

IIPRC Office Report and Recommendations for the Uniform Standards  
Currently Subject to Five-Year Review (Phase 10)  
Certain Uniform Standards Effective Between January 1, 2016  
and June 30, 2017

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## SUBSTANTIVE CHANGE ITEMS

5-Year Review, Phase 10 (Certain Uniform Standards Effective Between January 1, 2016 and June 30, 2017)

### **Substantive Change Items**

Substantive change items are proposed amendments to the Uniform Standards that would change or alter the meaning, application or interpretation of the provision. Substantive change items would likely impact not only the Uniform Standards, but product filings submitted to the IIPRC and would be the equivalent to a change in an individual state's laws or regulations. When looking at the substantive change items, the scope of review should consider whether circumstances or underlying assumptions have changed since the last time the rule was adopted, amended or reviewed.

### **List of Substantive Change Items**

1. Mental or Nervous Disorders – ACLI
2. Disability Benefits Reduced on Account of Other Benefits or Income – ACLI
3. Mix and Match -ACLI
4. Grace period – ACLI
5. Filing a Claim – ACLI
6. Employer Group Expansion to NonEmployer Groups- ACLI
7. Evidence of Insurability Cost – ACLI
8. Offset for Secondary Employment – ACLI
9. Workplace Modification Benefit – ACLI
10. Date a Person's Insurance Takes Effect – ACLI
11. Business Overhead Expense Benefits-ACLI
12. Actuarial Submission Requirements for Initial Rate Filings – Compact Office

## SUBSTANTIVE CHANGE ITEMS

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### 1. PERMISSIBLE LIMITATIONS OR EXCLUSIONS

**APPLIES:** O. Mental or Nervous Disorders section of the *Group Disability Income Insurance Policy and Certificate Uniform Standards*

#### **CURRENT PROVISION:**

- (1) Subject to the applicable law in the state where the policy is delivered or issued for delivery, *Disability* that results from *Mental or Nervous Disorders* may be limited or excluded. If coverage is to be limited, coverage shall be provided for a period specified in the certificate, not less than 12 months.

#### **COMMENTS:**

*ACLI Comment:* We strongly suggest revising these provisions to follow what is standard in state filings – that these conditions can have a combined maximum payment duration with no individual minimums, as opposed to the current requirement that we can combine the maximum payment duration but must include language that the durations cannot be less than 12 months individually for Mental Illness, Substance Abuse, Special Conditions, or Self Reported Conditions. Based on our experience, no state that allows these limitations prohibits a combined maximum benefit period or requires a 12month minimum individually even when the overall max is combined, so we do not think that Compact should take this position.

*PSC Comments:* The PSC suggested clarifying the section to make it clear that the maximum benefit period applies to mental or nervous disorders. The ACLI had no objections to the PSC amendment regarding the maximum benefit period.

- (1) Subject to the applicable law in the state where the policy is delivered or issued for delivery, *Disability* that results from *Mental or Nervous Disorders* may be limited or excluded. If coverage is to be limited, coverage shall be provided for a period specified in the certificate, not less than 12 months **or the maximum Benefit Period, whichever is less.**

*ACLI Comment July 1, 2024:* We have no objection to adding in the proposed text.

### 2. DISABILITY BENEFITS REDUCED ON ACCOUNT OF OTHER BENEFITS OR INCOME

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5-Year Review, Phase 10 (Certain Uniform Standards Effective Between January 1, 2016 and June 30, 2017)

**APPLIES:** Benefit Provisions section of the Group Disability Income Insurance Policy and Certificate Uniform Standards

### **CURRENT PROVISION:**

(c) Disability benefits under state disability plans, such as California, Hawaii, New Jersey, New York, Puerto Rico and Rhode Island

*ACLI Comment:* The offset that currently allows for “Disability benefits under state disability plans, such as California, Hawaii, New Jersey, New York, Puerto Rico and Rhode Island” needs to be expanded to include the medical benefits payable under state paid family medical leave (PFML) plans. We suggest broadening the exclusion to delete reference to the states and make it more inclusive, such as “Benefits payable for disability under state or federal disability income plans, paid family and medical leave plans, or other similar governmental compulsory plans.”

