REVIEW REQUIREMENTS	REFERENCES	COMMENTS		
General Filing Requirements				
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.		
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.		
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previous approved forms and describe the exact changes that are intended. Certification of Compliance signed by General Counsel or officer of company or attorney actuary representing company is required.		
	14 VAC 5-100-40 3			
	14 VAC 5-100-40 5	Description of market for which the form is intended.		
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.		
	Administrative Letter 1983-7	Must include the name and Individual NAIC number of the company for which the filing is made.		
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.		
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.		
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].		
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.		
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.		
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
Rate Changes		(i) Specify the number of affected policyholders.		
		(ii) Provide the reason(s) for the proposed change(s).		
		(iii) Include a statement regarding an increase, decrease, revision of former rates.		
		(iv) Specify the percentage amount(s) of the change(s).		

Accelerated Death Benefits Virginia 1st Edition July 2001 Page 1 of 5 Updated: July 2012

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	
Forms			
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.	
Company Name & Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.	
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.	
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)	
Type Size	14 VAC 5-100-50 5	Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.	
Standard Provisions			
	§ 38.2-3115.1 A	A life insurance policy may include a provision for accelerated payment of benefits to an insured if a qualified health care provider or court of competent jurisdiction has determined that the insured is no longer able to perform two of the following activities of daily living: bathing, dressing, continence, eating, toileting or transferring; or the insured requires substantial supervision by another person to protect the health and safety of the insured or any other person.	
Definitions	14 VAC 5-70-40	"Accelerated benefits" means benefits payable under a life insurance contract in anticipation of death or upon the occurrence of specified life-threatening or catastrophic conditions, as defined by the policy or rider, which reduce the death benefit otherwise payable under the life insurance contract and which are payable upon the occurrence of a single qualifying event. A "Qualifying event" can be one or more events as described in the Regulation.	
Assignee/Beneficiary	14 VAC 5-70-60	The insurer must obtain written permission from any assignee or irrevocable beneficiary.	
Criteria for Payment	14 VAC 5-70-70 A	Contract payment options shall include the option to take the benefit as a lump sum.	
Restrictions on Proceeds	14 VAC 5-70-70 B	No restrictions are permitted on the use of the proceeds.	
Accidental Death Benefit	14 VAC 5-70-70 C	If any death benefit remains after payment of an accelerated benefit, the accidental death	
Provisions		provision, if any, in the policy or rider shall not be affected by the payment of the accelerated benefit.	
Title	14 VAC 5-70-80 A	The terminology "Accelerated benefit" must be included in the title. Products regulated under 14 VAC 5-70-10 et seq. can not be described or marketed as long-term care insurance or as providing long-term care benefits.	
Effective Date	14 VAC 5-70-90	Minimum effective date is (1) for accidents, the effective date of the policy or rider and (2) for illness, no more than 30 days following the effective date of the policy or rider.	

Accelerated Death Benefits Virginia 1st Edition July 2001 Page 2 of 5 Updated: July 2012

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	
Waiver of Premium	14 VAC 5-70-100	The insurer may offer a waiver of premium for the accelerated benefit provision in the absence of a regular waiver of premium provision being in effect. At the time the benefit is claimed, the insurer shall explain any continuing premium requirement to keep the policy in force.	
Discrimination	14 VAC 5-70-110	Insurers shall not unfairly discriminate among insureds with differing qualifying events covered under the policy or rider among insureds with similar qualifying events covered under the policy or rider. Insurers shall not apply further conditions on the payment of the accelerated benefits other than those conditions specified in the policy or rider.	
Financing Options	14 VAC 5-70-120 A 1	The insurer may require a premium charge or cost of insurance charge for the accelerated benefit. These charges shall be based on sound actuarial principles. In the case of group insurance, the additional cost may also be reflected in the experience rating.	
	14 VAC 5-70-120 A 2	The insurer may pay a present value of the face amount. The calculation shall be based on any applicable actuarial discount appropriate to the policy design.	
	14 VAC 5-70-120 A 3	The insurer may accrue an interest charge on the amount of the accelerated benefits. The interest rate or interest rate methodology used in the calculation shall be based on sound actuarial principles and disclosed in the contract or actuarial memorandum.	
	14 VAC 5-70-120 B 1	Except as provided in subsection B2 of this section, when an accelerated benefit is payable, there shall be no more than a pro rata reduction in the cash value based on the percentage of death benefits accelerated to produce the accelerated benefit payment.	
	14 VAC 5-70-120 B 2	Alternatively, the payment of accelerated benefits, any administrative expense charges, any future premiums and any accrued interest can be considered a lien against the death benefit of the policy or rider and the access to the cash value may be restricted to any excess of the cash value over the sum of any other outstanding loans and the lien. Future access to additional policy loans could also be limited to any excess of the cash value over the sum of the lien and any other outstanding policy loans.	
	14 VAC 5-70-120 C	When payment of an accelerated benefit results in a pro rata reduction in the cash value, the payment may not be applied toward repaying an amount greater than a pro rata portion of any outstanding policy loans.	
Disclosures			
Statements (Written Disclosures)	14 VAC 5-70-80 B	A disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted. The first page of the policy, rider or any other related documents must disclose that receipt of accelerated benefits may be taxable and that assistance should be sought from a personal tax advisor.	
	14 VAC 5-70-80 C	The disclosure that is given to the policyowner at the time of application must provide a brief description of accelerated benefits and definitions of conditions triggering payment of benefits. The description must include an explanation of any effect of payment of the benefit on the policy's cash value, accumulation account, death benefit, premium, policy loans and policy liens.	

Accelerated Death Benefits Virginia 1st Edition July 2001 Page 3 of 5 Updated: July 2012

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	
	14 VAC 5-70-80 D	The disclosure that is given to the policyowner at the time the benefit is requested must SHOW any effect that the payment of the accelerated benefit will have on the policy's cash value, accumulation account, death benefit, premium, policy loans and policy liens. The disclosure must also indicate that receipt of accelerated benefit payments may adversely affect recipient's eligibility for Medicaid or other government benefits and that receipt of benefit payments may be taxable and assistance should be sought from a personal tax advisor.	
Actuarial		·	
Disclosure (Memorandum)	14 VAC 5-70-130 A	A qualified actuary should describe the accelerated benefits, the risks, the expected costs and the calculation of statutory reserves in an actuarial memorandum accompanying each filing. The insurer shall maintain, in its files, descriptions of the bases and procedures used to calculate benefits payable under these provisions. The descriptions must be made available for examination by the Commission upon request.	
Reserves	14 VAC 5-70-130 B 1	When benefits are provided through the acceleration of benefits under group or individual life policies or riders to such policies, policy reserves shall be determined in accordance with §§ 38.2-3126 through 38.2-3144.	
	14 VAC 5-70-130 B 2	For policies and certificates that provide actuarially equivalent benefits, no additional reserves need to be established.	

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at: http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section reviews accelerated death benefits. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Accelerated Death Benefits Virginia 1st Edition July 2001 Page 4 of 5

Updated: July 2012

I hereby certify that I have reviewed the attached accelerated death benefit filing and determined that it is in compliance with the accelerated death benefit checklist.

Signed:		
Name (please print):		_
Company Name:		
Date:	Phone No: ()	FAX No: ()
E-Mail Address:		

Accelerated Death Benefits Virginia 1st Edition July 2001 Page 5 of 5 Updated: July 2012