

**IN THE MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION**

**In Re: FREEDOM LIFE INSURANCE)
COMPANY OF AMERICA)
SERFF TRACKING NUMBER) Case No. 140826639C
USHG-129644965)**

ORDER DISAPPROVING FORM FILING

Upon review and consideration of the filing of Freedom Life Insurance Company of America, SERFF Tracking Number USHG-129644965, specifically Form ACCCYD-2011-IP-MO-FLIC, the Deputy Director DISAPPROVES said form for the reasons stated below.

FINDINGS OF FACT

1. John M. Huff is the Director of the Department of Insurance, Financial Institutions and Professional Registration, State of Missouri (“Director” of the “Department”).
2. Freedom Life Insurance Company of America (“Freedom Life”), NAIC Number 62324, is a foreign life and health insurance company organized pursuant to the laws of the state of Texas and transacting insurance business in the state of Missouri pursuant to a Certificate of Authority issued by the Director.
3. Pursuant to §376.777,¹ insurance companies licensed to transact business in this state may not deliver or issue for delivery in this state a policy of accident or health insurance unless the form has been approved.
4. The Division of Market Regulation (the “Division”) is designated pursuant to section 374.075 to review the forms that are filed by insurance companies.
5. Freedom Life filed policy forms with the Director via the System for Electronic Rate and Form Filing (“SERFF”) on July 22, 2014. The SERFF Tracking Number is USHG-129644965 (“Filing”).
6. The Filing contains, in pertinent part, form ACCCYD-2011-IP-MO-FLIC, identified as the Individual Accident Bodily Injury Insurance Plan (“Policy”).
7. Freedom Life filed the Policy within SERFF as an Individual Health-Accident Only Policy.

¹All statutory citations are to RSMo (Supp. 2013) unless otherwise noted.

8. On August 25, 2014, Freedom Life amended the Filing and replaced the Policy with an amended form. The amended form is the subject of this Order.
9. On page 26 of the Policy under the section titled Claim Procedures, Investigation and Payment and the subsection titled Time of Payment of Claims, the form states “**We** will make payments due promptly once a decision has been made on a claim[.]”

(Emphasis in original.)

10. Nowhere within the Policy is there a provision titled Change of Beneficiary informing the insured of their right to change their beneficiary.
11. On page 36 of the Policy under the section titled Uniform Provisions and the subsection titled Misstatement of Age, the form states:

If the age of an **Insured** has not been stated correctly, his or her correct age will be used to determine (i) the amount of insurance for which he or she is entitled, (ii) the effective date of termination of insurance, and (iii) any other rights or **Accidental Bodily Injury Benefits** under this **Policy**.

Premiums will be adjusted if too much or too little was paid due to the misstatement.

(Emphasis in original.)

CONCLUSIONS OF LAW

12. The Director shall approve only those policy forms that are in compliance with Missouri insurance laws, and “which contain such words, phraseology, conditions, and provisions which are specific, certain and unambiguous and reasonably adequate to meet needed requirements for the protection of those insured,” pursuant to §376.777.
13. The Director may disapprove a form filed with the Department, and in doing so must state the reasons for the disapproval in writing, pursuant to §376.777.

**Freedom Life's Filing Does Not Comply With All
Provisions Required in a Policy Under Section 376.777**

14. Section 376.777 provides in relevant part:

1. **Required provisions.** Except as provided in subsection 3 of this section *each such policy delivered or issued for delivery to any person in this state shall contain the provisions specified in this subsection in the words in which the same appear in this section*; provided, however, that the insurer may, at its option, substitute for one or more of such provisions corresponding provisions of different wording approved by the director of the department of insurance, financial institutions and professional registration which are in each instance not less favorable in any respect to the insured or the beneficiary....

(8) **A provision** as follows: "**TIME OF PAYMENT OF CLAIMS:**

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid (insert period for payment which must not be less frequently than monthly) and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof".

(12) **A provision** as follows: "**CHANGE OF BENEFICIARY:**

Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to change of beneficiary or beneficiaries, or to any other changes in this policy".

(The first clause of this provision, relating to the irrevocable designation of beneficiary, may be omitted at the insurer's option).

