

Your Exam Content Outline

The following outline describes the content of one of the Utah 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.

Utah Producer's Examination for Life, Accident and Health Insurance Series 17-03

150 questions – 2.5-hour time limit

1.0 Insurance Regulation 7%

1.1 Licensing

- Purpose (31A-23a-101)
- Process (31A-23a-103-105, 107, 302)
- Types of licensees (31A-23a-106, 203, 401)
 - Producers
 - Consultants
 - Adjusters
 - Nonresidents (31A-23a-109)
- Maintenance and duration
 - Renewal (31A-23a-105)
 - Continuing education requirements (31A-23a-202; Reg R590-142-1 through 10)
 - Reinstatement (31A-23a-111(2), 113)
 - Assumed name (31A-23a-110(2))
 - Change of address or telephone number (31A-23a-412(1)(c))
 - Reporting of actions (31A-23a-105(2)(b))
- Disciplinary actions
 - License termination, suspension, or revocation (31A-2-308(10)(a); 31A-23a-111)
 - Probation (31A-23a-112)
 - Monetary forfeiture (fines) (31A-2-308)

1.2 State regulation

- Commissioner's general duties and powers (31A-2-201)
- Company regulation
 - Solvency (31A-4-105, 105.5)
 - Rates (31A-19a-201-203)
 - Policy forms (31A-21-201-203)
 - Producer appointment (31A-23a-115; Reg R590-244-1-14)
 - Termination of appointment (Reg R590-244-1-14)
 - Unfair claim settlement practices (31A-26-303; Reg R590-190-192)
- Producer regulation
 - Fiduciary and trust account responsibilities (31A-23a-409)
 - Place of business/records maintenance (31A-23a-412)
 - Controlled business (31A-23a-502)

- Shared commissions (31A-23a-504)
 - Unfair marketing practices (Reg R590-154)
 - Misrepresentation (31A-21-105; 31A-23a-402(1))
 - False advertising (31A-23a-402(1))
 - Rebating (31A-23a-402(2))
 - Unfair discrimination (31A-23a-402(3))
 - Boycott, coercion or intimidation (31A-23a-402(4))
 - Illegal inducement (Reg R590-154-11)
 - Examination of records (31A-2-203-205; 31A-23a-412)
 - Privacy of Consumer Information (Reg R590-206)
 - Insurance fraud regulation (31A-31-103-106)
 - Personal liability for unpaid claims (31A-15-105)
- #### 1.3 Federal regulation
- Fair Credit Reporting Act (15 USC 1681-1681d)
 - Fraud and false statements (18 USC 1033, 1034)

2.0 General Insurance 5%

2.1 Concepts

- Risk management key terms
 - Risk
 - Exposure
 - Hazard
 - Peril
 - Loss
- Methods of handling risk
 - Avoidance
 - Retention
 - Sharing
 - Reduction
 - Transfer
- Elements of insurable risks
 - Adverse selection
 - Law of large numbers
 - Reinsurance

2.2 Insurers

- Types of insurers
 - Stock companies
 - Mutual companies
 - Fraternal benefit societies
 - Reciprocal
 - Lloyd's associations
 - Risk retention groups
- Private versus government insurers
- Admitted versus nonadmitted insurers
- Domestic, foreign and alien insurers

Financial status (independent rating services)
Marketing (distribution) systems

2.3 Producers and general rules of agency

Insurer as principal
Producer/insurer relationship
Authority and powers of producer
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 7%

3.1 Insurable interest (31A-21-104)

3.2 Personal uses of life insurance

Survivor protection
Estate creation
Cash accumulation
Liquidity
Estate conservation

3.3 Life settlements (including stranger originated life insurance)

3.4 Determining amount of personal life insurance

Human life value approach
Needs approach
Types of information gathered
Determining lump-sum needs
Planning for income needs

3.5 Business uses of life insurance

Buy-sell funding
Key person
Executive bonuses
Deferred compensation funding
Split dollar plans
Change of insured provision

