

**NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
PROPOSED  
11 NYCRR 48  
(INSURANCE REGULATION 210)**

**LIFE INSURANCE AND ANNUITY NON-GUARANTEED ELEMENTS**

I, Maria T. Vullo, Superintendent of Financial Services, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law, and Sections 301, 1106, 1113, 3201, 3203, 3209, 3219, 3220, 3223, 4216, 4221, 4223, 4224, 4231, 4232, 4238, 4239, 4240, 4511, 4513, 4518 and Article 24 of the Insurance Law, do hereby promulgate a new Part 48 of Title 11 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Insurance Regulation 210) to take effect 120 days after publication in the State Register, to read as follows:

**(ALL MATERIAL IS NEW)**

**Section 48.0 Scope, purpose, and unfair trade practice.**

(a) The purpose of this Part is to establish standards for the determination and any readjustment of non-guaranteed elements that may vary at the insurer's discretion for life insurance policies and annuity contracts delivered or issued for delivery in this State, to ensure that policy forms do not contain provisions that may mislead policy owners as to the crediting of non-guaranteed amounts or the deduction of non-guaranteed charges, and to ensure that the issuance of any policy forms would not be prejudicial to the interest of owners or members or contain provisions that are unjust, unfair or inequitable.

(b) A contravention of this Part shall be deemed to be an unfair method of competition or an unfair or deceptive act and practice in the conduct of the business of insurance in this State, and shall be deemed to be a trade practice constituting a determined violation, as defined in section 2402(c) of the Insurance Law, in violation of section 2403.

**Section 48.1 Definitions.**

For purposes of this Part:

(a) *Adverse change in the current scale of non-guaranteed elements* means any change in the current scale of non-guaranteed elements that increases or may increase a charge or reduces or may reduce a benefit to the policy owner, other than a change in a credited interest rate based entirely on changes in the insurer's expected investment income.

(b) *Anticipated experience factor* means an assumption as to a future experience factor as determined by the insurer.

(c) *Applicable group certificate* means any group life insurance or annuity certificate where:

(1) the certificate may develop nonforfeiture values that are affected by non-guaranteed elements; or

(2) the certificate holder is required to contribute to the cost of the certificate to receive the benefits of the certificate and the certificate allows for changes in the rate of the certificate holder's contributions subject to a guaranteed maximum in the sixth certificate year or later.

(d) *Board-approved criteria* means written criteria adopted by the board of directors of an insurer, or a committee of directors thereof, that are the basis for determining non-guaranteed charges or benefits, including reasonableness standards, financial objectives, equity objectives, marketing objectives, good faith standards, and fair dealing standards.

(e) *Class of policies* means all policies with similar expectations as to anticipated experience factors that are grouped together for the purpose of determining non-guaranteed elements.

(f) *Current scale of non-guaranteed elements* means the non-guaranteed elements that apply to a policy in the current and future years unless changed by the insurer.

(g) *Exempt policy provision* means a dividend provision, a provision providing for readjustments described in Insurance Law section 4231(g)(1)(C), or any other policy provision that gives the insurer discretion and that in the superintendent's opinion is not designed to allocate to the policy a portion of the anticipated or actual financial experience of an insurer on the policy. *Exempt policy provision* may include the right to defer payment when required by law, changes to the variable funds offered in a policy, minimum transaction amounts, maximum number of transactions, limits on premiums or deposits, the discretion to pay minimal annuity benefits in a single sum, and the discretion to maintain the tax qualified status of a policy.

(h) *Experience factor* means a value or set of values consisting of investment income, mortality, morbidity, persistency, or expense that represents the insurer's financial experience on a policy. Profit margin is not an experience factor.

(i) *Indeterminate premium policy* means a life insurance policy as described in Insurance Law section 4231(g)(1)(D).

(j) *Insurer* means an authorized life insurance company or authorized fraternal benefit society.

