GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2005

H D

HOUSE DRH50188-LT-57 (3/9)

Short Title:	Better Insurance/Annuity DisclosureAB	(Public)
Sponsors:	Representative Holliman.	
Referred to:		

1 A BILL TO BE ENTITLED

AN ACT TO REORGANIZE ARTICLE 60 OF CHAPTER 58 OF THE GENERAL 2 3 STATUTES AND AMEND CURRENT DISCLOSURE REQUIREMENTS FOR SOLICITATION OF LIFE INSURANCE PRODUCTS AND ANNUITIES; 4 5 REQUIRE INSURERS TO NOTIFY EMPLOYEES OF THE EXISTENCE OF EMPLOYER-OWNED LIFE INSURANCE POLICIES WITHIN THIRTY DAYS 6 AFTER THE EFFECTIVE DATE OF COVERAGE; AND REQUIRE GROUP 7 8 ANNUITY INSURERS TO ISSUE INDIVIDUAL CERTIFICATES 9 COVERAGE TO EACH ANNUITANT.

The General Assembly of North Carolina enacts:

10

11

17

18 19

20 21

22

23

2425

26

PART I. DISCLOSURES FOR ANNUITIES AND LIFE INSURANCE

SECTION 1. The title of Article 60 of Chapter 58 of the General Statutes reads as rewritten:

14 "Article 60.

Regulation of Life Insurance Solicitation. Standards of Disclosure for Annuities and Life
 Insurance."

SECTION 1.1. Article 60 of Chapter 58 of the General Statutes is amended by designating G.S. 58-60-1 through G.S. 58-60-35 as:

"Part 1. Regulation of Life Insurance Solicitation."

SECTION 1.2. G.S. 58-60-1 reads as rewritten:

"§ 58-60-1. Purpose of Article. Short title; purpose.

- (a) This Part may be cited as the "Life Insurance Disclosure Act".
- (b) The purpose of this Article—Part is to require insurers to deliver to purchasers of life insurance, information which will improve the buyer's ability to select the most appropriate plan of life insurance for their—the buyer's needs, improve the buyer's understanding of the basic features of the policy which has been purchased or which is

under consideration and to improve the ability of the buyer to evaluate the relative costs of similar plans of life insurance.

This Article—Part does not prohibit an insurer to use—from using additional material which—that is not in violation of Articles 1 through 64 of this Chapter nor any other statute or regulation."

SECTION 1.3. G.S. 58-60-5 reads as rewritten:

"§ 58-60-5. Scope of Article; Scope; exemptions.

- (a) Except as otherwise provided in this Article, Part, this Article Part applies to any solicitation, negotiation or procurement of life insurance occurring within this State. This Article Part applies to any issuer of a life insurance contract, including fraternal benefit societies.
 - (b) Unless otherwise specifically included, this Article Part does not apply to:
 - (1) Annuities, Individual group annuity contracts.
 - (2) Credit life insurance, insurance.
 - (3) Group life insurance, insurance (except for disclosures relating to preneed funeral contracts or prearrangements; these disclosure requirements shall extend to the issuance or delivery of certificates as well as to the master policy).
 - (4) Life insurance policies issued in connection with pension and welfare plans as defined by and that are subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), (ERISA).
 - (5) Variable life insurance under which the death benefits and cash values vary in accordance with unit values of investments held in a separate account.
- (c) The policy summary in this <u>Article Part</u> is not required for policies that are sold subject to rules adopted by the Commissioner for life insurance illustrations."

SECTION 1.4. G.S. 58-60-10(7)k. reads as rewritten:

"k. The date on which the Policy Summary is prepared.

The Policy Summary must consist of a separate document. All information required to be disclosed must be set out in such a manner as to not minimize or render any portion thereof obscure. Any amounts which remain level for two or more years of the policy may be represented by a single number if it is clearly indicated what amounts are applicable for each policy year. Amounts in subparagraph e of this paragraph shall be listed in total, not on a per thousand nor per unit basis. If more than one insured is covered under one policy or rider, guaranteed death benefits shall be displayed separately for each insured or for each class of insureds if death benefits do not differ within the class. Zero amounts shall be displayed as zero and shall not be displayed as a blank space. If the insurer makes a material revision in the terms and conditions under which it will limit its right to change any nonguaranteed factor, it shall,

