statutes/24-A/title24-Asec2708.html) | There shall be a provision that if any renewal premium be not paid within the time granted the insured for payment, a subsequent acceptance of premium by the insurer or by any agent duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy. |  |
| Required disclosure statements on policies/certificates | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(9)  [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(10) | See this section for required disclosure statements to be placed prominently on the first page of the policy/certificate.(9) All accident-only policies and certificatesShall contain a prominent statement on the firstpage of the policy or certificate, in eithercontrasting color or in boldface type at least equalto the size of type used for headings or captionsof sections in the policy or certificate, aprominent statement as follows:“Notice to Buyer: This is an accident-only [policy][certificate] and it does not pay benefits for loss from sickness. Review your [policy][certificate] carefully.”Accident-only [policies][certificates] that provide coverage for hospital or medical care shall contain the following statement in addition to the Notice to Buyer above: “This [policy][certificate] provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.”(10) All individual policies, except nonrenewable accident policies, shall have a notice prominently printed on the first page of the policy or certificate or attached to it stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within ten days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the policyholder or certificateholder is not satisfied for any reason. Ten days is a minimum; longer periods are permitted. |  |
| Right to Examine and Return Policy ("free look period") | [Title 24-A § 2717](https://legislature.maine.gov/statutes/24-A/title24-Asec2717.html) | The policy, or a separate rider attached thereto when delivered, must include a provision stating that the person being issued the policy must be permitted to return the policy within 10 days of delivery to such person and to have a refund of premium paid if not satisfied with the policy for any reason after examining it. The policy may be returned to the insurer at its home or branch office to the agent through whom it was applied for, and shall be void from the beginning, as if the policy had not been issued.  The provision must be under an appropriate caption in the policy, and if it’s not printed on the face page, adequate notice of the provision must be printed or stamped conspicuously on the face page. |  |
| Third Party Ownership | [Title 24-A § 2731](https://legislature.maine.gov/statutes/24-A/title24-Asec2731.html) | A person other than the insured with proper insurable interest may make application for and own a policy covering the insured and may be entitled to any indemnities, benefits, and rights provided therein. |  |
| Time Limit on Certain Defenses | [Title 24-A § 2706](https://legislature.maine.gov/statutes/24-A/title24-Asec2706.html) | After 3 years from the date of issue of policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability, commencing after the expiration of such 3-year period. |  |
| Time of Payment of Claims | [Title 24-A § 2712](https://legislature.maine.gov/statutes/24-A/title24-Asec2712.html) | The policy must contain the following provision: Time of payment of claims: Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment, will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid (insert period for payment which must not be less frequently than monthly) and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof. |  |
| **CLASSIFICATION OF COVERAGE, DISCLOSURE, AND MINIMUM STANDARDS –** [**RULE 755**](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) |  |  |  |
| Accident, Accidental Injury, Accidental Means, Definition of | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 4(C) | Shall be defined to employ “result” language and shall not include words that establish an accidental means test or use words such as “external, violent, visible wounds” or similar words of description or characterization. The definition shall not be more restrictive than the following: “accident,” “accidental injury,” or “accidental means” means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided and that occurs while the insurance is in force. |  |
| Accident-Only Coverage (Outline of Coverage) | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(J) | An outline of coverage in the form prescribed below shall be issued in connection with policies meeting the standards of Section 6(I) of this rule. The items included in the outline of coverage must appear in the sequence prescribed:[COMPANY NAME]ACCIDENT-ONLY COVERAGETHIS [POLICY][CERTIFICATE] PROVIDES LIMITED BENEFITSBENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSESOUTLINE OF COVERAGE(1)Read Your [Policy][Certificate] Carefully—This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY][CERTIFICATE] CAREFULLY!(2)Accident-only coverage is designed to provide coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for medical expenses.(3)[A brief specific description of the benefits. The description of benefits shall be stated clearly and concisely, and shall include a description of any deductible or copayment provision applicable to the benefits described. If benefits vary according to the type of accidental cause, the outline of coverage shall prominently set forth the circumstances under which benefits are payable that are less than the maximum amount payable under the policy.](4)[A description of any policy provisions that exclude, eliminate, restrict, reduce, limit, delay, or, in any other manner, operate to qualify payment of the benefits described in Paragraph (3) above.](5)[A description of policy provisions respecting renewability or continuation of coverage, including age restrictions or any reservations of right to change premiums.] |  |
| General Rules for Minimum Standards | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6(A) | The requirements set forth in this section are in addition to any other requirements contained in any other applicable statutes and rules including, but not limited to, Title 24-A Chapters 27, 32, 33, 35, 36 and 56-A and Rules 140, 320, 330, 360, 530, 590, 600, 850 and 940. |  |