(k) *Non-guaranteed element* means any element within a policy provision other than an exempt policy provision that may be changed at the insurer's discretion without the consent or request of the policy owner and that affects the policy charges or benefits. *Non-guaranteed element* includes indeterminate premium policy rates, expense and benefit charge rates, interest crediting rates, cost of insurance rates, and equity index participation rates, but shall not include elements not at the insurer's discretion, such as the pass-through of variable fund returns.

(l) *Policy* means any individual life insurance policy, individual annuity contract, or applicable group certificate.

(m) *Pricing cell* means a collection of policies for which the same anticipated experience factors are used to determine the same current scale of non-guaranteed elements.

(n) *Qualified actuary* means an individual who:

(1) is a member in good standing of the American Academy of Actuaries;

(2) meets the American Academy of Actuaries qualification standards for statements of actuarial opinion required by this Part;

(3) is a fellow by examination of either the Society of Actuaries or the Institute of Actuaries or is designated in writing by the superintendent as a qualified actuary after written application to the superintendent providing evidence of the actuary's actuarial knowledge and experience of non-guaranteed elements, and stating that the actuary is familiar with the New York Insurance Law and regulations promulgated thereunder and the current standards of practice of the American Academy of Actuaries involving non-guaranteed charges or benefits; and

(4) has not been found by a commissioner or superintendent of insurance of any state, following appropriate notice and hearing to have:

(i) violated any provision of, or any obligation imposed by, any law in the course of his or her dealings as a qualified actuary;

(ii) been found guilty of fraudulent or dishonest practices;

(iii) demonstrated his or her incompetence, lack of cooperation, or untrustworthiness to act as a qualified actuary; or

(iv) resigned or been removed as a qualified actuary within the past five years as a result of acts or omissions indicated in any adverse report on examination or as a result of a failure to adhere to generally acceptable actuarial standards.

## **Section 48.2 Non-guaranteed elements.**

(a)(1) An insurer shall establish board-approved criteria for determining non-guaranteed charges or benefits.

(2) An insurer, in the assignment of policies into classes of policies, for the purpose of determining non-guaranteed elements:

(i) shall not unfairly discriminate among policies with similar expectations as to anticipated experience factors;

(ii) shall assign policies into classes based on sound actuarial principles;

(iii) shall assign policies with material differences in expected costs into different classes;

(iv) shall have sufficient refinement of classes to place reasonable limits on anti-selection;

(v) shall distinguish between policies when the cost of guarantees are not similar. For example, policies with a low guaranteed interest rate shall not be combined with policies with a high guaranteed interest rate;

(vi) may distinguish based on the date of policy issue with different issue periods;

(vii) shall not result in a change to a less favorable underwriting risk class applied to existing coverage than the underwriting risk class assigned to existing coverage prior to the change; and

(viii) shall be consistent with the language of the policy and the advertising or other material provided by the insurer to the policy owner.

(b) Readjustments to non-guaranteed elements on existing policies shall be subject to the following:

(1) At the time of revision of a scale for an indeterminate premium policy, the difference from the point of revision between the revised scale and the scale in effect at issue shall be reasonably based on the difference from the point in time of revision and application of the anticipated experience factors underlying the two scales with respect to expenses, mortality, policy claims, taxes, investment income and lapses.

(2) At the time of revision of a scale of non-guaranteed elements for a policy subject to Insurance Law section 4232(b), the difference from the point in time of revision and application of the revised scale and the scale in effect at issue shall be reasonably based on the difference from the point of revision of the anticipated experience factors underlying the two scales with respect to expenses, mortality, investment income and persistency.

(3) At the time of revision of a scale of non-guaranteed elements for a policy subject to Insurance Law section 4232(a), the difference from the point in time of revision and application of the revised scale and the scale in effect at issue shall be reasonably based on the difference from the point of revision of the anticipated experience factors underlying the two scales with respect to expenses, mortality and investment income.

(4) An insurer shall not increase profit margins at any policy duration.

(c) Any readjustment in non-guaranteed charges and benefits on in-force policies resulting from a change in board-approved criteria shall meet the requirements of subdivision (b) of this section.

