

WAC 284-30-610 Unfair practices with respect to the solicitation of coverage under out-of-state group policies. (1) It is an unfair method of competition and an unfair practice for an insurer to permit a licensed insurance producer, whether appointed by the insurer or not, to solicit an individual in the state of Washington to buy or apply for life insurance, annuities, or disability insurance coverage when the coverage is provided under the terms of a group policy delivered to an association or organization (or to a trustee designated by the association or organization), as policyholder, outside this state, unless the following steps are taken:

(a) An accurately completed disclosure statement, substantially in the form set forth in subsection (2) of this section, must be brought to the attention of the individual being solicited before the application for coverage is completed and signed. The disclosure form must be signed by both the soliciting licensee and the individual being solicited and it must be given to the individual.

(b) A copy of the completed disclosure statement must be submitted by the soliciting licensee, with the application for coverage, to the insurer providing the coverage.

(c) The insurer must confirm the accuracy of the form's contents, and retain the copy for not less than three years from the date the coverage commences or from the date received, whichever is later.

(2) Disclosure statement form: (Type size to be no less than ten-point)

(Insurer's name and address)

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about the coverage offered to you under a group policy issued by (insurer) , (to/on behalf of) (association or organization) .

The policy is subject to and governed by the laws of the state of

The certificate of coverage issued to you is governed by the state of Washington.

The Washington State Insurance Commissioner has authority to assist you concerning your coverage.

To keep this coverage, you (must/need not) continue membership in the group. If you are not now a member, the initial cost of membership is \$ Additional dues or membership fees are currently \$ per Membership costs (may/will not) increase in future years. You will also have the premiums to pay.

The coverage (can/can not) be discontinued by the group. It (can/can not) be terminated by the insurer. If the group organization ceases to exist, your coverage

_____ (would/would not) _____ terminate. You
_____ (are/are not) _____ entitled by the con-
tract to convert your coverage to your own
policy.

_____ (Group organization's name) _____ (will/
will not) _____ be paid for its participation
in this insurance program. _____ (An explana-
tion of payments must be inserted
here.) _____.

If you apply for this coverage, you
_____ (will/will not) _____ have a "free look"
(of days*) during which you may
cancel your contract and recover your pre-
mium without obligation. Your membership
fee to join the group _____ (is/is not) _____ re-
fundable. *(Omit phrase, "of
days", if there is no "free look.")

DELIVERED to the applicant
this day of (month),
(year), by

(Signed)
. (insurance producer).

Printed
Name:
.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THIS
DISCLOSURE STATEMENT: Applicant.

(3) This section does not apply with respect to coverage provided to individuals under a group contract which is provided for a group of a type described in RCW 48.24.035, 48.24.040, 48.24.060, 48.24.080, 48.24.090, or 48.24.095.

[Statutory Authority: RCW 48.02.060 (3)(a) and 48.17.010(5). WSR 11-01-159 (Matter No. R 2010-09), § 284-30-610, filed 12/22/10, effective 1/22/11. Statutory Authority: RCW 48.02.060, 48.30.010, 48.01.020, 48.01.060. WSR 00-19-048 (Matter R 98-18), § 284-30-610, filed 9/14/00, effective 10/15/00. Statutory Authority: RCW 48.02.060 (3)(a) and 48.30.010. WSR 91-03-073 (Order 90-14), § 284-30-610, filed 1/16/91, effective 4/1/91.]