Page 2 H655 [Filed]

no later than the first policy anniversary following the revision, 1 advise each affected policy owner residing in this State." 2 3 **SECTION 1.5.** Article 60 of Chapter 58 of the General Statutes is amended 4 by adding a new Part to read: "Part 2. Regulation of Home Service Life Insurance Solicitation. 5 6 "§ 58-60-40. Title and reference. This Part may be cited as the "Home Service Disclosure Act". 7 8 "§ 58-60-45. Purpose. 9 The purpose of this Part is to establish standards that ensure that meaningful 10 information is provided to the purchasers of insurance policies distributed through the home service distribution system. 11 "§ 58-60-50. Definitions. 12 As used in this Part: 13 14 (1) "Home service distribution system" means a system in which insurance products are marketed, sold, or serviced by agents in person 15 in the home or business of the insured, owner, or premium payor in 16 assigned territories and may be identified as "debits". The policies are 17 18 issued on a monthly or more frequent premium payment basis and agents are charged with the responsibilities of servicing the debit, 19 20 which may include the collection of premium payments in the home or 21 designated location on a monthly or more frequent basis, along with other services normally rendered. 22 "Small face amount life insurance policy" means an insurance policy 23 (2) 24 or certificate with a face amount of fifteen thousand dollars (\$15,000) or less. 25 "§ 58-60-55. General disclosure requirements. 26 In accordance with the disclosure simplification standards set forth in 27 (a) G.S. 58-60-80 and at the time an insurance policy is issued through the home service 28 29 distribution system, the insurer shall disclose: Whether the policyholder is allowed to change the method of premium 30 (1) payment and any conditions for that change. 31 32 Whether or not at a subsequent date a policyholder may combine (2) multiple policies from the same insurance company, its affiliates, and 33 its subsidiaries into one policy in order to provide like or enhanced 34 35 coverage at a comparable or reduced premium to eliminate duplicate administrative costs associated with each policy and, if the option is 36 available: 37 38 Whether a policyholder will be subject to underwriting when <u>a.</u> combining multiple policies into one policy; and 39 Whether a policyholder will be subject to a new contestable 40 <u>b.</u> period, waiting periods, etc., when combining multiple policies 41 42 into one policy. In accordance with the disclosure simplification standards set forth in 43

H655 [Filed] Page 3

G.S. 58-60-80, an insurer issuing a small face amount life insurance policy through the

44

8

9

10

1112

13 14

15

16 17

18

19 20

21

22

23

24

25

26

27

28 29

30

31 32

33

34

35

36

37

38

39

40

41

42

43

44

- home service distribution system shall provide the current disclosure included in Appendix A of the NAIC's Home Service Disclosure Model if at any point in time over the term of the policy the cumulative premiums paid may exceed the face amount of the policy at that point in time. The required disclosure shall be provided to the policy owner or certificate holder no later than at the time the policy or certificate is delivered. The disclosure shall not be attached to the policy but may be delivered with the policy.
 - If, for a particular policy form, the cumulative premiums may exceed the face for some demographic or benefit combination but not for all combinations, the insurer may choose to either:
 - (1) Provide the disclosure only in those circumstances where the premiums may exceed the face amount; or
 - (2) Provide the disclosure for all demographic and benefit combinations.

 Cumulative premiums shall include premiums paid for riders. However, the face amount shall not include the benefit attributable to the riders.

If an illustration has been provided that satisfies the requirements of Title 11, Chapter 4, Section .0500 of the North Carolina Administrative Code, the disclosure requirements of subsection (b) of this section are deemed to have been met.

"§ 58-60-60. Disclosure of payment methods.

In accordance with the disclosure simplification standards set forth in G.S. 58-60-80, at the time an insurance policy is issued through the home service distribution system, the insurer shall disclose:

- (1) What premium savings may be realized by a different method or less frequent mode of premium payment.
- (2) That premiums are still due and payable by the person responsible for premium payments even when an agent does not collect the premiums.
- (3) The mailing address for payment of premiums to the company.
- (4) That the consumer is entitled to receive a receipt for premium payments when premium payments are made in cash or in person.

"§ 58-60-65. Evidence of payment.