| Minimum Standards for “Accident Only Coverage” and “Specified Accident Coverage” | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6(I) | “Accident only coverage” is a policy that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by accident. Accidental death and double dismemberment amounts under the policy shall be at least $2,000 and a single dismemberment amount shall be at least $1,000. |  |
| Renewal, Continuation, or Nonrenewal Provisions | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(4) | Each policy of individual health insurance and group health insurance shall include a renewal, continuation, or nonrenewal provision. The language or specification of the provision shall be consistent with the type of contract to be issued. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state the duration, where limited, of renewability and the duration of the term of coverage for which the policy is issued and for which it may be renewed. |  |
| **ELIGIBILITY / ENROLLMENT** |  |  |  |
| Dependent children with mental or physical illness | [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742-A.html)-A PHSA § 2728([45 CFR § 147](https://www.ecfr.gov/cgi-bin/text-idx?SID=985c38eeddaa13128929637cc7ec919e&pitd=20180719&node=pt45.1.147&rgn=div5#se45.1.147_1145).145) | Requires health insurance policies to continue coverage for dependent children up to 24 years of age who are unable to maintain enrollment in college due to mental or physical illness if they would otherwise terminate coverage due to a requirement that dependent children of a specified age be enrolled in college to maintain eligibility. Issuer cannot terminate coverage of dependent student due to a medically necessary leave of absence before: The date that is 1 year after the first day of the leave; or The date on which coverage would otherwise terminate under the terms of the coverage. “Medically necessary leave of absence” means: a leave of absence or change of enrollment of a dependent child from a post-secondary education institution that: Commences while the child is suffering from a serious illness or injury; Is medically necessary; and Causes the child to lose student status for purposes of coverage under the terms of coverage. Issuer must include with any notice regarding a requirement for certification of student status for coverage, a description of the terms for continued coverage during medically necessary leaves of absence. |  |
| **CLAIMS** |  |  |  |
| Calculation of health benefits based on actual cost | [Title 24-A § 2185](https://legislature.maine.gov/statutes/24-A/title24-Asec2185.html) | If the insurer has negotiated discounts with providers, the insurer must provide for the calculation of all covered health benefits, including without limitation all coinsurance, deductibles and lifetime maximum benefits, on the basis of the net negotiated cost and must fully reflect any discounts or differentials from charges otherwise applicable to the services provided. With respect to policies involving risk-sharing compensation arrangements, net negotiated costs may be calculated at the time services are rendered on the basis of reasonably anticipated compensation levels and are not subject to retrospective adjustment at the time a cost settlement between a provider and the insurer or organization is finalized. |  |
| Claim Forms | [Title 24-A § 2710](https://legislature.maine.gov/statutes/24-A/title24-Asec2710.html) | The policy must include the “Claim forms” provision set forth in Section 2710. |  |
| Explanations Regarding Deductibles | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | All policies must include clear explanations of all of the following regarding deductibles: Whether it is a calendar or policy year deductible. Clearly advise whether non-covered expenses apply to the deductible. Clearly advise whether it is a per person or family deductible or both. |  |
| Notice of claim | [Title 24-A § 2709](https://legislature.maine.gov/statutes/24-A/title24-Asec2709.html) | There shall be a provision that written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at (insert the location of such office as the insurer may designate for the purpose), or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.  In a policy providing a loss-of-time benefit which may be payable for at least 2 years, an insurer may, at its option, add additional language to the required “Notice of claim” provision, as provided in Section 2709. |  |
| Payment of Claims | [Title 24-A § 2713](https://legislature.maine.gov/statutes/24-A/title24-Asec2713.html) | The policy must include the “Time of payment of claims” provision set forth in Section 2713. |  |
| **Optional Policy Provisions 24-A M.R.S.A. §2718**  **Except as provided in section 2704, subsection 2, no such policy delivered or issued for delivery to any person in this State shall contain provisions respecting the matters set forth in sections 2719 to 272** |  |  |  |
| Change of Occupation | [Title 24-A § 2719](https://legislature.maine.gov/statutes/24-A/title24-Asec2719.html) | There may be a provision as follows: Change of occupation: If the insured be injured or contract sickness after having changed his occupation to one classified by the company as more hazardous than that stated in this policy or while doing for compensation anything pertaining to an occupation so classified, the insurer will pay only such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits fixed by the insurer for such more hazardous occupation. If the insured changes his occupation to one classified by the insurer as less hazardous than that stated in this policy, the insurer, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess pro rata unearned premium from the date of change of occupation or from the policy anniversary date immediately preceding receipt of such proof, whichever is the more recent. In applying this provision, the classification of occupational risk and the premium rates shall be such as have been last filed by the insurer prior to the occurrence of the loss for which the insurer is liable or prior to date of proof of change in occupation with the state official having supervision of insurance in the state where the insured resided at the time this policy was issued; but if such filing was not required, then the classification of occupational risk and the premium rates shall be those last made effective by the insurer in such state prior to the occurrence of the loss or prior to the date of proof of change in occupation. |  |