3.6 Classes of life insurance policies

Group versus individual
Ordinary versus industrial (home service)
Permanent versus term
Participating versus nonparticipating
Fixed versus variable life insurance and annuities including regulation of variable products (SEC, FINRA, and Utah) (31A-5-217, 217.5; 31A-23a-206)

3.7 Premiums

Factors in premium determination
Mortality
Interest
Expense
Premium concepts
Net single premium
Gross annual premium
Premium payment mode

3.8 Licensee responsibilities

Solicitation and sales presentations
(Reg R590-79-1-8)
Advertising (Reg R590-130-4-16)
Utah Life and Health Insurance Guaranty Association (31A-28-119(1))
Illustrations (31A-22-631;
Reg R590-177-1-13)
Policy summary (31A-22-631;
Reg R590-79-4(F), 5)
Buyer's guide (Reg R590-79-4(A), 5)
Guaranty association disclosure
(31A-28-119(2-4); Reg R590-155-2, 3)
Life insurance policy cost comparison methods
Replacement (Reg R590-93-1-12)
Use and disclosure of insurance information
Field underwriting
Notice of information practices
Application procedures
Delivery
Policy review
Effective date of coverage
Premium collection
Statement of good health

3.9 Individual underwriting by the insurer

Information sources and regulation
Application
Licensee report
Attending physician statement
Investigative consumer (inspection) report
Medical Information Bureau (MIB)
Medical examinations and lab tests (including HIV consent) (Reg R590-132-3)
Selection criteria and unfair discrimination
(31A-23a-402(3))
Classification of risks
Preferred
Standard
Substandard

4.0 Life Insurance Policies 7%

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

4.3 Flexible premium policies

- Adjustable life
- Universal life

4.4 Specialized policies

- Joint life (first-to-die)
- Juvenile life

4.5 Group life insurance

- Characteristics of group plans
- Types of plan sponsors
- Group underwriting requirements
- Conversion to individual policy (31A-22-517-519)

5.0 Life Insurance Policy Provisions, Options and Riders 9%

5.1 Standard provisions

- Ownership
- Assignment (31A-22-412)
- Entire contract (31A-22-424)
- Modifications
- Right to examine (free look) (31A-22-423)
- Payment of premiums
- Grace period (31A-22-402)
- Reinstatement (31A-22-407)
- Incontestability (31A-22-403)
- Misstatement of age and gender (31A-22-405)
- Exclusions
- Suicide exclusion (31A-22-404)
- Medical examination; autopsy (31A-22-417)
- Prohibited provisions including backdating (31A-22-401)

5.2 Beneficiaries

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

5.3 Settlement options

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

5.4 Nonforfeiture options

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

5.5 Policy loan and withdrawal options

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

5.6 Dividend options

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

5.7 Disability riders

- Waiver of premium
- Waiver of cost of insurance
- Disability income benefit
- Payor benefit life/disability (juvenile insurance)

5.8 Accelerated (living) benefit provision/rider

- Qualifying events
- Disclosure
- Effect of benefit payment

5.9 Riders covering additional insureds

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

5.10 Riders affecting the death benefit amount

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

6.0 Annuities 9%

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
- Equity indexed annuities
- Market value adjusted annuities

6.5 Uses of annuities

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

7.0 Federal Tax Considerations for Life Insurance and Annuities 7%

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 the 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 4%

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)
- Self-employed plans (HR 10 or Keogh plans)
- Profit-sharing and 401(k) plans

- SIMPLE plans
- 403(b) tax-sheltered annuities (TSAs)

9.0 Accident and Health Insurance Basics 12%

9.1 Definitions of perils

- Accidental injury (R590-126, 233)
- Sickness, medical necessity and emergency (31A-22-627)

9.2 Principal types of losses and benefits

- Loss of income from disability (R590-126, 233)
- Medical expense
- Dental expense
- Long-term care expense