For every premium collected on a policy of life or disability insurance marketed, sold, or serviced through the home service distribution system in this State, the agent, solicitor, or broker, or any employee acting on the agent, solicitor, or broker's behalf, collecting or receiving the premium in person shall:

- (1) Maintain and furnish to the policyholder a receipt indicating payment of premiums, which shall provide the payor with clearly understandable, written evidence of payment at the time the premium is collected. At a minimum it shall clearly show:
 - a. The name of the payor.
 - b. The name of the insured under each policy covered by the premium.
 - <u>c.</u> The amount paid.
 - <u>d.</u> The date paid.
 - <u>e.</u> The date paid-to status of the policy.
- <u>f.</u> <u>The policy number.</u>

Page 4 H655 [Filed]

- 1 g. The face amount and type of policy for which the payment will be credited.
 - <u>h.</u> The signature of the agent.
 - i. The agent's printed name and unique identification number.
 - <u>j.</u> The name, complete address, and phone number of the insurer.
 - (2) Remit to the insurer's home office or applicable district office, or deposit in a fiduciary account, the premium collected on behalf of the policyholder within 10 days of receipt from the premium payor or policy owner. In the event that the insurer utilizes an accounting system based on a monthly list bill, all premiums collected shall be credited from the date of collection. The premium shall be fully applied to that particular account.

"§ 58-60-70. Proof of policy delivery.

If an insurance policy marketed, sold, or serviced through the home service distribution system is delivered by an agent, solicitor, or broker, or an employee acting on the agent, solicitor, or broker's behalf, a receipt shall be signed by the purchaser and the agent acknowledging delivery to the purchaser of the policy or contract and the disclosures required by this Part. The receipt shall contain the name of the purchaser, the policy or contract number, the amount of the initial premium payment, and the date the delivery was completed. A policy shall be deemed to have been received six months after the date of issuance if the insured has paid premiums pursuant to the contract. All delivery receipts required by this section shall be retained by the company for not less than three years following delivery and shall be available for inspection upon request of the Commissioner.

"§ 58-60-75. Company duties.

Each insurer engaged in the home service distribution system in this State shall make available to the Commissioner for review:

- (1) Established written procedures to audit agencies engaged in the home service system of distribution of policies in this State; and
- (2) Proof of audits conducted periodically that reasonably ensure that the premium payor's records accurately reflect the premium due date and premium paid-to status of the policy or policies purchased.

"§ 58-60-80. Minimum disclosure language standards.

All disclosure forms shall comply with the readability standards in Article 38 of this Chapter. It is presumed the disclosure form in Appendix A of the NAIC's Home Service Disclosure Model Act complies with this Part."

SECTION 1.6. Article 60 of Chapter 58 of the General Statutes is amended by adding a new Part to read:

"Part 3. Regulation of Small Face Amount Life Insurance Solicitation.

"§ 58-60-90. Title and reference.

This Part may be cited as the "Small Face Amount Life Insurance Disclosure Act".

"§ 58-60-95. Purpose; intent; and scope.

(a) The purpose of this Part is to establish standards that ensure meaningful information is provided to the purchasers of small face amount policies.

H655 [Filed] Page 5

- Session 2005 **General Assembly of North Carolina** This Part applies to any life insurance policy or certificate with an initial face 1 2 amount of fifteen thousand dollars (\$15,000) or less. 3 This Part does not apply to: (c) Variable life insurance. 4 (1) Individual and group annuity contracts. 5 **(2)** 6 (3) Credit life insurance. 7 (4) Group or individual policies of life insurance issued to members of an 8 employer group or other permitted group where: 9 Every plan of coverage was selected by the employer or other 10 group representative; Some portion of the premium is paid by the group or through 11 <u>b.</u> 12 payroll deduction; and Group underwriting or simplified underwriting is used. 13 c. 14 (5) Policies and certificates where an illustration has been provided 15 pursuant to the requirements of Title 11, Chapter 4, Section .0500 of the North Carolina Administrative Code. 16 17 "§ 58-60-100. Disclosure requirements. 18 An insurer issuing a small face amount policy shall provide the current disclosure included in Appendix A of the NAIC Disclosure for Small Face Amount Life 19 20 Insurance Policies Model Act if at any point in time over the term of the policy the 21 cumulative premiums paid may exceed the face amount of the policy at that point in time. The required disclosure shall be provided to the policy owner or certificate holder 22
 - attached to the policy but may be delivered with the policy.

 (b) If, for a particular policy form, the cumulative premiums may exceed the face amount for some demographic or benefit combination but not for all combinations, the insurer may choose to either:

no later than at the time the policy or certificate is delivered. The disclosure shall not be

- (1) Provide the disclosure only in those circumstances where the premiums may exceed the face amount; or
- (2) Provide the disclosure for all demographic and benefit combinations.
- (c) <u>Cumulative premiums shall include premiums paid for riders. However, the</u> face amount shall not include the benefits attributable to the riders.