*PSC Comments after June 4, 2024 regulator call:* The PSC suggests adding “if permitted by state law” to the ACLI draft.

*ACLI Comment July 1, 2024:* ACLI asked that “if permitted” be replaced with “unless prohibited. The reasoning is that we are not aware of state laws that specifically allow for a PFML offset, largely because PFML is so new and the existing offsets are broad enough to encompass a reduction for medical benefits under these types of plans. But there is one jurisdiction (Washington, DC) – and perhaps more to come - that prohibits offsetting the STD benefit by the amount of PFML the person receives or is eligible to receive, so phrasing it this way (“unless prohibited”) makes more sense and will be less ambiguous.

PSC Comments after July 23, 2024 regulator call. The PSC accepted the ACLI suggested edit:

(c ) Benefits payable for disability under state or federal disability income plans, paid family and medical leave plans, or other similar governmental compulsory plans, unless prohibited by state law.

### **3. Mix and Match**

**APPLIES:** Mix and Match section of the Group Disability Income Insurance Policy and Certificate Uniform Standards

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### **CURRENT PROVISION:**

Mix and Match: These standards are not 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, except that these standards are available to be used in combination with state-approved group life insurance policies and annuity contracts, provided that the disability income rider and all the components associated with the disability income rider, e.g. application and rates, are filed and approved in accordance with the applicable uniform standards.

*ACLI Comments:* We strongly advocate for updated mix-and-match procedures to allow for state-filed group applications and evidence of insurability (EOI) forms to be used with Compact filed products, as applicable, and vice versa. Most group applications contain references to group products other than the Compact-filed product, and they are filed in each state and contain various state variations. It is not possible to reconcile the Compact-version for use with all products with the state-filed versions and having two separate group applications and EOI forms (one for the Compact-approved product and one for all other state-filed products) is cumbersome and non-user friendly. Allowing mix-and-match would simplify this.

*PSC comment:* Is the request for ability to mix and match applications that contain both enrollment selections and application questions (including amount of coverage) for Compact and non-Compact products?

*ACLI Comment June 13, 2024:* No, that wasn't our request. We want the ability to use state-filed group application and / or EOI forms with Compact-approved products, and vice versa. For example: Insurer A files group DI through the Compact with a Compact approved EOI form, and files group life directly in each state. If an employer group in Alabama buys group Life and LTD from Insurer A and an applicant has to submit EOI for both coverages, it is our impression that we'd have to use the Compact EOI form for LTD and the state-filed EOI form for Life (since the state would want to review the EOI form for their state-issued coverage) and we have to use the Compact-approved EOI form with the Compact approved DI coverage. Not sure the answer, but how do insurers consolidate app forms like this (whether the general employer app or an EOI form) when the Compact product can only use the Compact-filed app form and the state product can only use the state filed app form?

*Compact Office Observations:* The Compact Office said that the Compact standard has a different lookback period and the rates are reviewed based on the Compact standard. If a combined group form were filed with the Compact, which is permitted provided all Disability Income components are filed with the Compact, both standards would be used

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with the primary difference being a 10 year maximum lookback on diagnosis/treatment/testing for specific disorders and diseases.

*PSC Comment at August 27, 2024 public call:* The PSC recommends no change. The PSC asked why a company would not use the Compact-approved application and statement of insurability forms with state-filed products. The company could also file the state application/statement of insurability form with the Compact, but it would have to be modified to comply with the uniform standards.

### 4. Grace Period.

**APPLIES:** Grace Period section of the Group Disability Income Insurance Policy and Certificate Uniform Standards

### **CURRENT PROVISION:**

#### J. GRACE PERIOD

(1) The policy shall include a grace period provision and describe the conditions of the provision.