9.3 Classes of health insurance policies

- Individual versus group
- Private versus government
- Self-funded vs fully insured
- Limited versus comprehensive
- Employer group versus association group

9.4 Limited policies (R590-126)

- Limited perils and amounts
- Required notice to insured
- Types of limited policies
 - Accident-only
 - Specified (dread) disease
 - Hospital indemnity (income)
 - Credit disability
 - Blanket insurance (teams, passengers, other)
 - Prescription drugs
 - Vision care

9.5 Common exclusions from coverage (R590-126)

9.6 Licensee responsibilities in individual health insurance

- Marketing requirements
 - Advertising (Reg R590-130-4-16)
 - Utah Life and Health Insurance Guaranty Association (31A-28-119(1-4); R590-155)
 - Sales presentations
 - Outline of coverage (Reg R590-126-8, 233-8)
 - Compensation disclosure (31A-23a-501)
- Field underwriting
 - Nature and purpose
 - Employee waiver form (31A-22-635; R590-247)
 - Disclosure of information about individuals (R590-126, 233)
 - Application procedures
 - Requirements at delivery of policy
 - Utah individual and small employer health insurance application (R590-247)
 - Common situations for errors/omissions

9.7 Individual underwriting by the insurer

- Underwriting criteria
- Sources of underwriting information
 - Application
 - Licensee report
 - Attending physician statement

- Investigative consumer (inspection) report
- Medical Information Bureau (MIB)
- Medical examinations and lab tests (including HIV consent) (Reg R590-132-3)
- Unfair discrimination (31A-23a-402(3))
 - Genetic Information and Nondiscrimination Act of 2008 (GINA)
- Classification of risks
 - Preferred
 - Standard
 - Substandard

9.8 Considerations in replacing accident and health insurance (Reg R590-126-9, 233)

- Pre-existing conditions (31A-22-605.1)
- Benefits, limitations and exclusions
- Underwriting requirements
- Licensee liability for errors and omissions
- Required notification

9.9 Other required, uniform and general provisions (R590-126, 233)

- Incontestability (31A-22-609)
- Grace period (31A-22-607)
- Reinstatement (31A-22-608)
- Claim procedures (31A-21-312; 31A-22-614; 31A-26-301; Reg R590-192-1-14)
- Change of occupation (31A-22-613(1))
- Misstatement of age (31A-22-613(2,3))
- Coordination of benefits (31A-22-619)
- Right to examine (free look) (31A-22-606)
- Rights of spouse (31A-22-612)
- Insuring clause
- Consideration clause
- Entire contract; changes
- Physical examinations and autopsy
- Legal actions
- Change of beneficiary
- Unpaid premium
- Conformity with state statutes
- Illegal occupation
- Renewability clause (31A-30-107; Reg R590-126-5; Reg R590-233)
 - Noncancelable
 - Guaranteed renewable
 - Conditionally renewable
 - Renewable at option of insurer
 - Nonrenewable (cancelable, term)

10.0 Disability Income and Related Insurance 2%

10.1 Qualifying for disability benefits

- Inability to perform duties
 - Own occupation
 - Any occupation
- Loss of income (income replacement contracts)
- Definition of total disability (R590-126-3)
- Presumptive disability
- Requirement to be under physician care

10.2 Individual disability income insurance

- Basic total disability plan
 - Income benefits (monthly indemnity)
 - Elimination and benefit periods
 - Waiver of premium feature
- Coordination with social insurance and workers compensation benefits
 - Additional monthly benefit (AMB)
 - Social insurance supplement (SIS)
 - Occupational versus nonoccupational coverage
- At-work benefits
 - Partial disability benefit
 - Residual disability benefit
- Other provisions affecting income benefits
 - Cost of living adjustment (COLA) rider
 - Future increase option (FIO) rider
 - Relation of earnings to insurance
- Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
- Refund provisions
 - Return of premium
 - Cash surrender value
- Exclusions

