



**Vermont Department of Financial Regulation**  
**Supplemental Health Care Compliance Certification**  
(Required for Form Filings Only)

Insurer: \_\_\_\_\_

SERFF Tracking Number: \_\_\_\_\_

I, \_\_\_\_\_, am employed by the above-referenced Insurer and am authorized to make this certification on its behalf. I do hereby certify that I have reviewed the current Vermont laws, Regulations and Bulletins applicable to this product. I further certify that I have reviewed the list of Recurring Issues for supplemental health care products in the Rates and Forms section of the [Department's website](#), also located in the [SERFF Filing Instructions](#) webpage. To my knowledge and belief, I hereby certify that the contents of this filing are compliant with such laws, rules, regulations, bulletins and with the list of recurring issues for this line.

I understand that the Department will rely on this certification in reviewing this filing. I further understand that should it be determined that the product filing does not comply with the applicable, laws, rules, regulations, bulletins and other Vermont filing requirements, or that this certification is false, misleading, or incorrect, any non-compliant policy provisions will have no legal effect and will be unenforceable, and the Department may take appropriate action, including rejection of this filing, if still pending, and any other action under the applicable provisions of the Insurance Trade Practices Act or Vermont law.

Signature of Authorized Representative Certifying on Behalf of the Insurer:

\_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_