(c) The provision shall state that if the Premium is not paid by the due date, the insurance company shall give written notification to the Policyholder that if the Premium is not paid by the end of the grace period, the policy will end on the last day of the grace period. If the insurance company fails to give such written notice, the insurance provided under the policy will continue in effect until the date such notice is given;

*ACLI Comment:* We suggest deleting the requirement that, if the Premium is not paid by the due date, the insurance company must give written notification to the policyholder that if the Premium is not paid by the end of the grace period, the policy will end on the last day of the grace period. This notice and clear details on when premiums are due is already included in the policy; insurers do not typically send a late or termination notice until after the end of the grace period.

*PSC Comment after July 23, 2024 regulator call:* The PSC discussed the concern about requiring the termination notice before the end of the grace period. PSC members did not see that the current provision required a separate notice during the grace period. There was discussion that the notice could be incorporated into the premium notice.

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*ACLI Comment:* Perhaps clarification of the Standards can be made to clarify that insurers are not required to notify policyholders of impending termination each month if they don't pay premium by the premium due date, and instead clarify that such "late payment" letters must be sent when premium is actually late (i.e. at the end of the grace period), allowing the insurer to terminate at the end of the grace period if premium is not submitted by that date.

*PSC Comment at public call on August 27, 2024:* Based on the information provided, the PSC did not see a basis to amend the uniform standards or the policy provision stating that a notice is to be provided if the premium is not paid by the end of the grace period. The uniform standard does not state that a separate notice needs to be provided during the grace period. The effect of nonpayment can be incorporated into the premium notice.

### 5. Filing a Claim

**APPLIES:** Filing a Claim section of the Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **CURRENT PROVISION:**

(3) Filing a Claim.

(b) A provision that within 15 days after the date of a Covered Person's notice, the insurance company will send the Covered Person certain claim forms. The forms must be completed and sent to the insurance company's home office or to one of its regional group claims offices. The provision shall state that if the forms are not furnished by the insurance company within 15 days after the giving of such notice, the Covered Person shall be deemed to have complied with the requirements as to Proof of Loss when the Covered Person submits written proof covering the occurrence, character and extent of the loss for which claim is made.

*ACLI comment:* In today's digital and electronic claims environment, we suggest adding clarification under the "Filing a Claim" section that "...the insurance company will send the Covered Person certain claim forms" within 15 days includes providing electronic access to such forms within that timeframe.

*PSC comment after July 23, 2024 regulator only call:* PSC members did not see that the current provision required a separate notice during the grace period. There was discussion that the notice could be incorporated into the premium notice.

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*PSC Comment at public call on August 27, 2024:* The PSC reviewed the provision and noted that it is generic enough to permit a reference to electronic access and no amendment is needed. PSC members commented that electronic access is permitted but cannot be required as not all certificateholders have access to a computer.

### **6. Employer Group Expansion to NonEmployer Groups**

**APPLIES:** Scope of the Group Disability Income Insurance Policy and Certificate Uniform Standards for Employer Groups

#### **CURRENT PROVISION:**

**Purpose and Scope:** These standards are intended to apply to paper or electronic group disability income insurance policies and certificates that are issued to an employer, or the trustees of a fund established by an employer, that are permitted in the jurisdiction where the policy is delivered or issued for delivery. The policies provide benefits to eligible Covered Persons.

*ACLI Comment:* Applicability should be broadened beyond just employer groups. Until the applicability of group standards is broader than just employer groups, the group DI standards, as well as the Compact itself, is of limited value for those who routinely quote coverage for unions, METS, associations and other groups that do not have the traditional employer/ employee relationship.

*PSC Comment after May 21, 2024 regulator meeting:* The PSC asked the Compact Office to notify the ACLI that the committee is working on expanding the scope to nonemployer groups.



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### 7. Evidence of Insurability Cost

**APPLIES:** Evidence of Insurability section of the Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **CURRENT PROVISIONS:**

##### I. EVIDENCE OF INSURABILITY

(2) The cost of providing such evidence shall be borne by the insurance company.

