Session of 2013

HOUSE BILL No. 2339

By Committee on Insurance

2-14

1	AN ACT concerning <u>insurance; relating to adverse underwriting decisions;</u>
2	allowing return of premiums separate from notice; amending K.S.A
3	40-2,112 and repealing the existing section. life insurance; providing
4	for certain additional riders on life insurance policies; amending
5	K.S.A. 2012 Supp. 40-401 and repealing the existing section.
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7	Be it enacted by the Legislature of the State of Kansas:
8	Section 1. K.S.A. 40-2,112 is hereby amended to read as follows: 40-
9	2,112. (a) In the event of an adverse underwriting decision the insurance
10	company, health maintenance organization or agent responsible for the-
11	decision shall either provide the applicant, policyholder or individual-
12	proposed for coverage with the specific reason or reasons for the adverse
13	underwriting decision in writing or advise such persons that upon written
14	request they may receive the specific reason or reasons in writing.
15	(b) Upon receipt of a written request within 60 business days from
16	the date of the mailing of notice or other communication of an adverse
17	underwriting decision to an applicant, policyholder or individual proposed
18	for coverage, the insurance company, health maintenance organization or
19	agent shall furnish to such person within 21 business days of the receipt of
20	such written request:
21	(1) The specific reason or reasons for the adverse underwriting-
22	decision, in writing, if such information was not initially furnished in-
23	writing pursuant to subsection (a); or
24	(2) if specific items of medical-record information are supplied by a
25	health care institution or health care provider it shall be disclosed either
26	directly to the individual about whom the information relates or to a health
27	eare provider designated by the individual and licensed to provide health
28	care with respect to the condition to which the information relates,-
29	whichever the insurance company, health maintenance organization or
30	agent prefers; and
31	(3) the names and addresses of the institutional sources that supplied
32	the specific items of information given pursuant to subsection (b)(2) if the
33	identity of any health care provider or health care institution is disclosed
34	either directly to the individual or to the designated health care provider,
35	whichever the insurance company, health maintenance organization or-
36	agent prefers.

1 (c) The obligations imposed by this section upon an insurance 2 company, health maintenance organization or agent may be satisfied by-3 another insurance company, health maintenance organization or agent-4 authorized to act on its behalf. 5 (d) The company, health maintenance organization or the agent, 6 whichever is in possession of the money, shall refund to the applicant,-7 policyholder_or individual proposed for coverage, the difference between 8 the payment and the earned premium, if any, in the event of a declination 9 of insurance coverage, termination of insurance coverage, or any other 10 adverse underwriting decision. (1) If coverage is in effect, such refund shall may accompany the 11 12 notice of the adverse underwriting decision, except such refund obligation 13 shall not apply if: 14 (A) Material underwriting information requested by the application 15 for coverage is clearly misstated or omitted and the company or health-16 maintenance organization attempts to provide coverage based on the 17 proper underwriting information; or 18 (B) or such refund may separately be returned in not more than 10. 19 days from the date of such notice. The notice shall contain language-20 indicating that any refund due will be returned in not more than 10 days. 21 from the date on such notice. The refund requirement shall not apply to life 22 *insurance if* the company or health maintenance organization includes with 23 the notice of the adverse underwriting decision an offer of coverage to an 24 applicant for life insurance under a different policy or at an increased 25 premium. If such a counter-offer is made by the insurer, the insured or the 26 insured's legal representative shall have 10 business days after receipt-27 thereof in which to notify the company or health maintenance organization 28 of acceptance of the counter-offer, during which time coverage will be-29 deemed to be in effect under the terms of the policy for which application 30 has been made, but such coverage shall not extend beyond 30 calendar 31 days following the date of issuance of the counter-offer by the insurance 32 company or health maintenance organization. The insurance company or 33 health maintenance organization shall promptly refund the premium upon 34 notice of the insured's refusal to accept the counter-offer or upon-35 expiration of such 30 calendar day period, whichever occurs first. 36 (2) If coverage is not in effect and payment therefor is in the 37 possession of the company, health maintenance organization or the agent, 38 the underwriting decision shall be made within 20 business days from 39 receipt of the application by the agent unless the underwriting decision is 40 dependent upon substantive information available only from an 41 independent source. In such cases, the underwriting decision shall be made within 10 business days from receipt of the external information by the 42 43 party that makes the decision. The refund shall may accompany the notice

1 of an adverse underwriting decision, or such refund may separately be-

2 returned in not more than 10 days from the date of such notice. The notice

3 shall contain language indicating that any refund due will be returned in

4 not more than 10 days from the date on such notice.

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Sec. 2. K.S.A. 40-2,112 is hereby repealed.

