

## Advertisements

All sections of the form must be accurately and truthfully completed. Blank responses will result in filing disapproval. If the insurer provides inaccurate or untruthful information the insurer may be subject to a market conduct investigation and referral for enforcement consideration. The Division of Financial Regulation may use this information during other, related market conduct investigations.

**Important 5 Year Resubmission:** If the policy or certificate for the product being advertised was last approved more than five years prior to the submission of this advertisement filing your company may be required to refile the base product. If any of the following apply to the base product the company will be required to refile *prior to marketing approval*.

- Endorsements have been used to comply with changes in state or federal regulation.
- The product has not been actively marketed for more than 3 years.
- The product is marketed as an alternative to health benefit plan coverage.
- The company has undergone a merger, assumption, or acquisition that led to the transfer of this product to a different insurer/entity.

By initialing below the filer understands that if this requirement is not met the filing will be rejected.

Initials of filer acknowledgement. \_\_\_\_\_

If the product being marketed has more than two associated product filings the insurer is required to submit a letter providing the entire list of SERFF Filing numbers and date of approval with an explanation for the number of filings associated with the product. OAR 836-020-0245 specifies that when an advertisement refers to various benefits which may be contained in **two or more policies** other than group master policies, the advertisement shall disclose that such benefits are provided only through a combination of such policies.

Will multiple insurers be listed on the same advertisement or in the same document? For example as part of a control group of companies or an association filing? If so please note the sections specifically on Associations.

Within 60 days of Division approval of a new product the insurer must submit this marketing document, associated marketing material, and required supporting documentation in an Advertisement Filing in SERFF.

Web-based material is considered advertising if it otherwise meets the definition of advertising in OAR 836-020-0210.

### Product Basics

#### *Product filing history*

**PB.1** Product marketing name \_\_\_\_\_

**PB.2** SERFF Filing number of product. Limit 5 (see above). \_\_\_\_\_

**PB.2.1** Has the product been approved for use in Oregon within the past 60 days?  Yes  No

**PB.2.1.1** Provide the SERFF Filing Numbers of the approved product, in chronological order.  
\_\_\_\_\_

**PB.2.1.2** Is this product being actively marketed?  Yes  No

**PB.2.1.3** If the product is not being actively marketed in what month and year will the product will be actively marketed? \_\_\_\_/\_\_\_\_

**PB.2.2** Is this filing being done at the request of the Division?  Yes  No

**PB.2.2.1** If yes, what is the employee name that required the filing:  
\_\_\_\_\_

**PB.3** Has the product been previously disapproved, rejected, or withdrawn?  Yes  No

**PB.3.1** If yes, provide the SERFF Filing Numbers of the disapproved, rejected, or withdrawn product, in chronological order.  
\_\_\_\_\_

**PB.3.2** The company addressed and resolved all past objections that resulted in the withdrawal, rejection or disapproval of the product or filing.  Yes  No

***Important:** This filing will be disapproved if the company has not addressed and resolved objections that resulted in disapproval or withdrawal of this product in a previous filing.*

**Application**

OAR 836-053-0285 requires prior approval of advertisements that contain an application or enrollment form.

**APLI.1** Does the advertisement include or link to an application for enrollment?  Yes  No

**APLI.2** Will the advertisement ever be paired with an application for enrollment?  Yes  No

*If the answer to either is "Yes" the following must be completed.*

**APLI.3** The application is filed and *approved* for use with this product type.  Yes  No

**APLI.4** The SERFF Filing number of the application is: \_\_\_\_\_.

***Important:** Applications that were last approved more than five years prior to the date of this filing may be subject to re-review.*

**Company product history**

**CH.1** As a licensed insurer, our company has a previously approved product being *actively marketed* in Oregon or to Oregon residents for the identified market segment above.  Yes  No

**CH.1.1** SERFF Tracking Number: \_\_\_\_\_

CH.1.2 Current membership (as of the 1<sup>st</sup> of the calendar month of this filing) \_\_\_\_\_

CH.2 As a licensed insurer, our company has a previously approved Oregon product *that is not actively marketed* in Oregon or to Oregon residents for the identified market segment.  Yes  No

CH.2.1 SERFF Tracking Number: \_\_\_\_\_

CH.2.2 Reason the product not being actively marketed \_\_\_\_\_

CH.2.3 Current membership (as of the 1<sup>st</sup> of the calendar month of this filing) \_\_\_\_\_

