

Your Exam Content Outline

For examinations on and after January 1, 2008

The following outline describes the content of one of the Texas insurance examinations. The outlines are the basis of the examinations. The examination will contain questions on the subjects contained in the outline. The percentages indicate the relative weights assigned to each part of the examination. For example, 10 percent means that 6 questions will be drawn from the section on a 60-question exam, 10 will be drawn on a 100-question exam and 15 will be drawn on a 150-question exam.

Texas Examination for General Lines Life, Accident and Health Agent Series 14-54

150 questions – 2.5-hour time limit

1.0 Insurance Regulation 6%

1.1 Licensing requirements

General provisions

Who are agents (Ins. 4001.003(1), .051)

Process (Ins. 4001.006, .102, .103, .105; Ins. 4002.001)

Types of licensees (Ins. 4001.003)

Individuals (Ins. 4001.105)

Partnerships (Ins. 4001.106)

Corporations (Ins. 4001.106)

Banks (Ins. 4001.107)

Nonresident agents

(Ins. 4056.001-.004)

Life and health insurance counselor (Ins. 4052.001)

Maintenance and duration

Expiration and renewal (Ins. 4003.001, .004, .006, .007)

Temporary license (Ins. 4001.151-.156)

Continuing education requirements (Ins. 4004.051-.054; TAC 19.1001-19.1021)

Disciplinary actions

Denial of license (Ins. 4005.101, .102)

Cease and desist order (Ins. 83.001-.153; Ins. 541.108; TAC 1.901-.911)

Surrender of license (Ins. 4005.107; TAC 19.2)

Suspension, revocation or refusal to renew (Ins. 4001.254; Ins. 4005.101, .102, .105)

Penalties (Ins. 82.001-.056; Ins. 84.001-.051; Ins. 4005.102)

1.2 State regulation

Commissioner's general duties and powers (Art. 31.001, .002, .021; Ins. 201.004; Ins. 404.051-.053; Ins. 481.001-.009; Ins. 491.051-.052; Ins. 521.003-.004; Ins. 4001.005)

Company regulation

Certificate of authority (Ins. 801.051-.053)

Financial requirements (Ins. 401.001-.021)

Examination of records (Ins. 38.001; Ins. 86.001-.002; Ins. 401.051-.062)

Unfair claims settlement practices (Ins. 541.060; Ins. 542.001-.014; TAC 21.201-.205)

Agent regulation

One agent, one license (TAC 19.902)

Acting without a license (Ins. 4001.101)

Unfair trade practices (TAC 21.3)

Misrepresentations (Ins. 541.051, .061; TAC 21.4)

False advertising (Ins. 541.052; TAC 21.115)

Defamation of insurer (Ins. 541.053)

Boycott, coercion and intimidation (Ins. 541.054)

False financial statements (Ins. 541.055)

Unfair discrimination (Ins. 541.057)

Rebates (Ins. 541.056; Ins. 4005.053(c)(1), .101(b)(9))

Testimonials (TAC 21.107)

False use of statistics (TAC 21.108)

Unlawful inducement (TAC 21.109)

Disparagements (TAC 21.110)

Unfair comparisons (TAC 21.111)

Commissions and fees (Ins. 4001.157; Ins. 4005.053, .054)

Controlled business (Ins. 4001.104)

Joint advertising by similarly licensed agents (TAC 19.904)

Referral business and insurance company appointments (TAC 19.905)

Reporting change of address (Ins. 4001.252, 4003.009; TAC 19.906)

Reporting of actions (Ins. 4001.252)

Records maintenance (Ins. 4001.255)

Illegal conversion of funds (Ins. 4005.101(b)(4))

Probation due to disability (Ins. 4006.001-.056; TAC 1.1501-1506)

Agent appointment (Ins. 4001.201)

Termination of appointment (Ins. 4001.206)

Life, Accident, Health and Hospital Service

Insurance Guaranty Association

(Ins. 463.001-.451; TAC 21.6)

Insurance fraud regulation (Ins. 701.001-.154)

Consumer privacy regulation (TAC 22.1-.26)

1.3 Federal regulation

Fair Credit Reporting Act (15 USC 1681-1681d)

Fraud and false statements (18 USC 1033, 1034)

2.0 General Insurance 6%

2.1 Concepts

Risk management key terms

Risk

Exposure

Peril

Loss

Elements of insurable risks

Adverse selection

Law of large numbers

Reinsurance

2.2 Insurers

Types of insurers

Stock companies

Mutual companies

Fraternal associations

Reciprocal exchanges

Lloyd's associations

Private versus government insurers

Authorized versus unauthorized insurers

Domestic, foreign and alien insurers

Financial status (independent rating services)

