

Your Exam Content Outline

The following outline describes the content of one of the South Dakota 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.

South Dakota Producer's Examination for Life, Accident and Health or Sickness Insurance Series 10-45

150 questions – 2.5-hour time limit

1.0 Insurance Regulation 6%

1.1 Licensing

- Process (58-30-145, 148)
- Types of licensees
 - Producers (58-30-142, 175)
 - Business entities (58-30-149)
 - Nonresident producers (58-30-100, 159, 160)
 - Temporary (58-30-165, 166)
- Maintenance and duration
 - Renewal (58-30-74, 120, 121)
 - Termination (58-30-112)
 - Change of address (58-30-157, 162)
 - Assumed business name (58-30-164)
 - Reporting of actions (58-30-193)
 - Continuing education (58-30-116, 120;
Reg 20:06:18:01–04, 09–10, 12–13, 18)
- Disciplinary actions
 - Cease and desist order (58-4-7)
 - Suspension, revocation and refusal to issue or
renew (58-30-108, 110, 167)
 - Right to hearing (58-30-168)
 - Penalties and fines (58-4-28.1; 58-30-133,
167, 170)

1.2 State regulation

- Director's general duties and powers (58-2-22)
- Company regulation
 - Certificate of authority (58-6-1)
 - Solvency (58-6-23; Reg 20:06:23:02)
 - Appointment (58-30-175–192)
 - Unfair claims settlement practices (58-33-67)
- Producer regulation
 - Reporting of felonies and crimes of moral
turpitude (58-30-194)
 - Commissions (58-30-171–174)
 - Loans (58-30-140)
 - Influence of witnesses (58-30-196)
- Unfair trade practices
 - Rebating (58-33-14, 24, 25)
 - Misrepresentation (58-33-5, 6, 37)
 - False advertising (58-33-5, 6)
 - Twisting (58-33-8)
 - Illegal inducement (58-33-11, 15, 24)

- Boycott, coercion or intimidation (58-33-32)
- Charges for extra services (58-33-36)
- Defamation of insurer (58-33-7)
- Unfair discrimination
(58-11-55; 58-33-13.1, 26)
- Examination of books and records
(58-3-5; 58-30-91; Reg 20:06:01:05–.01)
- Producer appointment (58-30-6, 175)
- Termination of appointment (58-30-8, 180)
- Insurance fraud regulation (58-4A-1–17)
- Privacy of consumer financial information
(Reg 20:06:45:01–26)

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
 - 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
 - Surplus lines
 - Risk retention groups
- Risk purchasing groups
- Private versus government insurers
- Authorized versus unauthorized 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 producers

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 9%

3.1 Insurable interest (58-10-3-6)

3.2 Personal uses of life insurance

Survivor protection

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 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

Regulation of variable products (SEC, FINRA and South Dakota) (Reg 20:06:07:03, 08)

3.5 Premiums

Factors in premium determination

Mortality

Interest

Expense

Premium concepts

Net single premium

Gross annual premium

Premium payment mode

3.6 Producer responsibilities

Solicitation and sales presentations

(Reg Ch. 20:06:14)

Advertising (Reg Ch. 20:06:10:02-20)

Prohibited advertising of Life and Health

Insurance Guaranty Association

(58-29C-62)

Illustrations (Reg 20:06:38:01-23)

Policy summary (Reg 20:06:14:04, 09, 10)

Buyer's guide (Reg 20:06:14:04, 13)

Guaranty association disclaimer (58-29C-62)

Life insurance policy cost comparison methods

Replacement (Reg 20:06:08:39, 41)

Use and disclosure of insurance information

Military sales (SB 202)

Field underwriting

Notice of information practices

Application procedures including backdating of policies (58-15-44)

Delivery

Policy review

Effective date of coverage

Premium collection

Statement of good health

Delivery receipt requirement (58-15-8.2)

3.7 Individual underwriting by the insurer

Information sources and regulation

Application

Producer report

Attending physician statement

Investigative consumer (inspection)

Medical Information Bureau (MIB)

Medical examinations and lab tests including

HIV (Bul 87-1)

Selection criteria and unfair discrimination

(58-33-12, 12.1, 13.1)

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

Indeterminate 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 (HB 1194)

Conversion to individual policy (58-16-39-41)

