

**Utah Producer's Combined Life, Accident  
and Health Exam  
Series 17-03  
150 questions (plus 5 unscored items)  
2.5-hour time limit**

**1.0 Insurance Regulation 9% (13 Items)**

**1.1 Licensing**

- Purpose (31A-23a-101)
- Qualifications (31A-23a-107, 108)
- Process (31A-23a-103–105, 107, 302)
- Types of licensees (31A-1-301, 31A-23a-106, 203, 401, 504)
  - Producers
  - Consultants
  - Adjusters
  - Nonresidents (31A-23a-109)
- Maintenance and duration
  - Renewal (31A-23a-105)
  - Continuing education requirements (31A-23a-202; Reg R590-142-1-10)
  - 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), 31A-1-301(145))
- Unfair discrimination (31A-23a-402(3))
- Boycott, coercion or intimidation (31A-23a-402(4))
- Illegal inducement (31A-23a-402.5, 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)
- Privacy (Gramm Leach Bliley)
- National Do Not Call List
- Affordable Care Act

**2.0 General Insurance 6% (9 Items)**

**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 10% (15 Items)**

### **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(1-4) R590-155)

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)

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 10% (15 Items)**

### **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 11% (17 Items)**
  - 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
    - Revocation at divorce 75-2-804
  - 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 5% (7 Items)**
  - 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
    - Indexed annuities
    - Market value adjusted annuities
    - Variable 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 2% (3 Items)**

### **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 2% (3 Items)**

### **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 13% (19 Items)**

### **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 6% (9 Items)**

**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 (non disabling 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 7% (11 Items)**

**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

**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)
- 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 Uniform health benefit plan information card** (31A-22-636)
- 11.8 Federal HealthCare Reform (Patient Protection and Affordable Care Act)**
- 12.0 Group Accident and Health Insurance 6% (9 Items)**
  - 12.1 Characteristics of group insurance** (31a-22-501)
    - Group contract
    - Certificate of coverage
    - Experience rating versus community rating
  - 12.2 Types of eligible groups**
    - Employment-related groups (31a-22-501.1)
      - Individual employer groups
      - Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
    - Associations (alumni, professional, other) (31a-22-70)
    - Customer groups (depositors, creditor-debtor, other) (31a-22-506)
    - Discretionary groups (31a-22-70)
- 12.3 Marketing considerations**
  - Advertising (R590-155)
  - Unfair inducements (R590-154)
  - 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 (31a-22-601.1, 31a-22-610.5, 31a-22-611, 31a-22-718)
  - Coordination of benefits provision (Reg R590-131)
  - Change of insurance companies or loss of coverage
    - Coinsurance 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)
  - Availability of coverage (31A-30-108)
  - Rating of small employer plans (31A-30; Reg R590-167)
  - Benefit choices (31A-30-109)
  - 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
- 13.0 Dental Insurance 1% (2 Items)**
  - 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 5% (7 Items)**
  - 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% (6 Items)**
  - 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)
- Renewal provisions (Reg R590-148-6)
- 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)
- 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 3% (5 Items)**

### **16.1 Personally-owned health insurance**

- Individual mandate/penalties for noncompliance
- 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)**