Marketing (distribution) systems

2.3 Agents and general rules of agency

Insurer as principal

Agent/insurer relationship

Authority and powers of agents

Express

Implied

Apparent

Responsibilities to the applicant/insured

2.4 Contracts

Elements of a legal contract

Offer and acceptance

Consideration

Competent parties

Legal purpose

Distinct characteristics of an insurance contract

Contract of adhesion

Aleatory contract

Personal contract

Unilateral contract

Conditional contract

Legal interpretations affecting contracts

Ambiguities in a contract of adhesion

Reasonable expectations

Indemnity

Utmost good faith

Representations/misrepresentations

Warranties

Concealment

Fraud

Waiver and estoppel

3.0 Life Insurance Basics 8%

3.1 Insurable interest (Art. 3.49-3; Ins. 1103.053)

3.2 Personal uses of life insurance

Survivor protection

Estate creation

Cash accumulation

Liquidity

Estate conservation

Viatical settlements

3.3 Determining amount of personal life insurance

Human life value approach

Needs approach

Types of information gathered

Determining lump-sum needs

Planning for income needs

3.4 Business uses of life insurance

Buy-sell funding

Key person

Executive bonuses

3.5 Classes of life insurance policies

Group versus individual

Permanent versus term

Participating versus nonparticipating

Fixed versus variable life insurance and annuities

Regulation of variable products (SEC, NASD and Texas) (TAC 3.704, 3.806)

3.6 Premiums

Factors in premium determination

Mortality

Interest earnings

Expense

Premium concepts

Net single premium

Gross annual premium

Premium payment mode

3.7 Agent responsibilities

Solicitation and sales presentations (TAC 21.104)

Advertising (TAC 3.303; TAC 21.111, .114, .122)

Policy summary

Illustrations

(TAC 21.2201-.2214)

Life insurance policy cost comparison methods

Use and disclosure of insurance information

Field underwriting

Notice of information practices

Application procedures including backdating (TAC 3.120)

Delivery

Policy review

Effective date of coverage

Premium collection

Statement of good health

3.8 Individual underwriting by the insurer

Information sources and regulation

Application

- Agent report
- Attending physician statement
- Investigative consumer (inspection) report
- Medical Information Bureau (MIB)
- Medical examinations and lab tests including HIV (TAC 21.704(b)(8-10), 21.705)
- Selection criteria and unfair discrimination (TAC 21.702-.704)
- Classification of risks
 - Preferred
 - Standard
 - Substandard

4.0 Life Insurance Policies 8%

4.1 Term life insurance

- Level term
 - Annual renewable term
 - Level premium term
- Decreasing term

4.2 Whole life insurance

- Continuous premium (straight life)
- Limited payment
- Single premium
- Indeterminate premium (TAC 3.301-.305)

4.3 Flexible premium policies

- Adjustable life
- Universal life

4.4 Group life insurance

- Characteristics of group plans
- Eligible groups (Ins. 1131.002)
- Group underwriting requirements
- Conversion to individual policy (Ins. 1131.110-.112)

4.5 Credit life insurance (individual versus group)

4.6 Nature of variable life insurance

- Variable life versus variable universal life
- Fixed premium payment versus flexible payment
- Face value versus death benefit
- Contract charges and fees

5.0 Life Insurance Policy Provisions, Options and Riders 9%

5.1 Required provisions (Ins. 1101.002)

- Entire contract (Ins. 1101.003; TAC 3.103)
- Payment of premiums (Ins. 1101.004; TAC 3.101)
- Grace period (Ins. 1101.005; TAC 3.102)
- Reinstatement (TAC 3.111)
- Incontestable clause (Ins. 1101.006; TAC 3.104)
- Misstatement of age (Ins. 1101.008; TAC 3.106)
- Statements of the insured (Ins. 1101.007; TAC 3.105)
- Legal action (TAC 3.119)
- Payment of claims (Ins. 1101.011; TAC 3.112)

5.2 Other provisions

- Ownership
- Assignment (TAC 3.123)
- Modifications

- Right to examine (free look)
- Medical examination
- Exclusions

5.3 Beneficiaries

- Designation options
 - Individuals
 - Classes
 - Estates
 - Minors
 - Trusts
- Succession
- Revocable versus irrevocable
- Common disaster clause
- Spendthrift clause

