California Department of Insurance CHECKLIST FOR INS. CODE, § 10295 ACCELERATED DEATH BENEFITS

Last revised: May 2018

This checklist is intended for use when drafting and filing an accelerated death benefit (ADB) that is payable upon the occurrence of a "qualifying event" under Ins. Code, § 10295(b). It is not a complete list of all legal requirements. All references are to the California Insurance Code, unless otherwise specified. Please add page numbers, where appropriate, if submitting the checklist with your form filing.

SUPPORTING DOCUMENTATION. These documents must be in Supporting Documentation.		
A statement of the policy forms with which the ADB will be offered, any underwriting restrictions involving face amount or age, and if the ADB is intended for use with new issues or in force policies, or both. § 10295.2(b).		
An actuarial memorandum. § 10295.4.		
A copy of any life policy or application to be used with the ADB. § 10292.		
Legal memorandum from tax counsel, if required by § 10295.2(c).		
SUPPLEMENTAL FORMS. These must be in Supporting Documentation (if previously filed) or the Form	n Scl	hedule.
Important Notice to Applicant/Buyer Regarding Accelerated Death Benefits. § 10295.3(b).		
Notice to Applicant Regarding Replacement of Long-Term Care Insurance. § 10295.9(c) and (d).		
Waiver of premium rider, for the life and any ADB premium, if the ADB is offered with term life. § 10295.14(b).		
STATEMENTS THAT MUST BE ON THE FIRST PAGE OF THE ADB		
Whether the ADB is or is not intended for favorable tax treatment under IRC § 101(g). §10295.1(f).		
Notice of the insured's right to return the ADB, as described in § 10295.8(a) and (b).		
Notice that the ADB is renewable for the life of the life policy, if premiums are timely paid. § 10295.15(a)	•	
If offered with a term life policy, notice that the ADB terminates with the term life policy. § 10295.15(b).		
COMPULSORY PROVISIONS. The ADB must contain the provisions stated in § 10271(c), or substitute later that is not less favorable to the insured. If the provision is in the life policy, it must be referenced in the ADB.	angua	age
Entire contract; changes. § 10271(c)(1).		p
Reinstatement. § 10271(c)(2).		p
Incontestability. § 10271(c)(3). [NOTE: The life policy must also comply with § 10271(c)(3). § 10295.5(e).]		p
Notice of Claim. § 10271(c)(4).		p
Claim Forms. § 10271(c)(5).		p
Proof of Loss. § 10271(c)(6).		p
Physical examinations. § 10271(c)(7).		p
CERTIFICATION OF CHRONIC ILLNESS. A tax-qualified ADB for chronic illness must explain the	follov	wing:
The insured may submit certification or request that the insurer arrange for an assessment to be		p
performed by an independent licensed health care practitioner (LHCP). § 10295(b)(2)(B)(ii)(I)-(IV).		h. —
The insured has a right to a second assessment if an independent LHCP determines that the insured is not chronically ill and the LHCP did not personally examine the insured. § 10295(b)(2)(B)(ii)(I).		p
A certification of chronic illness must be renewed every 12 months. § 10295(b)(2)(B)(ii)(II).		p
The costs to certify chronic illness do not count against the lifetime benefit max. § 10295(b)(2)(B)(ii)(III).		p
To be independent of the insurer, the LHCP must not be an employee of the insurer and must not be not compensated in any manner linked to the outcome of the certification. § 10295(b)(2)(B)(ii)(IV).		p

BENEFIT PAYMENT PROVISIONS: The ADB must explain and comply with all of the following:

DENETTI TATMENT TROVISIONS. The ADD must explain and comply with an of the following.			
The amount claimed is fixed at the time the claim is approved. § 10295.1(a)(1).		p	
Payment is not conditioned on the receipt of LTC or medical services. § 10295.1(a)(2).		p	
The insured may take the amount claimed in a lump sum payment or periodic payments. § 10295.1(a)(3).		p	
There are no restrictions on the insured's use of the ADB proceeds. § 10295.1(a)(4).		p	
Payment of the amount claimed is due immediately upon receipt of proof of eligibility. § 10295.1(a)(5).		p	
Any assignee or irrevocable beneficiary must provide concurrence prior to payment. § 10295.1(a)(6).		p	
Accidental death benefits shall not be affected by ADB payments, if any death benefit remains. § 10295.1(a)(7).		p	
The ADB provides a lifetime maximum benefit amount. § 10295.1(b)(1).		p	
The insured may accelerate more than once on a qualifying event. §10295.1(b)(2).		p	
The insured may accelerate on more than one qualifying event. §10295.1(b)(3).		p	
There may be tax consequences if accepting more than the tax qualified amount under the IRC. § 10295.1(c).		p	
If the insured requests an acceleration, the insurer shall send a statement of the effect of payment on the cash value, accumulation amount, death benefit, premium, policy loans, and policy liens. § 10295.6(a).		p	
Within one month of payment, the insurer shall send a report of any benefits paid during the month and an explanation of any changes to the policy or certificate, death benefits, and cash values. § 10295.6(e).		p	
Termination of the ADB shall not prejudice the payment of benefits for a qualifying event that occurred while the ADB was in force. § 10295.16.		p	
The insured has a right to appeal a decision regarding benefit eligibility. § 10295.19.		p	
PROVISIONS ON COSTS, CHARGES, FEES, AND/OR PREMIUMS			
The ADB must contain an explanation of how the insured will pay for the ADB (any premiums, fees, or			
charges) and a numerical illustration demonstrating the effect, if any, of an ADB payment on the policy's		p	
cash value, accumulation account, death benefit, premium, policy loans, and policy liens. § 10295.1(e).	<u> </u>		
Any life policy offered with the ADB must have a 60 day grace period. §§ 10295.14(a), 10113.71(a).		p	
Any present value discount must be disclosed and actuarially sound. § 10295.7(b).		p	
An ADB payment that pro rata reduces the cash value may be applied to loan repayment, but only on a pro rata basis and with full disclosure of the effects of acceleration. § 10295.6(g).		p	
APPLICATION REQUIREMENTS	<u>. </u>	<u> </u>	
Health-related questions may only require yes/no answers and contain one inquiry per question. § 10295.5(a).			
The application must contain the caution statement set forth in § 10295.5(b).			
The application or a separate form must ask whether the ADB is intended to replace any long-term care insurance. § 10295.9(a).			
The application or a separate form must provide an option to designate a third-party to receive notice of lapse or termination. §§ 10295.14(a), 10113.72.			
	At the time of application, the insurer must disclose all available premium default protections, if the life policy		
has a cash value. § 10295.14(c).			
PROHIBITIONS. The ADB must not contain the following:			
Limitations or exclusions by type of illness, treatment, medical condition, or accident, except for those permitted n § 10271(g)(1)-(4). § 10295.18.		ed 🗆	
Limitations on preexisting conditions. § 10295.1(d).			
A waiting period longer than 30 days. § 10295.6(b).			