| Conformity with state statutes | [Title 24-A § 2726](https://legislature.maine.gov/statutes/24-A/title24-Asec2726.html) | There may be a provision as follows: Conformity with state statutes: Any provision of this policy which, on its effective date is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes. |  |
| Illegal occupation | [Title 24-A § 2727](https://legislature.maine.gov/statutes/24-A/title24-Asec2727.html) | There may be a provision as follows: Illegal occupation: The insurer shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation. |  |
| Insurance with other insurers, provision of service or expense incurred basis. | [Title 24-A § 2722](https://legislature.maine.gov/statutes/24-A/title24-Asec2722.html) | 1.    There may be a provision as follows: Insurance with other insurers: If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which this insurer has not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss of which this insurer had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.  2.    If the foregoing policy provision is included in a policy which also contains the policy provision set out in section 2723 there shall be added to the caption of the foregoing provision the phrase "-- expense incurred benefits." The insurer may, at its option, include in this provision a definition of "other valid coverage," approved as to form by the superintendent, which definition shall be limited in subject matter to coverage provided by organizations subject to regulation by insurance law or by insurance authorities of this or any other state of the United States or any province of Canada, and by hospital or medical service organizations, and to any other coverage the inclusion of which may be approved by the superintendent. In the absence of such definition such term shall not include group insurance, automobile medical payments insurance, or coverage provided by hospital or medical service organization or by union welfare plans or employer or employee benefit organizations. For the purpose of applying the foregoing policy provision with respect to any insured, any amount of benefit provided for such insured pursuant to any compulsory benefit statute, including any workers' compensation or employer's liability statute, whether provided by a governmental agency or otherwise shall in all cases be deemed to be "other valid coverage" of which the insurer has had notice. In applying the foregoing policy provision no third party liability coverage shall be included as "other valid coverage." |  |
| Overinsurance in Accident Policies – Same Insurer | [Title 24-A § 2721-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2721-A.html) | Whenever accident policies are effective immediately upon purchase, there may be a provision as follows: "If an accident policy or policies previously issued by the insurer to the insured be in force concurrently herewith making the aggregate indemnity for (insert type of coverage or coverages) in excess of $ (insert maximum limit of indemnity or indemnities) the excess shall be void and all premiums for such excess shall be returned to the insured or to his estate." |  |
| Relation of earnings to insurance | [Title 24-A § 2724](https://legislature.maine.gov/statutes/24-A/title24-Asec2724.html) | There may be a provision as follows: If the total monthly amount of loss of time benefits promised for the same loss under all valid loss of time coverage upon the insured, whether payable on a weekly or monthly basis, shall exceed the monthly earnings of the insured at the time disability commenced or the average monthly earnings for the period of 2 years immediately preceding a disability for which claim is made, whichever is the greater, the insurer will be liable only for such proportionate amount of such benefits under this policy as the amount of such monthly earnings or such average monthly earnings of the insured bears to the total amount of monthly benefits for the same loss under all such coverage upon the insured at the time such disability commences and for the return of such part of the premiums paid during such 2 years as shall exceed the pro rata amount of the premiums for the benefits actually paid hereunder; but this shall not operate to reduce the total monthly amount of benefits payable under all such coverage upon the insured below the sum of $200 or the sum of the monthly benefits specified in such coverages, whichever is the lesser, nor shall it operate to reduce benefits other than those payable for loss of time. The foregoing policy provision may be inserted only in a policy which the insured has the right to continue in force subject to its terms by the timely payment of premiums (A.) until at least age 50 or, (B.) in the case of a policy issued after age 44, for at least 5 years from its date of issue. The insurer may, at its option, include in this provision a definition of "valid loss of time coverage", approved as to form by the superintendent, which definition shall be limited in subject matter to coverage provided by governmental agencies or by organizations subject to regulation by insurance law or by insurance authorities of this or any other state of the United States or any province of Canada, or to any other coverage the inclusion of which may be approved by the superintendent or any combination of such coverages. In the absence of such definition such term shall not include any coverage provided for such insured pursuant to any compulsory benefit statute, including any workers' compensation or employer's liability statute, or benefits provided by union welfare plans or by employer or employee benefit organizations. |  |
| Unpaid premiums | [Title 24-A § 2725](https://legislature.maine.gov/statutes/24-A/title24-Asec2725.html) | There may be a provision as follows: Unpaid premium: Upon the payment of a claim under this policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom. |  |