*ACLI Comment:* Under the EOI section, we strongly suggest deleting the requirement that “The cost of providing such evidence shall be borne by the insurance company.” This is not standard in the DI industry and is a hardship for insurers. It is standard for insurers to bear the expense if we request an insured claimant to undergo additional medical exams or testing, but insurers do not generally pay for the expenses a group individual incurs to submit medical EOI to obtain coverage (which happens most frequently when an insured is a late entrant).

*PSC Comment after May 21, 204 regulator call:* The PSC notes this is a standard provision in the uniform standards. The PSC notes that comments in favor of repeal or amendment should describe how circumstances or underlying assumptions have changed since the last time the rule was amended in order to be considered as part of the 5-year review process.

*ACLI Comment June 13, 2024:* Thank you. This is no longer an issue, so we withdraw the suggestion.

### 8. Offset for Secondary Employment

**APPLIES:** Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **CURRENT PROVISIONS:**

##### B. DISABILITY BENEFITS REDUCED ON ACCOUNT OF OTHER BENEFITS OR INCOME

(1) The Disability benefits payable under the certificate may be reduced by the following other benefits or income sources from:

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(i) Secondary employment; however, if Disability begins after an increase in secondary employment income, the Disability benefit may or may not be reduced on account of such increase;

*ACLI Comment:* The offset for secondary employment is confusing and not standard in the industry. It allows offsets for income from secondary employment but also states that, “however, if Disability begins after an increase in secondary employment income, the Disability benefit may or may not be reduced on account of such increase.” It is our understanding that most carriers do not offset with income from secondary employment if such employment began prior to the date of Disability; the “however” caveat in the industry is an exception to this that a carrier would include as an offset any increase in earnings from the secondary employment occurring after the date of Disability. ■ For example, if someone is disabled from Employer A and has been working 10 hours per week for Employer B and continues this work while the person is disabled from Employer A, there would be no offset to the disability benefit for the income earned from Employer B. However, if after the date of disability from Employer A, the individual increased their hours with Employer B to 30 hours per week, the increase of 20 hours per week occurring after the date of disability from Employment A would be an offset. We do not believe that this is what the Compact standards currently allows (as it mentions a disability occurring after an increase in secondary income) and respectfully request reconsideration.

*PSC Comment after May 21, 2024 call:* PSC members found the request hard to follow and ask for information about the request and examples. For instance, clarification is needed from ACLI on what the request is, whether the request is to allow offsets based on income from secondary employment (1) regardless of any increase at any time or (2) for increased income beginning only after disability occurs.

*ACLI Comment June 13, 2024:* Sorry for the confusion. We respectfully withdraw our objection since the Standards permit offsets for secondary income or – as we see more commonly - only increases in secondary income occurring after the date of disability, so there’s no need to change the current wording.

### **9. Workplace Modification Benefit**

**APPLIES:** Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **CURRENT PROVISIONS:**

T. WORKSITE MODIFICATION BENEFIT FOR THE POLICYHOLDER

## SUBSTANTIVE CHANGE ITEMS

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(1) This benefit shall only be available for Noncontributory Insurance plans.

*ACLI Comment:* We also request reconsideration that the Workplace Modification Benefit is only available for noncontributory plans. Based on our members' experiences, this is only required in two states if filing directly with the states, so is not an industry "standard." Also, there is a work-around within the product standards whereby insurers can add this for contributory plans if they make it part of the rehabilitation benefit. We, therefore, prefer that the guideline be changed to mirror what is most common in nonCompact state filings.

*ACLI Comment February 21, 2023:* We understand that there is some concern over comments that we made in our letter dated April 15, 2022 on the Workplace Modification Benefit in the Group Disability Income Uniform Standards – see the bottom of Page 2 in the attached letter. After discussing this with a couple of our members, we would ask that you ignore that particular comment since it was based solely on the experience of just one member, and we have since learned that it is not reflective of all of our members.

### **10. Date a Person's Insurance Takes Effect**

**APPLIES:** Eligibility provision in Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **CURRENT PROVISIONS:**

##### **F. ELIGIBILITY PROVISIONS**

(1) (d) (i) If the Covered Person is not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day he resumes Active Work.