10.3 Unique aspects of individual disability underwriting

- Occupational considerations
- Benefit limits
- Policy issuance alternatives

10.4 Group disability income insurance

- Group versus individual plans
- Short-term disability (STD)
- Long-term disability (LTD)

10.5 Social Security disability

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

11.0 Medical Plans 10%

11.1 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
- Defined contribution plans (31A-30-201-208)

11.2 Types of providers and plans

- Major medical insurance (indemnity plans)
 - Characteristics
 - Common limitations
 - Exclusions from coverage
 - Provisions affecting cost to insured
- Health maintenance organizations (HMOs)
- Defined contribution plans (31A-30-201--208)

- General characteristics
- Preventive care services
- Primary care physician versus referral (specialty) physician
- Emergency care
- Hospital services
- Other basic services

- Preferred provider organizations (PPOs)
 - General characteristics
 - Limited health plans (31A-8-101(6))
 - Open panel or closed panel
 - Types of parties to the provider contract
 - Utah Net Care Plan (31A-22-724)

11.3 Cost containment in health care delivery

- Cost-saving services
 - Preventive care
 - Hospital outpatient benefits
 - Alternatives to hospital services
 - Maternity stay minimum limits (31A-22-610.2)
- Utilization management
 - Prospective review
 - Concurrent review

11.4 Utah requirements (individual and group)

- Eligibility requirements
 - Newborn child coverage (31A-22-610)
 - Dependent child age limit (31A-22-610.5)
 - Court ordered dependency coverage (31A-22-610.5)
 - Eligibility of dependent children not based solely on residency (31A-22-718)
 - Policy extension for handicapped children (31A-22-611)
 - Adoptions (31A-22-610.1)
 - Federal health care reform required dependent coverage
- Benefit offers
 - Substance abuse coverage (31A-22-715)

11.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

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

11.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)

- Definition
- Eligibility
- Contribution limits
- Portability

11.7 HIPUtah (31A-29-101-107, 119-123)

- Eligibility (31A-29-111)
- Coverages and limits (31A-29-113)
- Exclusions (31A-29-113)
- Deductibles and coinsurance (31A-29-114)
- Federal HIPUtah

11.8 Uniform health benefit plan information card (31A-22-635; Reg R590-257)

11.9 Federal HealthCare Reform (Patient Protection and Affordable Care Act)

12.0 Group Accident and Health Insurance 10%

12.1 Characteristics of group insurance

- Group contract
- Certificate of coverage
- Experience rating versus community rating

12.2 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, creditor-debtor, other)
- Discretionary groups

12.3 Marketing considerations

- Advertising
- Unfair inducements
- Regulatory jurisdiction/place of delivery

12.4 Employer group health insurance

- Insurer underwriting criteria
 - Characteristics of group
 - Plan design factors
 - Persistency factors
 - Administrative capability
- Eligibility for insurance
 - Annual open enrollment
 - Employee eligibility
 - Dependent eligibility
- Coordination of benefits provision (Reg R590-131)
- Change of insurance companies or loss of coverage
 - Coinurance and deductible carryover
 - No-loss no-gain
 - Events that terminate coverage
 - Extension of benefits
 - Continuation of coverage under COBRA and Utah Mini-COBRA (31A-22-722)
 - Conversion rights (31A-22-723)
 - Utah Net Care (31A-22-724; R590-255)
 - Reinstatement of coverage for military personnel (31A-22-717)

12.5 Small employer medical plans

- Definition of small employer (31A-1-301)
- Basic coverage (31A-22-613.5; Reg R590-175)
- Availability of coverage (31A-30-108)
- Rating of small employer plans (31A-30; Reg R590-167)
- Benefit choices (31A-30-109)
- Defined contribution arrangement market (31A-30, Part 2)
- Renewability of coverage (31A-30-107)
- Pre-existing conditions (31A-22-605.1)
- Participation requirements (31A-30-112)
- Surcharge for charging carriers (31A-30-106.7)

