## **SENATE BILL 77**

C4 (2lr0414)

## ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Senator Kelley

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introduced by Senator Kelley				
Read and	l Examined by Pr	oofreaders:		
			Proofreader	r.
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Sealed with the Great Seal and	l presented to th	ne Governor, for l	nis approval thi	is
day of	at	o'c	lock,M	1.
			President	_ t.
	CHAPTER	_		
AN ACT concerning				
Life Insurance and Annuities to <del>Cross-Ch</del> o	s – Unfair Claim <del>eck</del> <u>Search</u> Dea		ctices – Failure	!
FOR the purpose of requiring an alife insurance or an annual comparison of the insurer's and retained asset account death benefit payments the annuitant, or account holde comparison at certain interest to take certain actions, account holder; providing comparison for a group life services, to the policy be	ity contract in the sin-force life instance at may be due as er; requiring the evals and in a certain within a certain tential certain matchat an insure insurance policy	he State to performance policies, as in death master find a result of the death insurer to performation manner; required time period, if atch with an insurer is not required unless the insurer	rm a eross-cheen nuity contracts le to identify an ath of an insured the eross-cheen the eross-cheen the eross-cheen annuitant, of to perform the provides certain	s, yd, kerker ne

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1	information to certain persons under certain circumstances; prohibiting the
2	insurer from charging certain persons for any fees or costs incurred by the
3	insurer in connection with complying with certain provisions of this Act;
4	authorizing the Maryland Insurance Commissioner to adopt certain regulations;
5	providing that the failure of the insurer to comply with any provision certain
6	provisions of this Act or any regulation adopted under this Act is an unfair
7	claim settlement practice under certain provisions of law; defining a certain
8	terms; providing for the application of this Act; providing for a delayed
9	<i>effective date</i> ; and generally relating to the payment of death benefits under life
10	insurance policies, annuity contracts, and retained asset accounts.
1	BY adding to
$^{12}$	Article – Insurance
13	Section 16–118
$^{14}$	Annotated Code of Maryland
15	(2011 Replacement Volume)
16	BY repealing and reenacting, with amendments,
L <b>7</b>	Article – Insurance
18	Section 27–303
19	Annotated Code of Maryland
20	(2011 Replacement Volume)
21	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
22	MARYLAND, That the Laws of Maryland read as follows:
23	Article - Insurance
24	16–118.
<b>14</b>	10–110.
25	(A) (1) IN THIS SECTION, "DEATH MASTER FILE" MEANS: IN THIS
26	SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
27	(2) "CREDIT LIFE INSURANCE" HAS THE MEANING STATED IN §
28	13–101 OF THIS ARTICLE.
29	(3) "DEATH MASTER FILE" MEANS:
30	(1) (I) THE SOCIAL SECURITY ADMINISTRATION'S DEATH
31	MASTER FILE; OR
32	(2) (II) ANY OTHER DATABASE OR SERVICE THAT IS AT LEAST
33	AS COMPREHENSIVE AS THE SOCIAL SECURITY ADMINISTRATION'S DEATH
R4	MASTER FILE FOR DETERMINING THAT AN INDIVIDUAL REPORTEDLY HAS DIED.

1	(4) "DEATH MASTER FILE MATCH" MEANS A MATCH, RESULTING
2	FROM A SEARCH OF A DEATH MASTER FILE, OF A SOCIAL SECURITY NUMBER OR
3	A NAME AND DATE OF BIRTH OF AN INDIVIDUAL ON THE DEATH MASTER FILE
4	WITH THE SOCIAL SECURITY NUMBER OR THE NAME AND DATE OF BIRTH OF AN
5	INSURED, ANNUITANT, OR RETAINED ASSET ACCOUNT HOLDER.
6	(5) "PRE-NEED INSURANCE CONTRACT" MEANS A LIFE
7	INSURANCE POLICY OR CERTIFICATE, ANNUITY CONTRACT, OR OTHER
8	INSURANCE CONTRACT THAT, BY ASSIGNMENT OR OTHERWISE, HAS AS A
9	PURPOSE THE FUNDING OF AN AGREEMENT RELATING TO THE PURCHASE OR
10	PROVISION OF SPECIFIC FUNERAL OR CEMETERY MERCHANDISE OR SERVICES
11	TO BE PROVIDED AT THE TIME OF DEATH OF AN INDIVIDUAL.
12	(6) "RETAINED ASSET ACCOUNT" HAS THE MEANING STATED IN §
13	16–117(A) OF THIS ARTICLE.
10	10 11 (A) OF THIS ARTICLE.
14	(B) THIS SECTION DOES NOT APPLY TO:
	<del></del>
15	(1) AN ANNUITY CONTRACT THAT:
16	(I) IS USED TO FUND AN EMPLOYMENT-BASED
17	RETIREMENT PLAN OR PROGRAM; AND
1.0	(II) DOES NOT DECLUDE THE INSURED INVESTOR THE ANNUAL INVESTOR
18	(II) DOES NOT REQUIRE THE INSURER UNDER THE ANNUITY
19 20	CONTRACT TO PAY DEATH BENEFITS TO THE BENEFICIARIES OF SPECIFIC PLAN OR PROGRAM PARTICIPANTS;
20	OR PROGRAM PARTICIPANTS,
21	(2) A POLICY OR CERTIFICATE OF LIFE INSURANCE THAT
22	PROVIDES A DEATH BENEFIT UNDER:
23	(I) AN EMPLOYEE BENEFIT PLAN SUBJECT TO THE
24	FEDERAL EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974; OR
25	(II) ANY FEDERAL EMPLOYEE BENEFIT PROGRAM;
0.0	
26	(3) A PRE-NEED INSURANCE CONTRACT;
27	(4) A POLICY OR CERTIFICATE OF CREDIT LIFE INSURANCE; OR
41	(4) A POLICY OR CERTIFICATE OF CREDIT LIFE INSURANCE; OR
28	(5) A POLICY OR CERTIFICATE OF ACCIDENTAL DEATH AND
29	DISMEMBERMENT INSURANCE.
-	
30	(B) (C) (1) AN INSURER THAT ISSUES OR, DELIVERS, OR RENEWS A
31	POLICY OF LIFE INSURANCE OR AN ANNUITY CONTRACT IN THE STATE SHALL