5.4 Settlement options

- Cash payment
- Interest only
- Fixed-period installments
- Fixed-amount installments
- Life income
 - Single life
 - Joint and survivor

5.5 Nonforfeiture options

- Cash surrender value
- Extended term
- Reduced paid-up insurance

5.6 Policy loan and withdrawal options

- Cash loans
- Automatic premium loans
- Withdrawals or partial surrenders

5.7 Dividend options

- Cash payment
- Reduction of premium payments
- Accumulation at interest
- One-year term option
- Paid-up additions
- Paid-up insurance

5.8 Disability riders

- Waiver of premium
- Waiver of cost of insurance
- Disability income benefit

5.9 Accelerated (living) benefit provision/rider (Ins. 1111.052, 1551.254; TAC 3.1708, 3.4301-.4317)

- Conditions for payment
- Effect on death benefit

5.10 Riders covering additional insureds

- Spouse/other-insured term rider
- Children's term rider
- Family term rider

5.11 Riders affecting the death benefit amount

- Accidental death
- Guaranteed insurability
- Cost of living
- Return of premium

6.0 Annuities 7%

6.1 Annuity principles and concepts

- Accumulation period versus annuity period
- Owner, annuitant and beneficiary
- Insurance aspects of annuities

6.2 Immediate versus deferred annuities

- Single premium immediate annuities (SPIAs)
- Deferred annuities
 - Premium payment options
 - Nonforfeiture
 - Surrender charges
 - Death benefits

6.3 Annuity (benefit) payment options

- Life contingency options
 - Pure life versus life with guaranteed minimum
 - Single life versus multiple life
- Annuities certain (types)

6.4 Annuity products

- Fixed annuities
 - General account assets
 - Interest rate guarantees (minimum versus current)
 - Level benefit payment amount

6.5 Uses of annuities

- Lump-sum settlements
- Qualified retirement plans including group versus individual
- Personal uses
 - Individual retirement annuities (IRAs)
 - Tax-deferred growth
 - Retirement income
 - Education funds

7.0 Federal Tax Considerations for Life Insurance and Annuities 6%

7.1 Taxation of personal life insurance

- Amounts available to policyowner
 - Cash value increases
 - Dividends
 - Policy loans
 - Surrenders
- Amounts received by beneficiary
 - General rule and exceptions
 - Settlement options
- Values included in insured's estate

7.2 Modified endowment contracts (MECs)

- Modified endowment versus life insurance
- Seven-pay test
- Distributions

7.3 Taxation of non-qualified annuities

- Individually-owned
 - Accumulation phase (tax issues related to withdrawals)
 - Annuity phase and the exclusion ratio
 - Distributions at death
- Corporate-owned

7.4 Taxation of individual retirement annuities (IRAs)

- Traditional IRAs
 - Contributions and deductible amounts
 - Premature distributions (including taxation issues)
 - Annuity phase benefit payments
 - Values included in annuitant's estate
 - Amounts received by beneficiary
- Roth IRAs
 - Contributions and limits
 - Distributions

7.5 Rollovers and transfers (IRAs and qualified plans)

7.6 Section 1035 exchanges

8.0 Qualified Plans 5%

8.1 General requirements

8.2 Federal tax considerations

- Tax advantages for employers and employees
- Taxation of distributions (age-related)

8.3 Plan types, characteristics and purchasers

- Simplified employee pensions (SEPs)
- Profit-sharing and 401(k) plans
- SIMPLE plans
- 403(b) tax-sheltered annuities (TSAs)

9.0 Health Insurance Basics 6%

9.1 Definitions of perils

- Accidental injury (TAC 3.3008)
- Sickness (TAC 3.3009)

9.2 Principal types of losses and benefits

- Loss of income from disability
- Medical expense
- Dental expense
- Long-term care expense

9.3 Classes of health insurance policies

- Individual versus group
- Private versus government
- Limited versus comprehensive

9.4 Limited policies

- Limited perils and amounts
- Required notice to insured
- Types of limited policies
 - Accident-only including Texas minimum standards (TAC 3.3076)
 - Specified (dread) disease including Texas minimum standards (TAC 3.3077)
 - Hospital indemnity (income)
 - Credit disability
 - Blanket insurance (teams, passengers, other) (Ins. 1251.351-.359)
 - Prescription drug plans
 - Vision care