"§ 58-60-105. Insurer duties.

23

24

25

2627

28

29

30

31 32

33

34 35

36

3738

39

40

41

42

43 44 The insurer and its producers shall have a duty to provide information to policyholders or certificate holders that ask questions about the disclosure statement."

SECTION 1.7. Article 60 of Chapter 58 of the General Statutes is amended by adding a new Part to read:

"Part 4. Regulation of Annuity Solicitation.

"§ 58-60-120. Title and reference.

This Part may be cited as the "Annuity Disclosure Act".

"§ 58-60-125. Purpose; intent; scope.

(a) The purpose of this Part is to provide standards for the disclosure of certain minimum information about annuity contracts to protect consumers and foster consumer education. This Part specifies the minimum information that must be disclosed and the

Page 6 H655 [Filed]

43

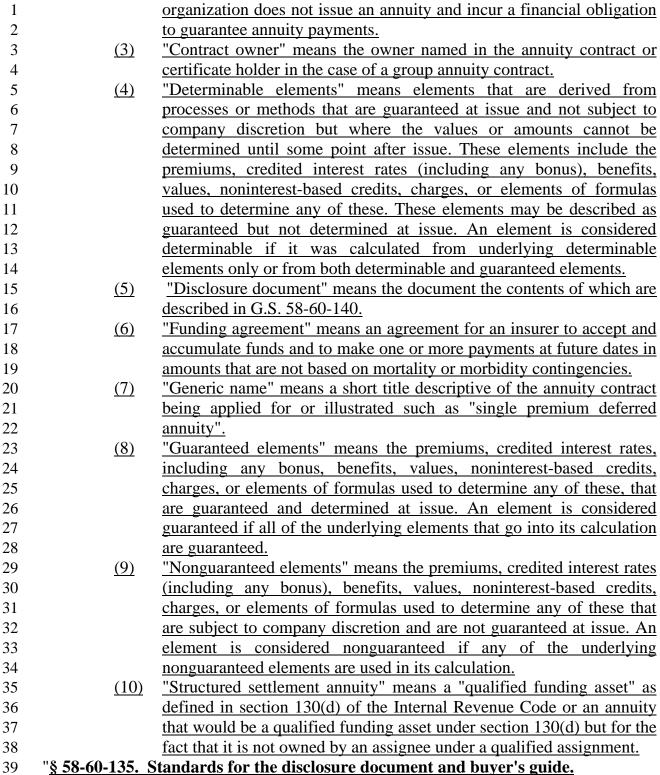
44

method for disclosing it in connection with the sale of annuity contracts. The goal of 1 2 this Part is to ensure that purchasers of annuity contracts understand certain basic 3 features of annuity contracts. 4 This Part applies to all group and individual annuity contracts and certificates (b) 5 except: 6 (1) Registered or nonregistered variable annuities or other registered 7 products. 8 Immediate and deferred annuities that contain no nonguaranteed (2) 9 elements. 10 (3) Annuities used to fund any of the following: An employee pension plan, which is covered by the Employee 11 a. 12 Retirement Income Security Act (ERISA). A plan described by section 401(a), 401(k), or 403(b) of the 13 b. 14 Internal Revenue Code, where the plan, for purposes of ERISA, 15 is established or maintained by an employer. A governmental or church plan defined in section 414 or a 16 <u>c.</u> 17 deferred compensation plan of a state or local government or a 18 tax exempt organization under section 457 of the Internal Revenue Code. 19 20 A nonqualified deferred compensation arrangement established <u>d.</u> 21 or maintained by an employer or plan sponsor. Structured settlement annuities. 22 <u>e.</u> 23 Charitable gift annuities. f. 24 Funding agreements. This Part shall apply to annuities used to fund a plan or arrangement that is 25 funded solely by contributions an employee elects to make, whether on a pre-tax or 26 27 after-tax basis, and where the insurance company has been notified that plan participants may choose from among two or more fixed annuity providers and there is a 28 direct solicitation of an individual employee by a producer for the purchase of an 29 annuity contract. As used in this subsection, direct solicitation shall not include any 30 meeting held by a producer solely for the purpose of educating or enrolling employees 31 32 in the plan or arrangement. 33 "§ 58-60-130. Definitions. As used in this Part: 34 35 "Annuity buyer's guide" or "buyer's guide" means the current NAIC (1) Model Buyer's Guide to Fixed Deferred Annuities, including any 36 appendix thereto. 37 38 "Charitable gift annuity" means a transfer of cash or other property by **(2)** 39 a donor to a charitable organization in return for an annuity payable over one or two lives, under which the actuarial value of the annuity is 40 less than the value of the cash or other property transferred and the 41

