

Review Requirements Checklist Addendum
PRENEED FUNERAL PRODUCTS

The form requirements for a preneed funeral contract are the same as for any other life insurance and annuity product with the exception of the additional requirements set forth in this checklist. Please see the appropriate checklist for the product being filed. For example, if you are filing a whole life policy, you will also need to refer to the “**Individual Life**” checklist.

| REVIEW REQUIREMENTS | REFERENCES | COMMENTS |
|---|-----------------|---|
| General Filing Requirements | | |
| Definition | § 38.2-3100.3 A | The life insurance policy or annuity contract must meet the definition of a “preneed funeral contract”. |
| Death Benefit - Face Amount Adjustments | § 38.2-3100.3 B | Each policy, contract and certificate issued in connection with a group policy or contract issued for delivery in Virginia shall include a provision specifying the means by which face amount adjustments will be made and benefits payable upon death will be adjusted, according to § 54.1-2820 C, when such a policy or contract will be used to fund a preneed funeral contract. |
| Disclosure | § 38.2-3100.3 C | Each insurer proposing to issue an individual or group policy or contract for purposes of funding preneed funeral contracts shall clearly disclose the intended purpose and market when submitting the forms with the Commission for approval, in accordance with § 38.3-316. |

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:

<http://www.scc.virginia.gov/boi/laws.aspx>

The Forms and Rates Section of the Life and Health Division reviews preneed funeral contracts. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached preneed funeral filing and determined that it is in compliance with the preneed funeral checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____