

South Carolina Department of Insurance Consolidated Certification of Compliance Statement

THIS DOCUMENT IS A CONSOLIDATED CERTIFICATION OF COMPLIANCE FORM. PLEASE READ CAREFULLY TO MAKE SURE THAT ALL STATEMENTS ARE ACCURATE BEFORE SIGNING THIS CONSOLIDATED CERTIFICATION OF COMPLIANCE STATEMENT.

I, _____, _____, of _____
(Individual's Name) (Position/Title) (Entity Name)

BY SIGNING THIS DOCUMENT, DO HEREBY AFFIRM, ATTEST AND CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF MY COMPANY AND THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AS IT RELATES TO THE FILING, AND ANY RELATED SUBMISSIONS, FOR WHICH THIS CERTIFICATION IS SUBMITTED AND FURTHER AFFIRM, CERTIFY AND ATTEST THAT THE FILING, AND ANY RELATED SUBMISSIONS FOR WHICH THIS CERTIFICATION IS SUBMITTED, COMPLIES WITH APPLICABLE LAW. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSE STATEMENT OR WILFUL MISSTATEMENT OF FACTS CONSTITUTES A VIOLATION OF LAW WHICH MAY SUBJECT MY COMPANY AND ME TO CIVIL, ADMINISTRATIVE AND CRIMINAL PENALTIES.

1. **Certification of Compliance with ACA:** I have reviewed, or supervised the review of, the policy forms, endorsements, and amendments contained in this filing, and any previously approved policy form that the company seeks to continue to utilize as outlined in this filing, and, to the best of my knowledge and belief, each is in compliance with the Patient Protection and Affordable Care Act (ACA) including any interim or final rules or published guidance, as applicable, and any applicable South Carolina statutes, South Carolina regulations, and South Carolina bulletins and will be revised or discontinued as appropriate in the event of future changes in applicable South Carolina or Federal statutes, regulations, or bulletins;
2. **Network Adequacy Certification:** I have reviewed, or supervised the review of, the Network Adequacy Procedures found in Appendix C of Department Bulletin 2013-04 and our network plan meets these standards and any applicable federal standards relative to provider networks;
3. **Certification for QHP Applications Submitted in HIOS and SERFF:** Each QHP application submitted in the Health Insurance Oversight System (HIOS) for a proposed product offering in South Carolina has, or will have, a corresponding binder submission in the System for Electronic Rate and Form Filing (SERFF) Plan Management system and all state-required submission items are identical in form and content to the item as submitted in the federal submission and any subsequent changes, modifications, or amendments to the QHP application in HIOS will be made to the corresponding binder in SERFF within twenty-four hours of the initial change ensuring the corresponding submissions in HIOS and SERFF remain identical in form and content at all times, such that the templates and supporting documents submitted in SERFF Plan Management are identical to the templates and supporting documents submitted in HIOS;
4. **Certification for Rate Review Submissions in HIOS and SERFF:** Each rate filing submitted in the System for Electronic Rate and Form Filing (SERFF) that is subject to the federal single risk pool requirements has, or will have, a corresponding submission in the HIOS Unified Rate Review

Module (URR) system and all state-required submission items are identical in form and content to the item as submitted in the federal submission and any subsequent changes, modifications, or amendments to the rate filing in SERFF will be made to the URR submission in HIOS within twenty-four hours of the initial change ensuring the corresponding submissions in HIOS and SERFF remain identical in form and content at all times, such that the templates and supporting documents submitted in the SERFF filing are identical to the templates and supporting documents submitted in HIOS;

5. **Certification of Template Accuracy:** I have reviewed, or supervised the review of, templates submitted in SERFF or HIOS and certify that they are accurate to the best of my knowledge, and that each template accurately reflects the benefits, exclusions, limitations, and rates contained in any related SERFF form/rate filing as applicable and if a discrepancy or conflict is subsequently discovered to exist between a template(s) in HIOS or SERFF and its corresponding form/rate filing in HIOS or SERFF, then the language most favorable to the insured shall control until such time the filing is amended;
6. **Accurate Representation of Policy:** Any and all materials, information, and documents purporting to summarize or explain a policy's content, including, but not limited to, the Schedule of Benefits, Outline of Coverage and Summary of Benefits and Coverage, will accurately describe the terms and conditions of the policy in every respect;
7. **Certificate of Readability:** Documents included with this filing meet the minimum Flesch Reading Ease score required by South Carolina Code of Regulations Annotated (Regulation) 69-5.1 and the only language excepted from this requirement is that language permitted by Regulation 69-5.1D(2)(f)(1) and (2); and
8. **Certificate of Compliance:** Each policy form contained in this filing, and any previously approved policy form that the company indicates it will continue to utilize, is compliant with applicable South Carolina statutes, regulations, bulletins, and federal requirements. These forms will be revised, or discontinued, as appropriate in the event of future changes in South Carolina statutes, regulations, bulletins, or federal requirements.

(Officer Signature*)

(Officer's Printed Name)

(Date)

(Officer's Title)

**If the individual signing this attestation and certification is not the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel, or an actuary that is also a corporate officer, documentation must be included that shows this individual has been appointed as an officer of the entity by the Board of Directors.*