4.6 Credit life insurance (individual versus group)

5.0 Life Insurance Policy Provisions, Options and Riders 6%

5.1 Common provisions

Ownership

Assignment (58-10-6.1; 58-11-36)

Entire contract (58-15-8)

Modifications

Right to examine (free look) (58-15-8.1)

Payment of premiums (58-15-12)

Grace period (58-15-13)

Reinstatement (58-15-22)

Incontestability (58-15-10)

Misstatement of age (58-15-9)

Exclusions (58-15-45)

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

Paid-up insurance

5.7 Disability riders

Waiver of premium

Waiver of cost of insurance

Payor benefit life/disability (juvenile insurance)

5.8 Accelerated (living) benefit provision/rider

Conditions for payment

Effect on death benefit

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 11%

6.1 Annuity principles and concepts

Accumulation period versus annuity period

Owner, annuitant and beneficiary

Insurance aspects of annuities

Suitability (SB 37)

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

Group versus individual annuities

Personal uses

Individual retirement annuities (IRAs)

Tax-deferred growth

Retirement income

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

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 3%

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

9.0 Health Insurance Basics 7%

9.1 Definitions of perils

- Accidental injury
- Sickness

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
 - Specified (dread) disease
 - Hospital indemnity (income)
 - Credit disability
 - Blanket insurance (teams, passengers, other)
 - Prescription drugs
 - Vision care

9.5 Common exclusions from coverage

9.6 Producer responsibilities in individual health insurance

- Marketing requirements (Reg Ch. 20:06:14)
- Advertising (Reg Ch. 20:06:10:02-:20)
- Prohibited advertising of Life and Health Insurance Guaranty Association (58-29C-62)
 - Sales presentations
- Guaranty association disclaimer (58-29C-62)
- Field underwriting
 - Nature and purpose
 - Disclosure of information about individuals
 - Application procedures
- Requirements at delivery of policy (including receipt requirement) (58-17-11.1)
- Common situations for errors/omissions

9.7 Individual underwriting by the insurer

- Underwriting criteria
- Sources of underwriting information
 - Application
 - Producer report
 - Attending physician statement
 - Investigative consumer (inspection)
 - Medical Information Bureau (MIB)
 - Medical examinations and lab tests (including HIV consent) (Bul 87-1)
- Unfair discrimination (58-33-13)
- Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

9.8 Considerations in replacing health insurance

- Pre-existing conditions
- Benefits, limitations and exclusions
- Underwriting requirements
- Producer liability for errors and omissions

10.0 Individual Health Insurance Policy General Provisions 7%

10.1 Uniform required provisions

- Inconsistent provisions (58-17-13)
- Entire contract; changes (58-17-14)
- Time limit on certain defenses (58-17-15)
- Incontestability (58-17-16)
- Grace period (58-17-17)
- Renewal (58-17-18)
- Reinstatement (58-17-19)
- Claim procedures (58-17-21-27)
- Physical examinations and autopsy (58-17-28)
- Legal actions (58-17-29)
- Change of beneficiary (58-17-30)

10.2 Uniform optional provisions

- Change of occupation (58-17-32)
- Misstatement of age (58-17-33)
- Unpaid premiums (58-17-37)
- Conformity with state statutes (58-17-38)
- Illegal occupation (58-17-39)

10.3 Other general provisions

- Right to examine (free look) (58-17-11)
- Insuring clause
- Consideration clause (58-17-4)
- Renewability clause
 - Noncancelable
 - Guaranteed renewable
 - Conditionally renewable (58-17-82)
 - Renewable at option of insurer (58-17-9)
 - Nonrenewable (cancelable, term)

11.0 Disability Income and Related Insurance 5%

11.1 Qualifying for disability benefits

- 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

- 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 (58-17-34-36)
- Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
- Refund provisions
 - Return of premium
 - 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

11.7 Workers compensation

- Eligibility
- Benefits

12.0 Medical Plans 7%

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
 - Common limitations
 - Exclusions from coverage
 - Provisions affecting cost to insured
- Health maintenance organizations (HMOs)
 - 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
 - Open panel or closed panel
 - Types of parties to the provider contract

- Point-of-service (POS) plans
 - Nature and purpose
 - Non-network provider access (open-ended HMO)
 - PCP referral (gatekeeper PPO)
 - Indemnity plan features

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 South Dakota requirements (individual and group)