H655 [Filed] Page 7

difference in value constitutes a charitable deduction for federal tax purposes but does not include a charitable remainder trust or a

charitable lead trust or other similar arrangement where the charitable



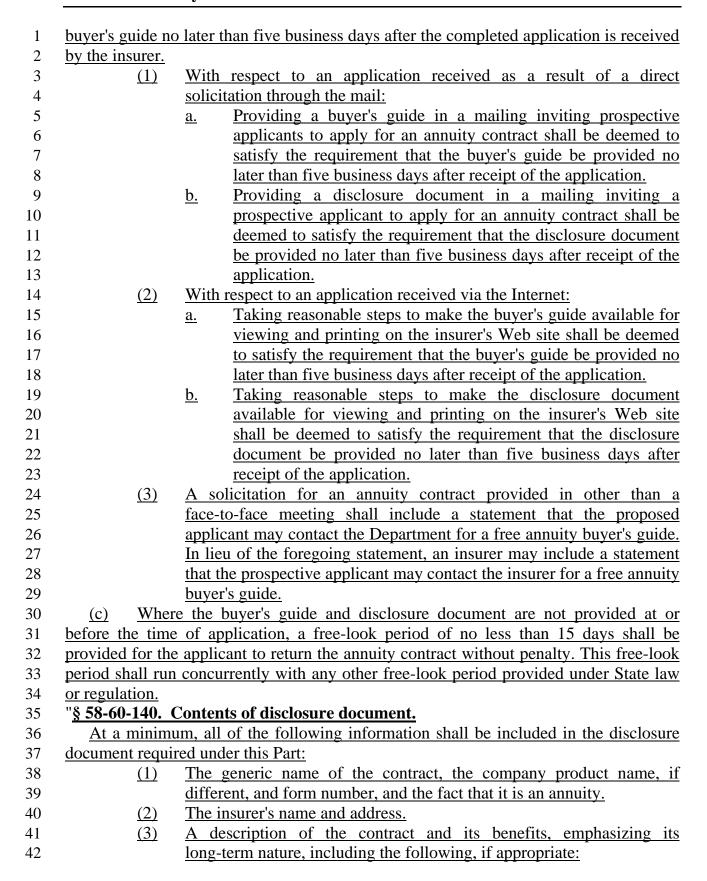
41 42

43

44

- Where the application for an annuity contract is taken in a face-to-face meeting, the applicant, at or before the time of application, shall be given both the disclosure document described in G.S. 58-60-140 and a copy of the buyer's guide.
- Where the application for an annuity contract is taken by means other than in a face-to-face meeting, the applicant shall be sent both the disclosure document and the

Page 8 H655 [Filed]



H655 [Filed] Page 9

The guaranteed, nonguaranteed, and determinable elements of 1 a. 2 the contract, and their limitations, if any, and an explanation of 3 how they operate. An explanation of the initial crediting rate, specifying any 4 <u>b.</u> 5 bonus or introductory portion, the duration of the rate, and the 6 fact that rates may change from time to time and are not 7 guaranteed. 8 Periodic income options both on a guaranteed and <u>c.</u> 9 nonguaranteed basis. 10 Any value reductions caused by withdrawals from or surrender d. of the contract. 11 12 How values in the contract can be accessed. <u>e.</u> The death benefit, if available, and how it will be calculated. f. 13 14 A summary of the federal tax status of the contract and any g. 15 penalties applicable on withdrawal of values from the contract. The impact of any rider, such as a long-term care rider. 16 h. 17 (4) The specific dollar amount or percentage charges and fees with an explanation of how they apply. 18 Information about the current guaranteed rate for new contracts that 19 **(5)** 20 contains a clear notice that the rate is subject to change. 21 Insurers shall define terms used in the disclosure statement in language that facilitates the understanding by a typical person within the segment of the public to 22 23 which the disclosure statement is directed. 24 "§ 58-60-145. Report to contract owners. For annuities in the payout period with changes in nonguaranteed elements and for 25 the accumulation period of a deferred annuity, the insurer shall provide each contract 26 owner with a report, at least annually, on the status of the contract that contains at least 27 all of the following information: 28 29 The beginning and end date of the current report period. (1) 30 The accumulation and cash-surrender value, if any, at the end of the (2) previous report period and at the end of the current report period. 31 32 The total amounts, if any, that have been credited, charged to the (3) contract value, or paid during the current report period. 33 The amount of outstanding loans, if any, as of the end of the current 34 <u>(4)</u> 35 report period." PART II. EMPLOYER-OWNED LIFE INSURANCE DISCLOSURE 36 **SECTION 2.** G.S. 58-58-75 reads as rewritten: 37 38 "§ 58-58-75. Insurable interest in life and physical ability of employee or agent. 39 An employer, whether a partnership, joint venture, business trust, mutual association, corporation, any other form of business organization, or one or more 40 individuals, or any religious, educational, or charitable corporation, institution or body, 41 42 has an insurable interest in and the right to insure the physical ability or the life, or both 43 the physical ability and the life, of an employee for the benefit of such employer. Any principal shall have a life insurable interest in and the right to insure the physical ability 44