6 Sec. 3. This act shall take effect and be in force from and after its 7 publication in the statute book.

Section 1. K.S.A. 2012 Supp. 40-401 is hereby amended to read as 8 9 follows: 40-401. Any 10 or more persons, a majority of whom are citizens of this state, may associate in accordance with the provisions of 10 this code and form an incorporated company, upon either the stock or 11 mutual plan, to make insurance upon the lives of persons and every 12 insurance appertaining thereto or connected therewith and to grant, 13 purchase or dispose of annuities, and to issue funding agreements, 14 15 guaranteed investment contracts and synthetic guaranteed investment 16 contracts. Such companies may incorporate: (a) In their policies provisions or conditions for the waiver of premiums or for the granting 17 of an annuity to the insured, or for special surrender values or other 18 benefits in the event the insured shall from any cause become 19 20 unemployed or totally and permanently disabled; (b) in their policies 21 provisions for acceleration of life or annuity benefits in advance of the time they would otherwise be payable subject to such reserve and other 22 23 regulatory standards as the commissioner may prescribe by rules and regulations, except that any provision providing for acceleration of life 24 or annuity benefits for persons diagnosed as having a medical condition 25 usually requiring continuous confinement for the rest of the person's 26 life in a nursing home or other eligible facility as defined in the policy, 27 may also provide for acceleration of benefits upon diagnosis of such 28 condition even if the person is not confined in a nursing home or similar 29 facility; (c) in their policies and annuity contracts provisions or 30 conditions for waiver of surrender charges upon terms and conditions as 31 specified in the policy or contract, subject to rules and regulations 32 adopted by the commissioner of insurance; or (d) in their policies 33 provisions for the payment of a larger sum if death is caused by accident 34 than if it results from any other causes. 35

Prior to the payment of any accelerated benefit, the insurer shall 36 37 receive from any assignee or irrevocable beneficiary of the policy a 38 signed acknowledgment of concurrence for the payment. For the 39 purposes of this section, "totally and permanently disabled" means disabled continuously for a period, such period to be specified in any 40 such provision, of not less than 60 days nor more than one year, except 41 this provision shall not apply to and specifically excludes group life 42 insurance. Such company may make insurance on the health of 43

1 individuals, against accidental personal injury, disablement or death and

2 against loss, liability or expense on account thereof. Such company so transacting such health and accident insurance business, or either kind, 3 4 shall maintain statutory and separate reserves for such business, shall issue such contracts only in separate policies except as otherwise 5 6 permitted herein and shall make separate reports to the commissioner of 7 insurance of the premiums received and expenses and losses incurred in 8 connection with such business, except that such reports will not be required for accelerated benefits incorporated in a life or annuity policy. 9 Long-term care insurance meeting the applicable requirements of K.S.A. 10 40-2227 and 40-2228, and amendments thereto, may be incorporated in 11 12 life insurance policies and annuities if approved by the commissioner.

The business of life insurance in this state shall not be in any way 13 conducted or transacted by any company which in this state makes 14 insurance on marine, fire, inland or any other like risks, except that;: (a) 15 16 Life, health and accident insurance on the group or industrial plan may 17 be combined in one policy, which shall show the premium charged for 18 life insurance and the premium charged for health and accident 19 insurance, and the insured, at the insured's option, may discontinue 20 either and by payment of the stated premium continue the other; and (b) 21 (1) specified disease or critical illness riders, or both, meeting the applicable requirements of K.S.A. 40-2201 et seq., and amendments 22 23 thereto, and article 4 of the Kansas administrative regulations, may be incorporated in life insurance policies which shall show the premium 24 25 charged for specified disease or critical illness, or both, insurance and the premium charged for life insurance; and (2) the insured, at the insured's 26 27 option, may discontinue the disease or critical illness rider, or both, and 28 continue the life insurance policy by payment of the stated premium. The 29 amount of capital stock of a company organized on the stock plan shall be not less than \$600,000. 30

31 Companies organized on the mutual plan shall be required to have 32 applications from at least 200 persons for insurance upon their lives, 33 aggregating not less than \$400,000, upon which one full annual premium in cash shall have been paid. No such company shall transact 34 35 any business of insurance until, if a stock company, all the capital stock 36 named in its charter has been paid in cash including all contributions to 37 surplus to be made by the original purchasers of such stock. The surplus 38 shall be at least \$600,000, and at least \$400,000 in securities authorized 39 by this code shall have been deposited with the commissioner of insurance pursuant to K.S.A. 40-229a, and amendments thereto, and if a 40 mutual company, a guaranty fund of at least \$1,200,000, and at least 41 42 \$400,000 of which shall be in securities as authorized in this code and 43 deposited with the commissioner of insurance pursuant to K.S.A. 40HB 2339—Am. by SC

229a, and amendments thereto. The guaranty fund may be returned to 1 the contributors with interest at 6% per annum whenever the surplus 2 shall equal the amount of such guaranty fund and interest, and no 3 company shall transact any business of insurance unless it shall 4 maintain the capital or surplus or both required of a company 5 6 commencing to transact business, or, if a mutual company, the required 7 number and amount of applications for insurance have been received 8 and the annual premiums collected in cash. The securities deposited pursuant to this section shall be held by the commissioner of insurance 9 in trust for the benefit and protection of the policyholders or creditors, 10 or both, of the company depositing the same and may be withdrawn only 11 upon order of the commissioner of insurance. 12

13 The commissioner of insurance may adopt rules and regulations to 14 implement the provisions of this section.

15 Sec. 2. K.S.A. 2012 Supp. 40-401 is hereby repealed.

16 Sec. 3 This act shall take effect and be in force from and after its 17 publication in the statute book.