



IIPRC-L-08-LB-I-AD-1

https://insurancecompact.org/compact_rlmkng_record.htm

ACCIDENTAL DEATH BENEFITS CHECKLIST

Effective Date: December 4, 2014

Scope: These standards apply to accidental death benefits that are built into individual life insurance policy forms or added to such policy forms by rider, endorsement or amendment. These standards shall not apply to accidental death benefits that include dismemberment benefits.

Mix and Match: These standards are available to be used in combination with State Product Components as described in Section 111(b) of the Operating Procedure for the Filing and Approval of Product Filings (https://insurancecompact.org/compact_rlmkng_record.htm). Please note that this applies to the entire state or Compact approved forms and NOT to particular provisions contained within such forms. Submit the following:

1. STATEMENT OF INTENT indicating the intent to use one or more State Product Components with a Commission Product Component. The Statement of Intent must identify the Compacting State(s) wherein the combined Product Components will be offered or sold, and sufficiently identify for each of such Compacting State(s) the State Component(s) that will be used with the Commission Component by listing the form numbers and Compacting State approval dates; and
2. CERTIFICATION stating that the combination of a Commission Component and a State Component does not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses, or exceptions or conditions that unreasonably affect the risk purported to be assumed. The Certification must be signed by a company officer. This Certification shall not give rise to any presumption that the combination of Product Components, in fact, meets this standard for purposes of any action by the Commissioner of a Compacting State to prohibit the combined use of a Commission Product Component with a State Product Component. https://insurancecompact.org/industry_resources.htm

Self-Certification: These standards are not available to be filed using the Rule for the Self-Certification of Product Components Filed with the Interstate Insurance Product Regulation Commission.

Filing Information Notice (FIN) 2009-4 provides more guidance regarding the submission of filings using the “Mix and Match” process: <https://www.insurancecompact.org/fin.htm>

§ 1 ADDITIONAL SUBMISSION REQUIREMENTS

A. GENERAL

The following additional filing submission requirements shall apply:

YES N/A

		(1) A statement of the types of policy forms with which this benefit will be offered, any underwriting restrictions involving face amount or age, and whether the benefit is intended for use with new issues and/or in force business.
		(2) A description of the benefit for all types of forms with which the benefit will be used.

		(3) The formulae, if any, used to determine the benefit, including any limitations on the amount of the benefit and sample calculations for representative issue ages, including issue age 35 if within the issue age range.
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§ 2 BENEFIT PROVISIONS

A. BENEFIT

YES N/A

		(1) The form shall describe the conditions that shall be met to be eligible for the accidental death benefit. The conditions shall comply with the following:
		(a) If death has to occur within a specified time period after the injury occurs, the form shall also disclose the time period, but shall not be more restrictive than requiring the accidental death to occur within 180 days following the date of the accidental injury; and
		(b) The form may require that death be caused by an accident but such requirement shall be without regard to the means of the accident. The terms “accident”, “accidental injury” or “accidental means” shall be defined to employ “result” language and shall not include words which establish an accidental means test. The definition of “injury” may not be more restrictive than “injury means an accidental bodily injury sustained by the insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the insurance benefit is in force.”
		(2) The form may include the following:
		(a) An additional indemnity benefit for accidental death occurring while the insured was riding as a fare-paying passenger on a public conveyance;
		(b) An additional indemnity benefit for accidental death occurring while the insured was wearing a seat belt or the insured was riding in a seat protected by an air bag; and
		(c) A presumption of death provision which states that the insured shall be presumed to have died as a result of accidental injury if the aircraft or other vehicle in which the insured was traveling disappears, sinks or is wrecked, and the body of the insured is not found for a specified number of years from the date the aircraft or other vehicle was scheduled to arrive at its destination, or the insured is reported missing to the authorities.
		(3) The form may include other accidental death benefits that are approved by the Interstate Insurance Product Regulation Commission.
		(4) The form shall state that the accidental death benefit is payable to the beneficiary.

B. AUTOPSY

YES N/A

		(1) The form may state that the company reserves the right, at its expense, to request an autopsy unless prohibited by law.
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C. EXCLUSIONS

YES N/A

		(1) The form shall specify any exclusion applicable to the accidental death benefit. The exclusions shall be limited to the following:
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		(a) Death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
		(b) An infection not occurring as a direct result or consequence of the accidental bodily injury;
		(c) Death caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
		(d) Death caused or contributed to by travel in or descent from an aircraft, if the insured acted in a capacity other than as a passenger;
		(e) Death caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
		(f) Death caused or contributed to by "war" or "act of war," as defined in the standards for the exclusions provision of the individual life policy;
		(g) Death caused or contributed to by active participation in a riot, insurrection or terrorist activity;
		(h) Death occurring while the proposed insured is incarcerated;
		(i) Death caused or contributed to by committing or attempting to commit a felony;
		(j) Death caused or materially contributed to by voluntary intake or use by any means of:
		(i) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
		(ii) Poison, gas or fumes, unless a direct result of an occupational accident;
		(k) Death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
		(l) Death caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
		(m) Death occurring before the insured's first birthday;
		(n) Death caused or contributed to by bungee jumping;
		(o) Death caused or materially contributed to by participation in an illegal occupation or activity;
		(p) Death caused or contributed to by rock or mountain climbing; and/or
		(q) Death caused or contributed to by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).
		(2) The form may include any other exclusions that may be approved by the Interstate Insurance Product Regulation Commission.

D. INCONTESTABILITY

YES N/A

		(1) If the form is issued as an attachment to the policy, the form may state that the company shall not contest the form after it has been in force during the lifetime of the insured for two years from the date of issue of the form, except for fraud in the procurement of the
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		form, when permitted by applicable law in the state where the policy is delivered or issued for delivery.
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E. NONFORFEITURE VALUES

YES N/A

		(2) If the form is issued as an attachment to the policy, the form shall state that it does not have cash values or loan values.
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F. TERMINATION

YES N/A

		(1) The form shall include the following termination conditions:
		(a) Upon written request from the owner;
		(b) Upon termination of the policy; or
		(c) Upon nonpayment of the identifiable charge, in accordance with the provisions of the form or the policy.
		(2) The form may also include the following termination conditions:
		(a) The policy anniversary on which the insured attains a specified age;
		(b) The date the policy lapses or is continued as extended or paid-up insurance under the nonforfeiture provisions;
		(c) If the policy is an endowment policy, on the date of endowment, regardless if the endowment date is deferred.
		(3) The form shall state that termination shall not prejudice the payment of benefits for any accident that occurred while the form was in force.

The Reviewer Checklist is intended for the sole purpose of assisting a company product filer ("User") in understanding the requirements of the applicable Uniform Standard(s) for IIPRC product filings. Users are hereby notified not to rely solely upon the Reviewer Checklist in preparing a product filing or in complying with the IIPRC Uniform Standards, Rules and Operating Procedures. The User also acknowledges there is a possibility of human, mechanical or technical error in the development, presentation or use of the Reviewer Checklist. The Interstate Insurance Product Regulation Commission (Commission) accepts no liability for any loss, cost or damage caused by use of this tool, including without limitation, direct or indirect, incidental, special, consequential or exemplary or punitive damages arising out of the use or inability to use the Reviewer Checklist. There are no warranties either express or implied and User specifically acknowledges the Commission does not warrant the truth, accuracy or completeness of the Reviewer Checklist.