9.5 Common exclusions from coverage (TAC 3.3018, 3.3054)

9.6 Agent responsibilities in individual health insurance

- Marketing requirements
 - Advertising (Art. 21.20-2; TAC 3.303, TAC 21.101-.113)
 - Outline of coverage (TAC 3.3090-.3093)
- Field underwriting
 - Nature and purpose
 - Disclosure of information about individuals
 - Application procedures
 - Delivery of policy
 - Common situations for errors/omissions

9.7 Individual underwriting by the insurer

- Underwriting criteria
- Sources of underwriting information
 - Application
 - Agent reports
 - Attending physician statement
 - Investigative consumer (inspection) report
 - Medical Information Bureau (MIB)
 - Medical examinations and lab tests including HIV (TAC 21.704(b)(8-10), 21.705)
- Unfair discrimination (TAC 21.702-.704)
- Genetic testing information (Ins. 546.051, .052)
- Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

9.8 Considerations in replacing health insurance (TAC 3.3061)

- Pre-existing conditions (TAC 3.3018, 3.3054, 3.3061(c)(1))
- Benefits, limitations and exclusions
- Underwriting requirements
- Agent liability for errors and omissions

10.0 Individual Health Insurance Policy General Provisions 5%

10.1 Required standard provisions

- Entire contract; changes (Ins. 1201.207)
- Time limit on certain defenses (Ins. 1201.208)
- Grace period (Ins. 1201.209)
- Reinstatement (Ins. 1201.210)
- Claim procedures (Ins. 1201.211-.215)
- Physical examinations and autopsy (Ins. 1201.216)
- Legal actions (Ins. 1201.217)
- Change of beneficiary (Ins. 1201.218)

10.2 Other provisions

- Change of occupation (Ins. 1201.219)
- Misstatement of age (Ins. 1201.220)
- Other insurance in this insurer (Ins. 1201.221)
- Unpaid premium (Ins. 1201.223)
- Cancellation (Ins. 1201.224)
- Conformity with state statutes (Ins. 1201.225)
- Illegal occupation (Ins. 1201.226)
- Intoxicants and narcotics (Ins. 1201.227)

10.3 Other general provisions

- Right to examine (free look) (Ins. 1201.058)
- Insuring clause
- Consideration clause
- Renewability clause (TAC 3.3050)
 - Noncancelable (TAC 3.3019)
 - Guaranteed renewable (TAC 3.3020)
 - Conditionally renewable
 - Renewable at option of insurer
 - Nonrenewable (cancelable, term)
- Military suspense provision (TAC 3.3057(e))

10.4 Prohibited policy provisions (TAC 3.3040)

11.0 Disability Income and Related Insurance 3%

11.1 Qualifying for disability benefits (TAC 3.3012)

- Inability to perform duties
 - Own occupation
 - Any occupation
- Pure loss of income (income replacement contracts)
- Presumptive disability
- Requirement to be under physician care

11.2 Individual disability income insurance

- Texas minimum benefit standards (TAC 3.3075)
 - Basic total disability plan
 - Income benefits (monthly indemnity)
 - Elimination and benefit periods
 - Waiver of premium feature
 - Coordination with social insurance benefits
 - Additional monthly benefit (AMB)
 - Social insurance supplement (SIS)
 - Occupational versus nonoccupational coverage
 - At-work benefits
 - Partial disability benefit (TAC 3.3013)
 - Residual disability benefit (TAC 3.3014)
 - Other provisions affecting income benefits
 - Cost of living adjustment (COLA) rider
 - Future increase option (FIO) rider
 - Relation of earnings to insurance (Ins. 1201.222)
 - Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
 - Refund provisions
 - Return of premium (TAC 3.3040(c))
 - Cash surrender value
 - Exclusions
- ### **11.3 Unique aspects of individual disability underwriting**
- Occupational considerations
 - Benefit limits
 - Policy issuance alternatives
- ### **11.4 Group disability income insurance**
- Group versus individual plans

Short-term disability (STD)
Long-term disability (LTD)

11.5 Business disability insurance

Key person disability income
Disability buy-sell policy

11.6 Social Security disability

Qualification for disability benefits
Definition of disability
Waiting period
Disability income benefits

12.0 Medical Plans 9%

12.1 Medical plan concepts

Fee-for-service basis versus prepaid basis
Specified coverages versus comprehensive care
Benefit schedule versus
 usual/reasonable/customary charges
Any provider versus limited choice of providers
Insureds versus subscribers/participants

