

Your Exam Content Outline

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 agent (Ins. 4054.301–.304)

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 and product certification
course requirements (Ins. 4004.051–.054;
TAC 19.1001–19.1030)

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
(Ins. 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 (Ins. 4001.051 (d), 4005.053;
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(e))

2.0 General Insurance 5%

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

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

Aleatory contract
Personal contract
Unilateral contract
Conditional contract

Legal interpretations affecting contracts

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

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, FINRA 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 8%

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

- Suitability (Ins. 1155)
- 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
 - 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

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 8%

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
- 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)

- 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)

12.5 Texas requirements (Group)

- 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)

12.6 HIPAA (Health Insurance Portability and Accountability Act) requirements

- Eligibility
- Pre-existing conditions
- Creditable coverage
- Renewability

Privacy issues

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

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

12.8 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) 2%

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 8%

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
- Blanket insurance (teams, passengers, other) (Ins. 1251.351-.359)

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
 - Coinurance 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 8%

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)

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

LTC Partnerships

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