CH.4 The company will *cease marketing and offering* the previously approved product(s) when this filing is approved.  Yes  No

CH.5 The new product will be offered as a replacement to existing members.  Yes  No

### Product marketing

Under Oregon law, the Director of the Department of Consumer and Business services may require the filing of any sales presentation material use in the sale or presentation for sale of any policy. The Director may disapprove sales material if the material is found in whole or in part to be false, deceptive, or misleading information. (ORS 742.005, ORS 742.009)

#### General marketing

GM.1 This product will be marketed as an alternative to coverage required under the Patient Protection and Affordable Care Act.  Yes  No

GM.2 The marketing, advertising, or sale material development will be handled in whole or in part by an entity other than the licensed insurer.  Yes  No

*Examples of entities that should be reported below are marketing firms, lead generators, third party sales material development companies.*

GM.2.1 If your company uses external entities for marketing, advertising or sales material development, report them here

Marketing company	Role	Contact name and email

GM.3 Agents, producers, or other marketing firms are permitted to develop their own advertising material independent of company generated marketing.  Yes  No

#### Websites (including blogs)

*Important: The division does not permit variability in website addresses and all website addresses must be filed with the division.*

**W.1** This product is marketed online, using URLs and website addresses.  Yes  No

**W.1.1** Provide a complete list of website addresses that will be used by the company to market this product.

URLS, website addresses, or links

**Agents, producers**

**AP.1** This product be marketed by agents or producers.  Yes  No

**AP.1.1** Are the or producers agents captive agents?  Yes  No

**AP.1.2** Amount of commission an agent or producer will receive per sale \$ \_\_\_\_\_

**AP.1.3** The insurer has an agent training for this product?  Yes  No

**AP.1.4** The insurer monitors and audits sales of agents and producers.  Yes  No

**AP.2** The company permits agents or producers to sign up for lead generators independent of lead generator relationships developed by the insurer.  Yes  No

**Online brokers or web markets**

**OB.1** The insurer will market this product through web based markets or brokerages?  Yes  No

**OB.1.1** The insurer or another licensed insurer *owns and controls* the web based marketplace or brokerage.  Yes  No

**OB.1.2** If a licensed insurer does not own and control the online broker or web market provide the legal name of the entity and the state in which the brokerage or web market is domiciled.

\_\_\_\_\_

**Social Media**

**SM.1** Will this product be marketed on social media platforms by the company?  Yes  No

**SM.1.1** If this product will be marketed on social media provide the following information.

Name of platform	Display name	Responsible person

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**SM.2** Does the company allow agents and producers to market on social media?  Yes  No

**SM.2.1** Does the company monitor agent and producer social media?  Yes  No

**SM.2.2** The company has a social media policy for agents marketing products.  Yes  No

**SM.2.3** The company terminates agents for inappropriate product marketing that occurs on social media.

***Influencers***

*Influencers are defined as a person with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media. (Oxford Languages Dictionary)*

**I.1** This product will be marketed by influencers.  Yes  No

*If the response to question I.1 is "no" skip to question E.1.*

**I.1.1** The influencer will receive compensation for their services.  Yes  No

**I.1.2** Compensation is based on \_\_\_\_\_  
(e.g. per post; per like; viral nature; referral; clicks)

**I.1.3** The compensation schedule is attached as a supporting document titled "Influencer Compensation Schedule."  Yes  No

**I.2** Influencers are Oregon licensed agents or producers.  Yes  No

**I.3** Influencers receive company and product training?  Yes  No

**I.3.1** How many product specific training hours are required for influencers? \_\_\_\_\_

**I.4** The number of influencers the company has a relationship with as of the filing date. \_\_\_\_\_

**I.5** Does the company accept complaints against influencers?  Yes  No

**I.5.1** Please explain how consumers may submit a complaint or concern about influencers.  
\_\_\_\_\_

**I.6** If this product will be marketed using influencers provide the following information.

Name of platform	Display name	Responsible person

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**Email**

**E.1** This product will be marketed via email.  Yes  No

*If the response to question E.1 is "no" skip to question TM.1.*

**E.1.1** List the marketing email addresses that will be used by the company or a marketing agency on companies behalf. The email addresses may appear in the "From" field.