- 1 PERFORM A <del>CROSS-CHECK</del> COMPARISON OF THE INSURER'S IN-FORCE LIFE
- 2 INSURANCE POLICIES, ANNUITY CONTRACTS, AND RETAINED ASSET ACCOUNTS
- 3 AGAINST THE LATEST VERSION OF A DEATH MASTER FILE TO IDENTIFY ANY
- 4 DEATH BENEFIT PAYMENTS THAT MAY BE DUE UNDER THE POLICIES,
- 5 CONTRACTS, OR <u>RETAINED ASSET</u> ACCOUNTS AS A RESULT OF THE DEATH OF AN
- 6 INSURED, ANNUITANT, OR RETAINED ASSET ACCOUNT HOLDER.
- 7 (2) AN INSURER SHALL PERFORM THE <del>CROSS-CHECK</del>
- 8 <u>COMPARISON</u> REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
- 9 (I) AT REGULAR INTERVALS, ON AT LEAST A QUARTERLY
- 10 SEMIANNUAL BASIS; AND
- 11 (II) IN GOOD FAITH, USING CRITERIA REASONABLY
- 12 DESIGNED TO IDENTIFY INDIVIDUALS WHOSE DEATH WOULD REQUIRE THE
- 13 PAYMENT OF BENEFITS BY THE INSURER UNDER A LIFE INSURANCE POLICY,
- 14 ANNUITY CONTRACT, OR RETAINED ASSET ACCOUNT.
- 15 <u>(3)</u> FOR A GROUP LIFE INSURANCE POLICY, AN INSURER IS NOT
- 16 REQUIRED TO PERFORM THE COMPARISON REQUIRED UNDER PARAGRAPH (1)
- 17 OF THIS SUBSECTION UNLESS THE INSURER PROVIDES FULL RECORD-KEEPING
- 18 SERVICES TO THE GROUP LIFE INSURANCE POLICY HOLDER.
- 19 <del>(C)</del> (D) (1) If a <del>cross-check</del> comparison performed by an
- 20 INSURER UNDER SUBSECTION (B) (C) OF THIS SECTION RESULTS IN A
- 21 POTENTIAL DEATH MASTER FILE MATCH WITH AN INSURED, ANNUITANT, OR
- 22 RETAINED ASSET ACCOUNT HOLDER, THE INSURER, WITHIN 90 DAYS AFTER THE
- 23 CROSS-CHECK COMPARISON WAS PERFORMED, SHALL:
- 24 (I) CONDUCT A GOOD FAITH EFFORT TO CONFIRM THE
- 25 DEATH OF THE INSURED, ANNUITANT, OR RETAINED ASSET ACCOUNT HOLDER
- 26 USING OTHER AVAILABLE RECORDS AND INFORMATION;
- 27 (II) DETERMINE WHETHER BENEFITS ARE DUE UNDER THE
- 28 APPLICABLE LIFE INSURANCE POLICY, ANNUITY CONTRACT, OR RETAINED
- 29 ASSET ACCOUNT; AND
- 30 (III) IF BENEFITS ARE DUE UNDER THE POLICY, CONTRACT,
- 31 OR RETAINED ASSET ACCOUNT:
- 32 1. USE GOOD FAITH EFFORTS TO LOCATE THE
- 33 BENEFICIARY; AND