Open enrollment (Reg R590-176)
Utah Health Exchange

12.6 Regulation of employer group insurance plans

Employee Retirement Income Security Act (ERISA)
Applicability
Fiduciary responsibilities
Reporting and disclosure
Age Discrimination in Employment Act (ADEA)
Applicability to employers and workers
Permitted reductions in insured benefits
Permitted increases in employee contributions
Requirements for medical expense coverage
Civil Rights Act/Pregnancy Discrimination Act
Applicability
Guidelines
Relationship with Medicare
Medicare secondary rules
Medicare carve-outs and supplements
Nondiscrimination rules (highly-compensated)

12.7 Types of funding and administration

Conventional fully-insured plans
Fully self-funded (self-administered) plans
Characteristics
Conditions suitable for self-funding
Benefits suitable for self-funding

12.8 Utah Health Exchange (31A-30-201-208; 31A-42; 63M-1-2501-2506)

13.0 Dental Insurance 1%

13.1 Categories of dental treatment

Diagnostic and preventive
Restorative
Oral surgery
Endodontics
Periodontics
Prosthodontics
Orthodontics

13.2 Indemnity plans

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

13.3 Employer group dental expense

Integrated deductibles versus stand-alone plans
Minimizing adverse selection

14.0 Medicare 4%

14.1 Medicare standard policies

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

14.2 Medicare supplement

Purpose

Open enrollment (Reg R590-146-11)

Standardized Medicare supplement plans

Core benefits (Reg R590-146-8(B))

Additional benefits (Reg R590-146-8(C))

Utah regulations and required provisions

Standards for marketing (Reg R590-146-20)

Advertising (Reg R590-146-19)

Appropriateness of recommended purchase
and excessive insurance (Reg R590-146-21)

Right to return (free look) (31A-22-620(6))

Replacement (Reg R590-146-18, 23)

Pre-existing conditions (Reg R590-146-23)

Required disclosure provisions
(Reg R590-146-17)

Outline of coverage (Reg R590-146-17(C))

Guide to Health Insurance for People with
Medicare (Reg R590-146-17(A)(6)(a))

Permitted compensation (Reg R590-146-16)

New plans effective June 1, 2010
(Reg R590-146)

Medicare Advantage

14.3 Other options for individuals with Medicare

Employer group health plans

Disabled employees

Employees with kidney failure

(End Stage Renal Disease) (ESRD)

Individuals age 65 and older

Medicaid

Eligibility

Benefits

14.4 Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

15.0 Long-Term Care Insurance 4%

15.1 Long-term care (LTC) policies

Eligibility for benefits

Federal reform — CLASS ACT

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
- Exclusions
- Underwriting considerations
- Utah regulations and required provisions
 - Standards for marketing (Reg R590-148-18)
 - Advertising (Reg R590-148-20)
 - Shopper's guide (Reg R590-148-16)
 - Outline of coverage (31A-22-1409; Reg R590-148-15)
 - Appropriateness of recommended purchase (Reg R590-148-17)
 - Right to return (free look) (31A-22-1408)
 - Replacement (Reg R590-148-6(6))
 - Renewal provisions (Reg R590-148-6(1))
 - Continuation or conversion (Reg R590-148-10)
 - Required disclosure provisions (Reg R590-148-6)
 - Inflation protection (Reg R590-148-13)
 - Pre-existing conditions (31A-22-1406; Reg R590-148-6(3))
 - Protection against unintentional lapse (Reg R590-148-11)
 - Prohibited provisions (31A-22-1405, 1407)
 - Rate disclosure form

16.0 Federal Tax Considerations for Accident and Health Insurance 1%

16.1 Personally-owned health insurance

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

16.2 Employer group health insurance

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

16.3 Medical expense coverage for sole proprietors and partners

16.4 Business disability insurance

- Key person disability income
- Buy-sell policy

16.5 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)