12.2 Types of providers and plans

Major medical insurance (indemnity plans)
 Characteristics
 Texas minimum standards (TAC 3.3074)
 Common limitations
 Exclusions from coverage
 Provisions affecting cost to insured
Health maintenance organizations (HMOs)
Preferred provider organizations (PPOs)
 (TAC 3.3701-.3706)
 General characteristics
 Open panel or closed panel
 Types of parties to the provider contract
Point-of-service (POS) plans
 Nature and purpose
 Out-of-network provider access (open-ended
 HMO)
 Indemnity plan features
Texas Child Health Plan (H&S 62.001-.055,
 .058-.158)

12.3 Cost containment in health care delivery

Cost-saving services
 Preventive care
 Hospital outpatient benefits
 Alternatives to hospital services
Utilization management
 Prospective review
 Concurrent review

12.4 Texas requirements (individual and group)

Eligibility requirements
 Dependent child age limit (Ins. 1201.065)
 Newborn child coverage (Ins. 1367.003;
 TAC 3.3403)
 Adopted children (Ins. 1201.061)
 Step children (Ins. 1201.064)
 Medical child support order (Ins. 1201.063;
 TAC 21.2004)
 Grandchildren (Ins. 1201.062)
Benefit offers

In-vitro fertilization (Ins. 1366.003)
Speech and hearing impairments
 (Ins. 1365.003)
Mental illness (Ins. 1355.004)
Home health care (Ins. 1351.005-.007)

12.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

Eligibility
Pre-existing conditions
Creditable coverage
Renewability
Privacy issues

12.6 Special savings plans (definition, eligibility, and contribution limits)

Flexible savings accounts (FSAs)
Health savings accounts (HSAs)
Health reimbursement accounts (HRAs)
Consumer driven plans

12.7 Texas Health Insurance Risk Pool (Ins. Ch 1506)

Eligibility (Ins. 1506.152)
Coverages and limits (Ins. 1506.151, .154)
Exclusions (Ins. 1506.155)
Deductibles and coinsurance (Ins. 1506.151)

13.0 Health Maintenance Organizations (HMOs) 3%

13.1 HMOs and cost control

Access to providers
Preventive care
Utilization management
Capitation

13.2 HMO and other medical plans compared

Provider choice
 Service area
 Gatekeeper
 Network
 Any provider
Preventive care emphasis
Cost-sharing methods
 Copayments
 Deductibles and coinsurance

13.3 HMO services and general provisions

Preventive care services
Physician services
 Primary care physician (PCP)
 Referral (specialty) physician
Emergency care
 (Ins. 1271.155)
Hospital services
Other basic services
Additional plans and services
 Dental services
 Vision care

13.4 HMO certification and regulation

Certification
 Certificate of authority (Ins. 843.071)
 Officers and employees bond (Ins. 843.402)

- Financial requirement (Ins. 843.403, .404)
- Violations (Ins. 843.406)
- Notice of hearing (Ins. 843.406)
- Suspension or revocation of certificate of authority (Ins. 843.406(a)(1))
- Regulation of reports and records
 - Annual report (Ins. 843.155)
 - Complaint system (Ins. 843.251)
 - Examination of records (Ins. 843.156)
- Prohibited practices
- Confidentiality of medical and health information (Ins. 843.007)

14.0 Group Health Insurance 7%

14.1 Characteristics of group insurance

- Group contract
- Certificate of coverage

14.2 Types of eligible groups

- Employment-related groups
 - Individual employer groups
 - Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
- Associations (alumni, professional, other)
- Customer groups (depositors, other)
- Self-funded plans

14.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/place of delivery

14.4 Employer group health insurance

- Insurer underwriting criteria
 - Characteristics of group
 - Plan design factors
 - Persistency factors
 - Administrative capability
- Eligibility for coverage
 - Annual open enrollment
 - Employee eligibility
 - Dependent eligibility
- Coordination of benefits provision (Ins. 1203.002)
- Change of insurance companies or loss of coverage
 - Coinsurance and deductible carryover
 - Events that terminate coverage
 - Extension of benefits (Ins. 1252.102)
 - Continuation of coverage under COBRA and Texas continuation rules (Ins. 1251.251)
 - Conversion privilege (TAC 3.501-.518; TAC 3.3602)

14.5 Small employer medical plans (TAC 26.1, 26.3-.26)

- Definition of small employer (Ins. 1501.002(14))
- Employer contribution and participation requirements (Ins. 1501.153, .154; TAC 26.8)
- Benefit plans offered (Ins. 1501.252)
 - Basic coverage benefit plan
 - Other benefit plans
- Guaranteed issue (Ins. 1501.151; TAC 26.7, .8)
- Renewability of coverage (Ins. 1501.108; TAC 26.15, .16)