$\frac{1}{2}$	2. PROVIDE TO THE BENEFICIARY THE APPROPRIATE CLAIMS FORMS AND INSTRUCTIONS NECESSARY TO MAKE A
3	CLAIM.
4	(2) AN INSURER SHALL DOCUMENT THE GOOD FAITH EFFORTS
5	MADE TO:
6	(I) CONFIRM THE DEATH OF AN INSURED, ANNUITANT, OR
7	RETAINED ASSET ACCOUNT HOLDER UNDER PARAGRAPH (1)(I) OF THIS
8	SUBSECTION; AND
9	(II) LOCATE A BENEFICIARY UNDER PARAGRAPH (1)(III)1
10	OF THIS SUBSECTION.
11	(3) TO THE EXTENT PERMITTED BY LAW, AN INSURER MAY
12	DISCLOSE THE MINIMUM NECESSARY PERSONAL INFORMATION ABOUT AN
13	INSURED, AN ANNUITANT, A RETAINED ASSET ACCOUNT HOLDER, OR A
14	BENEFICIARY TO A PERSON THAT THE INSURER REASONABLY BELIEVES MAY BE
15 16	ABLE TO ASSIST THE INSURER IN LOCATING A BENEFICIARY AS REQUIRED
16	UNDER PARAGRAPH (1)(III)1 OF THIS SUBSECTION.
17	(D) (E) AN INSURER MAY NOT CHARGE AN INSURED, AN ANNUITANT,
18	AN A RETAINED ASSET ACCOUNT HOLDER, A BENEFICIARY, OR ANY OTHER
19	PERSON FOR ANY FEES OR COSTS INCURRED BY THE INSURER IN CONNECTION
20	WITH COMPLYING WITH SUBSECTIONS (B) AND (C) (C) AND (D) OF THIS SECTION.
21	(E) (F) THE COMMISSIONER MAY ADOPT REGULATIONS TO
22	IMPLEMENT THIS SECTION <del>, INCLUDING REGULATIONS THAT:</del>
23	(1) SPECIFY THE CRITERIA AN INSURER MUST USE TO PERFORM
24	THE CROSS-CHECK OF A DEATH MASTER FILE REQUIRED UNDER SUBSECTION
25	(B) OF THIS SECTION;
26	(2) SPECIFY WHAT CONSTITUTES GOOD FAITH EFFORTS FOR
27	PURPOSES OF SUBSECTIONS (B)(2)(II) AND (C)(1)(I) AND (III)1 OF THIS SECTION
28	AND THE MANNER IN WHICH THOSE EFFORTS MUST BE DOCUMENTED BY AN
29	<del>INSURER;</del>
30	(3) SPECIFY THE INFORMATION ABOUT BENEFICIARIES UNDER
31	LIFE INSURANCE POLICIES, ANNUITY CONTRACTS, AND RETAINED ASSET
32	ACCOUNTS THAT AN INSURER MUST OBTAIN AND MAINTAIN IN ITS RECORDS TO
33	FACILITATE THE IDENTIFICATION OF AND PAYMENT OF BENEFITS TO THE
34	BENEFICIARIES; AND

1 2 3	(4) ESTABLISH RECORD KEEPING AND REPORTING REQUIREMENTS TO DETERMINE COMPLIANCE OF INSURERS WITH THIS SECTION.
4 5 6 7	(F) THE FAILURE OF AN INSURER TO COMPLY WITH ANY PROVISION OF THIS SECTION OR ANY REGULATION ADOPTED UNDER THIS SECTION IS AN UNFAIR CLAIM SETTLEMENT PRACTICE UNDER TITLE 27, SUBTITLE 3 OF THIS ARTICLE.
8	<u>27–303.</u>
9 10	It is an unfair claim settlement practice and a violation of this subtitle for an insurer or nonprofit health service plan to:
11 12	(1) misrepresent pertinent facts or policy provisions that relate to the claim or coverage at issue;
13 14	(2) refuse to pay a claim for an arbitrary or capricious reason based on all available information;
15 16	(3) attempt to settle a claim based on an application that is altered without notice to, or the knowledge or consent of, the insured;
17 18	(4) fail to include with each claim paid to an insured or beneficiary a statement of the coverage under which payment is being made;
19 20 21	(5) fail to settle a claim promptly whenever liability is reasonably clear under one part of a policy, in order to influence settlements under other parts of the policy;
22 23	(6) <u>fail to provide promptly on request a reasonable explanation of the basis for a denial of a claim;</u>
24 25	(7) <u>fail to meet the requirements of Title 15, Subtitle 10B of this article for preauthorization for a health care service;</u>
26 27	(8) <u>fail to comply with the provisions of Title 15, Subtitle 10A of this article; [or]</u>
28 29	(9) <u>fail to act in good faith, as defined under § 27–1001 of this title, in settling a first–party claim under a policy of property and casualty insurance; OR</u>
30 31	(10) FAIL TO COMPLY WITH THE PROVISIONS OF § 16–118 OF THIS ARTICLE.

	SECTION 2. AND · 1, <del>2012</del> <i>2013</i> .	BE IT	FURTHER	ENACTED,	That this Act shall take ef
Approv	ed:				
					Governor.
					President of the Senate.
				Speaker o	of the House of Delegates.