*ACLI Comment:* The product standard currently states that insurance will take effect "on the day he resumes Active Work." We suggest expanding this to allow insurers the choice to instead delay the effective date until the day after the insured returns to Active Work for one full day, as is common in the industry.

*PSC Comment after May 21, 2024 call:* The PSC noted that the request did not include the full context of the section, so it was difficult to respond to the request. Also, the PSC notes that comments in favor of repeal or amendment should describe how circumstances or underlying assumptions have changed since the last time the rule was amended in order to be considered as part of the 5-year review process.

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*ACLI Comment June 13, 2024:* We withdraw our request for reconsideration.

### 11. Business Overhead Expense Benefits

**APPLIES:** Scope of the Group Disability Income Insurance Policy and Certificate Uniform Standards

**CURRENT PROVISIONS:**

**Scope:** Separate additional standards will apply to business overhead expense benefits, and insurance companies may provide these as part of a group disability income insurance policy and certificate, or the benefits may be provided under a separate group business overhead expense policy and certificate.

*ACLI Comment:* We advocate for adding standards for Business Overhead Expense Benefits to the group DI product standards so that it can be filed as an additional benefit within the disability filing, as other “additional benefits” are handled.

*PSC Comment after May 21, 2024 call:* This request is not an amendment to an existing standard. It requires a separate standard. This request should be made through the Annual Prioritization Process. Requests are due June 30.

### 12. Actuarial Submission Requirements for Initial Rate Filings

**APPLIES:** Uniform Standards For Group Disability Income Insurance Initial Rate Filings

**CURRENT PROVISIONS:**

(ii) Adjustments to Initial MLR to determine MLR. The adjustment below should be made only if the expected average annual Premium per Covered Person for the policy form, considering the distribution of business assumptions in § 2B(1)(e)(vi) above, is less than \$2,500:

The initial MLR shown in the table above shall be adjusted according to the formula below, where:

$MLR = (\text{Initial MLR}) * (A - 25 * I) / A$  and

$I = [\text{CPI-U, Year (N-1)}] / 103.9$  where

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(I) The value for A is the average annual policy Premium.

The average annual policy Premium shall be estimated by the insurer based on an anticipated distribution of business by all significant criteria having a price difference, such as age, gender, amount, etc., except assuming an annual mode for all policies;

*Compact Office Comment:* The Compact Office suggested considering amending the standard to include adjustments to the MLR for high average premiums similar to what was done in the Individual Disability Income rate standard:

### B. Actuarial Submission Requirements

(1)(g)

(ii) Adjustments to Initial MLR to determine MLR. The adjustment below should be made only if the expected average annual **policy** Premium per Covered Person for the policy form, considering the distribution of business assumptions in § 2B(1)(e)(vi) above, is less than \$2,500:

The initial MLR shown in the table above shall be adjusted according to the formula below, where:

$MLR = (Initial\ MLR) * (A - 25 * I) / A$  and

$I = [CPI-U, Year (N-1)] / 103.9$  where

(I) The value for A is the average annual policy Premium **per Covered Person**.

The average annual policy Premium **per Covered Person** shall be estimated by the insurer based on an anticipated distribution of business by all significant criteria having a price difference, such as age, gender, amount, etc., except assuming an annual mode for all policies:

Documentation of the estimation shall be included.

(II) (N-1) is the calendar year immediately preceding the calendar year (N) in which the rate filing is submitted to the Interstate Insurance Product Regulation Commission; and

(III) CPI-U [1982-84=100] is the consumer price index for all urban consumers, for all items, and for all regions of the U.S. combined, as determined by the U.S. Department of

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Labor, Bureau of Labor Statistics. The CPI-U [1982-84=100] for any year is the value as of September;

(iii) Companies shall make adjustments to the Initial MLR for high average premium plans to determine the MLR. The adjustment below should be made if the expected average annual premium for the policy form, considering the distribution of business assumptions in § 2B(1)(e)(vi) above, is greater than \$15,000:

The initial MLR shown in the table above shall be adjusted according to the formula below, where:

$MLR = (Initial\ MLR) * (A + 150 * I) / A$  and

$I = [CPI-U, Year\ (N-1)] / 103.9$  where

(I) The value for A is the average annual policy *Premium per Covered Person*.