- Prohibited marketing practices (Ins. 1501.352; TAC 26.13)
- Dependent offering (TAC 26.9)
- Pre-existing conditions (Ins. 1501.102)

15.0 Dental Insurance 2%

15.1 Types of dental treatment

- Diagnostic and preventive
- Restorative
- Oral surgery
- Endodontics
- Periodontics
- Prosthodontics
- Orthodontics

15.2 Indemnity plans

- Choice of providers
- Scheduled plans versus nonscheduled plans
- Benefit categories
 - Diagnostic/preventive services
 - Basic services
 - Major services
- Deductibles and coinsurance
- Combination plans
- Exclusions
- Limitations
- Predetermination of benefits

15.3 Employer group dental expense

- Integrated deductibles versus stand-alone plans
- Minimizing adverse selection

16.0 Insurance for Senior Citizens and Special Needs Individuals 7%

16.1 Medicare

- Nature, financing and administration
- Part A — Hospital Insurance
 - Individual eligibility requirements
 - Enrollment
 - Coverages and cost-sharing amounts
- Part B — Medical Insurance
 - Individual eligibility requirements
 - Enrollment
 - Coverages and cost-sharing amounts
 - Exclusions
 - Claims terminology and other key terms
- Part C — Medicare Advantage
- Part D — Prescription Drug Insurance

16.2 Medicare supplements (TAC 3.3301-.3310, .3312-.3313, .3315-.3325)

- Purpose (TAC 3.3301)
- Open enrollment (TAC 3.3324)
- Standardized Medicare supplement plans
 - Core benefits (TAC 3.3306(2))
 - Additional benefits (TAC 3.3306(3))
- Texas regulations and required provisions
 - Prohibited policy provisions (TAC 3.3305)
 - Minimum benefit standards (TAC 3.3306)
 - Required disclosure provisions (TAC 3.3308)
 - Replacement (TAC 3.3309)
 - Guaranteed issue (TAC 3.3312)

- Advertising (TAC 3.3313)
- Permitted compensation arrangements (TAC 3.3317)
- Standards for marketing (TAC 3.3319)
- Appropriateness of recommended purchase (TAC 3.3320)
- Medicare Select (TAC 3.3325)

16.3 Other options for individuals with Medicare

- Employer group health plans
 - Disabled employees
 - Employees with kidney failure
 - Individuals age 65 and older
- Medicaid
 - Eligibility
 - Benefits

16.4 Long-term care (LTC) insurance (Ins. 1651.003; TAC 3.3801–.3807, .3810, .3812, .3815, .3818–.3850)

- LTC, Medicare and Medicaid compared
- Eligibility for benefits
- Levels of care
 - Skilled care
 - Intermediate care
 - Custodial care
 - Home health care
 - Adult day care
 - Respite care
- Benefit periods
- Benefit amounts
- Optional benefits
 - Guarantee of insurability
 - Return of premium
- Qualified LTC plans
- Cancellation (TAC 3.3823)
- Exclusions (TAC 3.3826)
- Indemnity versus reimbursement
- Waiver of premium
- Underwriting considerations
- Texas regulations and required provisions
 - Required disclosure provisions (TAC 3.3829)
 - Replacement (TAC 3.3830)
 - Requirement to offer inflation protection (TAC 3.3820)
 - Requirement to offer nonforfeiture benefits (TAC 3.3844)
 - Outline of coverage (TAC 3.3832)
 - Advertising (TAC 3.3838)
 - Standards for marketing (TAC 3.3839)
 - Shopper's guide (TAC 3.3840)
 - Appropriateness of recommended purchase (TAC 3.3842)
 - Pre-existing conditions provisions (TAC 3.3824)
 - Unintentional lapse (TAC 3.3841)
 - Guaranteed renewability (TAC 3.3807)

17.0 Federal Tax Considerations for Health Insurance 3%

17.1 Personally-owned health insurance

- Disability income insurance
- Medical expense insurance
- Long-term care insurance

17.2 Employer group health insurance

- Disability income (STD, LTD)
- Medical and dental expense
- Long-term care insurance
- Accidental death and dismemberment

17.3 Medical expense coverage for sole proprietors and partners

17.4 Business disability insurance

- Key person disability income
- Buy-sell policy

17.5 Special Savings Plans

- Health Savings Accounts
- Health Reimbursement Accounts
- Flexible Spending Accounts
- Consumer-Driven Plans