



Examples of forms that are not compliant include, **but are not limited to**, the following situations:

- Use of any forms in New Mexico which have not received the Superintendent's approval.
- Coverage which does not meet the criteria of an "Excepted Benefit" under 45 CFR 148.220 and CFR 146.145, but does not comply with requirements of 42 USC §300gg et seq.
- Use of health forms (either as a supplement to other coverage or stand-alone coverage) for which rates have not been approved by the Superintendent.
- Forms utilized by Trusts & Associations in which the rates do not comply with Adjusted Community Rating
- Failure to include all applicable statutory mandates set forth in New Mexico law.
- Failure to file with OSI all riders, endorsements, and amendments that are intended to bring a policy into compliance with state or federal statutes and regulations.
- Forms which were "administratively" changed by a carrier without notification and approval by OSI (This does not include forms revised for typographical errors, or changes in font).
- Failure to comply with an OSI Bulletin. (For example, *see* Bulletin 2016-010 pertaining to the mandatory *ACA Excepted Benefit Disclosure*.)
- Failure to obtain approval for an individual policy to satisfy the conversion provision contained in a group policy/certificate.
- Failure to obtain approval by the Superintendent of the underlying policy/certificate and/or advertising materials prior to solicitation in this state.
- Failure to provide dependent coverage through the minimum age as specified in the Insurance Code
- The threatening of penalties, penalization or reduction of benefits
- Policy documents containing binding arbitration language.
- Incorrect placement of health questions in Medicare Supplement applications, not required to be answered by applicants during Open Enrollment or Guaranteed Issue period.
- Noncompliance with the MIB/Non-public personal information authorization time-frame.
- Use of self-diagnosis questions on applications, either in addition to, or in lieu of, provider-diagnosis questions.