2. **Other provisions.** Except as provided in subsection 3 of this section, *no such policy delivered or issued for delivery to any person in this state shall contain provisions respecting the matters set forth below unless such provisions are in the words in which the same appear in this section*; provided, however, that the

insurer may, at its option, use in lieu of any such provision a corresponding provision of different wording approved by the director of the department of insurance, financial institutions and professional registration which is not less favorable in any respect to the insured or the beneficiary. Any such provision contained in the policy shall be preceded individually by the appropriate caption appearing in this subsection or, at the option of the insurer, by such appropriate individual or group captions or subcaptions as the director of the department of insurance, financial institutions and professional registration may approve.

(2) *A provision* as follows: “**MISSTATEMENT OF AGE:**

If the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age”.

(Emphasis added.)

15. Freedom Life’s Policy is not compliant with Missouri insurance laws. Under the subsection titled Time of Payment of Claims, Freedom Life states it will promptly pay claims once a decision has been made. Section 376.777.1(8) requires claims be paid immediately upon receipt of due written proof of such loss. Freedom Life’s claim payment provision does not provide the notice of payment required by §376.777.1(8). As such, the Policy does not comply with the laws of this state as required by §376.777.
16. Freedom Life’s Policy is not compliant with Missouri insurance laws. Section 376.777.1(12) requires a provision titled Change of Beneficiary informing the insured of their right to change their beneficiary. The Policy does not contain such a provision and, therefore, does not meet the substantive requirements of §376.777.1(12). As such, the Policy does not comply with the laws of this state as required by §376.777.
17. Freedom Life’s Policy is not compliant with Missouri insurance laws. Under the subsection titled Misstatement of Age, the Policy is noncompliant with §376.777.2(2). The Policy states:

If the age of an **Insured** has not been stated correctly, his or her correct age will be used to determine (i) the amount of insurance for which he or she is entitled, (ii) the effective date of termination of insurance, and (iii) any other rights or **Accidental Bodily Injury Benefits** under this **Policy**.

Section 376.777.2(2) requires that, if a provision addresses matters set forth in this section, the provision must be in the same words as this section, unless

the Director determines the words used are “not less favorable” to the insured. The Policy provision does not use the same words as §376.777.2(2), and the provision is less favorable to the insured in that a misstatement of age under the policy could affect not only the amount of insurance but also the date of termination and other rights and benefits under the policy. As such, the Policy does not comply with the laws of this state as required by §376.777.

18. After review and consideration of the policy form included in Freedom Life’s Filing, the company has failed to demonstrate its compliance with Missouri law as enumerated herein.
19. While there may be additional reasons as to why this policy form does not comply with Missouri’s insurance laws, the reasons stated herein are sufficient to disapprove the form.
20. Each reason stated herein for disapproval of a policy form is a separate and sufficient cause to disapprove such form.
21. Freedom Life’s Policy does not comply with Missouri law. As such, said form is not in the public interest.
22. This Order is in the public interest.

IT IS THEREFORE ORDERED that Form ACCCYD-2011-IP-MO-FLIC is hereby **DISAPPROVED**. Freedom Life Insurance Company of America is hereby prohibited from delivering or issuing for delivery any policies of group health insurance utilizing said form.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED THIS 5th day of September, 2014.



A handwritten signature in black ink, appearing to read "James R. McAdams", written over a horizontal line.

JAMES R. McADAMS
DEPUTY DIRECTOR

NOTICE

TO: Freedom Life Insurance Company of America and any unnamed persons aggrieved by this Order:

You may request a hearing on the disapproval of this form. You may do so by filing a pleading with the Director of the Department of Insurance, Financial Institutions and Professional Registration, P.O. Box 690, Jefferson City, MO 65102, within 30 days after the mailing of this notice pursuant to 20 CSR 800-1.030.

CERTIFICATE OF SERVICE

I hereby certify that on this 5th day of September, 2014, a copy of the foregoing Order and Notice was

Served via certified mail addressed to:

Benjamin Cutler
President
Freedom Life Insurance Company of America
3100 Burnett Plaza
801 Cherry Street, Unit 33
Fort Worth, TX 76102

Martha Guevara
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