- Eligibility requirements
 - Family coverage (58-17-2)
 - Physically handicapped or mentally retarded coverage (58-17-30.1)
 - Newborn child coverage (58-17-30.2–30.4)
 - Risk pool for eligible individuals (58-17-68, 70, 85, 113–142)
- Benefit offers
 - Alcoholism treatment coverage and benefit limitations (58-17-30.5–30.7)
 - Coordination of benefits provision

12.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

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

12.6 PPACA (Patient Protection and Affordable Care Act)

- Eligibility
- Guaranteed issue
- Pre-existing conditions
- Appeal rights
- Dependent continuation
- Lifetime and annual limits
- Emergency care
- Preventive benefits

13.0 Group Health Insurance 7%

13.1 Characteristics of group insurance

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

13.2 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)

- Risk pool eligibility (58-17-115–143; Reg Ch. 20:06:48:01–21)

13.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/place of delivery

13.4 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
- Change of insurance companies or loss of coverage
- Events that terminate coverage
- Extension of benefits
- Continuation of coverage under COBRA and South Dakota specific rules (58-18-7, 7.5; HB 1318)
- Conversion on divorce (58-17-2.2)

13.5 Small employer medical plans

- Definition of small employer (58-18B-1(11))
- Benefit plans offered (58-18B-20)
- Availability of coverage (58-18B-23, 37)
- Prohibited activities (58-18B-38, 44)

13.6 PPACA (Patient Protection and Affordable Care Act) requirements

14.0 Dental Insurance 2%

14.1 Types of dental treatment

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

14.2 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

14.3 Employer group dental expense

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

15.0 Insurance for Senior Citizens and Special Needs Individuals 9%

15.1 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

15.2 Medicare supplements

- Purpose
- Open enrollment
- Standardized Medicare supplement plans
 - Core benefits
 - Additional benefits
- South Dakota regulations and required provisions
- Delivery of buyer's guide (Reg 20:06:13:28)
- Delivery of outline of coverage (Reg 20:06:13:37)
- Replacement requirements (58-17A-14; Reg 20:06:13:32-33)
 - Notice of replacement (Reg 20:06:13:35)
 - Refund (Reg 20:06:13:45)
 - Pre-existing conditions (58-17A-3, 3.1)
- Overinsurance prohibited (Reg 20:06:13:43)
- Determination of suitability (Reg 20:06:13:43.02)
- Misrepresentation — unfair or deceptive trade practices (Reg 20:06:13:43.01)
 - Failure to provide forms (Reg 20:06:13:44)
- Marketing practices prohibited (Reg 20:06:13:58)
- Right to examine (free look) (Reg 20:06:13:31.03)
- Group plans
- Duplication of coverage prohibited (Reg 20:06:13:53)
- Cancellation or nonrenewal (Reg 20:06:13:60)
- Medicare SELECT (Reg 20:06:13:63-76)

15.3 Other options for individuals with Medicare

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

15.4 Long-term care (LTC) insurance

- Eligibility for benefits
- Levels of care
 - Home health care
 - Adult day care
 - Respite care
 - Assisted living facilities
- Benefit periods
- LTC partnerships (28-6-37, 38; Reg 20:06:21:76-81)
- Benefit amounts
- Optional benefits
 - Guarantee of insurability
 - Return of premium
- Qualified LTC plans
- Exclusions (Reg 20:06:21:04)
- Underwriting considerations
- South Dakota regulations and required provisions
 - Advertising (58-17B-12)
 - Standards for marketing (Reg 20:06:21:31-33)
 - Outline of coverage (58-17B-10)
 - Right to return (free look) (58-17B-9)
 - Cost-of-living adjustments (58-17B-13; Reg 20:06:21:06)
 - Pre-existing conditions (58-17B-6)
 - Activities of daily living (ADLs) (Reg 20:06:21:01(1))
 - Appropriateness of recommended purchase or replacement (Reg 20:06:21:53)
 - Shoppers guide (Reg 20:06:21:54)
 - Suitability (Reg 20:06:21:53.01-.05)
 - Rate stabilization (Reg 20:06:21:06.01)

16.0 Federal Tax Considerations for 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)
- Medical and dental expense
- Long-term care insurance
- Accidental death and dismemberment

16.3 Medical expense coverage for sole proprietors and partners