Page 10 H655 [Filed]

or the life, or both the physical ability and the life, of an agent for the benefit of such principal.

- An employee described in subsection (a) of this section shall be insured for (b) the benefit of an employer described in subsection (a) of this section only if the employee receives written notification from the insurer of the existence of the coverage. The notice shall be provided to the employee within 30 days after the effective date of the coverage and shall include a statement that the employer may maintain the life insurance coverage on the employee even after employment is terminated.
- For non-key or nonmanagerial employees, the aggregate amount of coverage shall be reasonably related to the benefits provided to the employees in the aggregate.
- With respect to employer-provided pension and welfare plans, the life insurance coverage purchased to finance the plans may only cover the lives of those employees and retirees who, at the time their lives were first insured under the plan, either are participants, or would be eligible to participate, upon the satisfaction of age, service, or similar eligibility criteria in the plan."

PART III. GROUP ANNUITY CONTRACTS

SECTION 3. G.S. 58-58-145 reads as rewritten:

"§ 58-58-145. Group annuity contracts defined; requirements. requirements; issuance of individual certificates.

- Any policy or contract, except a joint, reversionary or survivorship annuity (a) contract, whereby annuities are payable to more than one person, is a group annuity contract. The person, firm or corporation to whom or to which such contract is issued, as herein provided, is the holder of the contract. The term "annuitant" means any person to whom or which payments are made under the group annuity contract. No authorized insurer shall deliver or issue for delivery in this State any group annuity contract except upon a group of annuitants that conforms to the following: under a contract issued to an employer, or to the trustee of a fund established by an employer or two or more employers in the same industry or kind of business, the stipulated payments on which shall be paid by the holder of such contract either wholly from the employer's funds or funds contributed by him, or partly from such funds and partly from funds contributed by the employees covered by such contract, and providing a plan of retirement annuities under a plan which permits all of the employees of such employer or of any specified class or classes thereof to become annuitants. Any such group of employees may include retired employees, and may include officers and managers as employees, and may include the employees of subsidiary or affiliated corporations of a corporation employer, and may include the individual proprietors, partners and employees of affiliated individuals and firms controlled by the holders through stock ownership, contract or otherwise."
- The insurer of a group annuity contract shall issue to the policyholder, within 30 days of the effective date of the group annuity contract, an individual certificate for delivery to each annuitant which:
 - (1) Identifies the annuity to which the annuitant is entitled.
 - States the name of the person to whom the annuity is payable. (2)

H655 [Filed] Page 11

38 39

1 2

3

4 5

6

7

8

9

10

11 12

13 14

15

16 17

18

19

20

21

22 23

24

25

26 27

28 29

30

31 32

33

34 35

36 37

40 41

42 43

1	(3) <u>Discloses all of the rights and obligations of the insurer, the</u>
2	policyholder, the annuitant, and the persons to whom the annuity is
3	payable with respect to the group annuity contract.
4	G.S. 58-3-150 applies to the form of the individual certificate required by this
5	subsection.
6	(c) Each group annuity contract shall include a provision that the insurer will
7	issue to the policyholder within 30 days of the effective date of the contract, for delivery
8	to each annuitant, an individual certificate setting forth the information described in
9	subsection (b) of this section."
10	PART IV. EXPLANATION OF HEADINGS AND EFFECTIVE DATE.
11	SECTION 4. The headings to the parts of this act are a convenience to the
12	reader and are for reference only. The headings do not expand, limit, or define the text
13	of this act.
14	SECTION 5. This act becomes effective January 1, 2006, and applies to
15	policies or certificates issued or renewed on or after that date.

Page 12 H655 [Filed]