Email addresses

**E. 2** How does the company obtain prospective consumer emails? (Mark all that apply.)

- Purchasing a marketing list
- Online web form used to collect consumer contact information
- Partnerships with other insurers
- We market to existing customers only
- Other: \_\_\_\_\_

**E.3** Does the company share consumer email information, either to other companies in the same holding company or to unrelated entities.  Yes  No

**E.3.1** If the company shares consumer email information with other entities, either related or unrelated to the licensed insurer add the names of those entities here.

Entities

***Text or multimedia messages***

**TM.1** Will this product be marketed through text messages or multimedia messages sent to a consumer's cell phone or smart phone?  Yes  No

*If the answer to question TM.1 is "no" skip to question PM.1.*

**TM.1.1** List the companies phone numbers that will be used for text or multimedia messages.

Phone numbers

**TM.2** How does the company obtain prospective consumer phone numbers? Mark all that apply.

- Purchasing a marketing list
- Online web form used to collect consumer contact information
- Partnerships with other insurers
- We market to existing customers only
- Other

***Print media (magazines, newspapers, mailers)***

**PM.1** Will this product be marketed through print media, for example in newspapers, magazines, and mailers?  Yes  No

***Commercials on television***

**TVC.1** Will this product be marketed using commercials on television?  Yes  No

***Ads during streamed videos***

**SA.1** Will this product be advertised on streaming services before, during, or after a video streamed online?  Yes  No

***Other online advertisements (including streamed ads)***

**OA.1** Will this product be advertised online through pop-ups, banner ads, or purchased search engine placement?  Yes  No

**OA.1.1** If the company purchases search engine ad placement, including search prioritization, please list the search terms that will prompt prioritization.


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**Job fairs, community fairs, or workplace events**

**JF.1** Will the company market this product at job fairs, community fairs, or workplace events?  
 Yes  No  Agent's may market at these events but our company doesn't sponsor tables.

**Associations and trusts**

*If this product is used with associations and trusts a separate filing for the association or group is required.*

**AT.1** Will the company market this product to associations and trusts?  Yes  No

AT.1.1 If the association has been previously approved provide the OID No. \_\_\_\_\_

**Value Added Benefits**

*The Division has recently seen an increase in advertisements and insurance marketing that describe value added benefits and services not specified in the filed and approved policy documents (including certificate). Insurers may not market value added benefits and services that are not specified in the policy. ORS 746.035 and ORS 746.045.*

**VAS.1** The insurer will market value added benefits or services with this product?  Yes  No

*Insurers may contract with a third party administrator to provide value added benefits and services to members. Under Oregon law insurers are responsible for the conduct of third party administrators, including value added benefits and services advertised to members and prospective members. (ORS 744.740)*

**VAS.2** A third party administrator will administer value added benefits or services associated with these marketing materials.  Yes  No

*If yes, provide the following information about the third party administrator.*

TPA name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**VAS.3** Complete the chart below to provide a description of each of the value add benefits or services being advertised or offered. This information must match what is disclosed in the policy to comply with ORS 746.035 and ORS 746.045.

Benefit description	Explanation of terms	Limitations to benefit or service	How is the benefit or service accessed	Where is the benefit accessed	When can the benefits or services be used or accessed



<i>Example: Discount to Average Joes Gym</i>	<i>Example: 50 percent discount for a 12 month membership to Average Joes Gym.</i>	<i>Example: Applies to full 12 month membership using the one-time payment option.</i>	<i>Example: Members must show their insurance card or policy face page at time of membership purchase.</i>	<i>Example: All Average Joes Gym locations. Does not apply to other gyms.</i>	<i>Example: Discount can be accessed immediately after enrollment.</i>

**Medicare supplement**

**MS.1** Does this advertisement compare Medicare Supplement Products to other products, including Medicare Advantage or health benefit plans?

**MS.1.2** If the advertisement compares Medicare Supplement product to other products issued by your company provide the name of the product(s) being compared and provide the SERFF tracking number for product approval if applicable. If the products are not approved by Oregon (Medicare Advantage and Medicare Part D) provide the form number the company will use for those products.

<b>Product being compared</b>	<b>SERFF Tracking Number</b>	<b>Medicare Advantage or Medicare Part D Form Number</b>

**MS.2** In the past 5 years has the company received notification from CMS that advertisements for Medicare Products provide unfair, inaccurate, or ambiguous comparisons?  Yes  No