The average annual policy *Premium per Covered Person* shall be estimated by the insurer based on an anticipated distribution of business by all significant criteria having a price difference, such as age, gender, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies;

(II) (N-1) is the calendar year immediately preceding the calendar year (N) in which the rate filing is submitted to the Interstate Insurance Product Regulation Commission; and

(III) CPI-U is the consumer price index for all urban consumers, for all items, and for all regions of the U.S. combined, as determined by the U.S. Department of Labor, Bureau of Labor Statistics. The CPI-U for any year is the value as of September;

(iv) Limitation on Adjustments to Initial MLR. In no event shall the adjustment to the initial MLR be more than 5%; and

(v) The discount rate and the average annual *policy Premium per Covered Person* ~~under the policy average annual policy premium~~-(A), and MLR shall be shown as part of the information in Appendix A attached to these standards.

*PSC Comment after July 23, 2024 call:* The PSC had no comments on the draft and suggested a public call to receive comments.

*PSC Comments after the August 27, 2024 public call:* There were no comments on the proposed amendments.

## CLARIFICATION ITEMS

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### **Clarification Items**

Clarification items are proposed edits to clarify the meaning, application, and/or intent of a provision in the Uniform Standard. Clarification items would not change the meaning or effect of the provision or the current application and interpretation of the provision or Uniform Standard but would provide further or detailed explanation, description, or specification to the language in the Uniform Standard. The clarification items are compiled not only from suggestions or issues in the Comments but also from questions, issues, and circumstances that have arisen in the application and interpretation of the Uniform Standards by the IIPRC product and actuarial reviewers.

There were no clarification items.

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### **Conforming Amendments**

Pursuant to Article III of the Bylaws of the Interstate Insurance Product Regulation Commission, the Commission established procedures for Conforming Amendments to Uniform Standards. A conforming amendment is an amendment to an existing Uniform Standard where the substantive provisions of the amendment are included in another adopted Uniform Standard and the amendment will have the same substantive effect on the application of the existing Uniform Standard as it does on in the other adopted Uniform Standard. As part of the Five Year Review process, the applicable changes adopted by the Commission in prior phases of the Five-Year review will be presented as conforming amendments to standards subject to this phase of the process. These items will be presented to the Management Committee for Conforming Amendments.

### **List of Conforming Amendments**

1. Conformity with Interstate Insurance Product Regulation Commission

#### **1. CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION**

**APPLIES:** §4 B. Conformity with the Interstate Insurance Product Regulation Commission Standards of the Group Disability Income Insurance Policy and Certificate Uniform Standards

#### **§ 4 REQUIRED PROVISIONS**

##### **B. CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS**

- (1) The policy and certificate shall state that each was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. The policy and certificate shall also state that any provision of the policy and certificate that on the provision's effective date is in conflict with the applicable Interstate Insurance Product Regulation Commission standards for this product type in effect as of the provision's effective date of Commission policy and certificate approval is hereby amended to conform to the **applicable** Interstate



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Insurance Product Regulation Commission standards in effect as of the provision's effective date of Commission policy and certificate approval.

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### **Technical Items**

Technical items are proposed changes and corrections to the Uniform Standards to make formatting, typographical, and/or drafting corrections that would not change the meaning or effect of the provision, or the current application and interpretation of the provision or applicable Uniform Standards. Technical items would also encompass changes that would make the Uniform Standards consistent with one another where appropriate, in terms of formatting and wording. The IIPRC Office will insert and clearly distinguish technical items in the Uniform Standards. As has been the practice when making technical changes to the Uniform Standards during the rulemaking process, these technical items will not be specifically discussed unless there is a concern or question raised by members, regulators, or interested parties.

There were no technical items.