

**STATE OF CONNECTICUT – INSURANCE DEPARTMENT
REQUEST FOR RESCISSION, CANCELLATION OR LIMITATION OF A HEALTH
INSURANCE POLICY**



Submit to:
Connecticut Insurance Department
ATTN: Legal Division
P.O. Box 816 • Hartford, CT 06142-0816
153 Market Street • Hartford, CT 06103 (OVERNIGHT MAIL ONLY)
(860) 297-3811

INSURANCE CARRIER OR HEALTH CARE CENTER

Name: _____ NAIC #: _____

Address: _____

Contact Person: _____ Phone: (____) _____

INSURED INFORMATION

Insured Name: _____ Department Name: _____

Address: _____

Insured Insurance ID #: _____ Group Policy (submit certificate) Individual Policy

Insurance Policy # _____ Effective Date of Policy: _____

IMPORTANT INFORMATION

- 1. This form must be completed and submitted where there is a rescission of a group health certificate under a group policy**
- 2. No policy may be rescinded more than two years after the effective date**

THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION. YOUR REQUEST WILL NOT BE ACCEPTED FOR REVIEW UNLESS ALL ITEMS BELOW ARE INCLUDED. IF REJECTED AS INCOMPLETE, THE APPLICATION WILL NEED TO BE RESUBMITTED IN FULL

1. A letter to the Commissioner from the above named contact, describing in detail, the reason for rescission, cancellation or limitation.
2. A copy of the application for insurance, and any amendments, completed by the applicant or applicant's representative. This includes transcripts of any conversations leading to oral underwriting agreements/amendments. (if no amendments or transcripts, so indicate.)
3. A copy of the insurance policy or certificate of coverage, that defines all benefits and provisions, (Summary of Benefits is not acceptable)
4. A copy of all medical records received and reviewed in relation to this application for rescission, cancellation or limitation.
5. A copy of all correspondence between the carrier/health care center and the insured or insured's representative related to the application for rescission, cancellation or limitation.
6. A copy of the notice to the insured, or the insured's representative, including a copy of this application for rescission, provided to the insured or the insured's representative along with the return receipt of the registered mail delivery.
7. **DO NOT SUBMIT YOUR PROPRIETARY UNDERWRITING MANUAL OR INTERNAL UNDERWRITING GUIDELINES; if necessary to reference underwriting guidelines, do so in narrative form**