(d) An insurer shall not consider reinsurance agreements or other third party agreements, when changing non-guaranteed elements, if it would cause an adverse impact on non-guaranteed elements of any existing policy.

(e) An insurer's procedures for readjustment of non-guaranteed elements on an assumed or acquired class of business shall not be less favorable to policy owners than the procedures used by the original insurer when the policies in the class were issued.

(f) The board-approved criteria shall:

(1) require anticipated experience factors consistent with any experience that is credible and relevant;

(2) require the examination, as needed, of anticipated experience factors at specified times and under specified conditions but no less frequently than required by law to determine if the factors are reasonable;

(3) include a statement of the maximum period, not to exceed five years, between reviews of anticipated experience factors and non-guaranteed elements for reasonableness; and

(4) require the review of the anticipated experience factors and non-guaranteed elements for existing policies whenever the non-guaranteed elements on newly issued policies are changed.

(g) In addition to the criteria required under subdivision (f) of this section, board-approved criteria also may include:

(1) an amount of in-force policies, either by number issued or premium volume, below which no changes in an anticipated experience factor will be made because of a lack of statistical credibility;

(2) a minimum change in anticipated experience factors that will result in readjustment to non-guaranteed elements, provided that the minimum change: shall be reasonable in relation to the value provided to the policy owner and the cost of implementing a change in non-guaranteed elements; and the minimum change in anticipated experience factors that cause a readjustment in non-guaranteed elements favorable to policy owners shall be no greater than the minimum change in anticipated experience factors that causes a change in non-guaranteed elements adverse to policy owners; and

(3) averaging, smoothing, interpolating and rounding that are reasonable in relation to the values and benefits provided and that do not have a bias toward reducing policy benefits or values.

(h) Board-approved criteria for non-guaranteed elements related to anticipated experience factors for expenses that do not vary directly with the level of existing business, including overhead expenses, shall be reasonable and shall be consistent with the actual insurer allocation of expenses. Board-approved criteria shall place reasonable limits on the policy owner's exposure to higher unit expense costs from discontinued sales or a volume of sales significantly less than anticipated.

### **Section 48.3 Form and report requirements.**

(a) An insurer shall provide to a policy owner the current scale of non-guaranteed elements no later than the date of issue, either in the policy, application, illustration of the policy as sold, or a special disclosure document, in a manner that will allow an easy comparison to the corresponding guarantees. For the purpose of Part 53 of this Title (Insurance Regulation 74), the special disclosure document by itself shall not constitute an illustration.

(b) Any policy form that provides for non-guaranteed elements shall:

(1) state the maximum period between reviews of non-guaranteed elements;

(2) state the guaranteed elements and a statement of the method used by the insurer to calculate actual policy values;

(3) unless otherwise provided by the Insurance Law, state that when the policy provides for non-guaranteed elements during any period, any non-guaranteed elements will accrue and be applied for each year during the period;

(4) to the extent applicable, include a statement on the policy specification page that additional amounts are not guaranteed and the insurer has the right to change the amount of interest credited to the policy; the amount of cost of insurance or other expense charges deducted under the policy that may require more premium to be paid than was illustrated; and that the cash values and policy benefits may be less than those illustrated; and

(5) state the experience factor used to determine any readjustment in each non-guaranteed element.

(c) An insurer shall provide a disclosure document to a policy owner at least 60 days prior to any change in the current scale of non-guaranteed elements. Using the same terminology that is used in the policy, the disclosure shall contain:

(1) the non-guaranteed elements that have changed;

(2) the new current scale of non-guaranteed elements;

(3) the prior current scale of non-guaranteed elements since the last disclosure;

(4) the guaranteed scale; and

(5) a prominent description of any adverse change in the current scale of non-guaranteed elements identifying the nature of the change and that the change is adverse or the conditions under which the change would be adverse.

## **Section 48.4 Filing and records requirements.**

(a) Every policy form filing shall include, as applicable:

(1) the approval date of the board-approved criteria for non-guaranteed elements, or a statement that the insurer will submit the approval date of the board-approved criteria to the superintendent before the insurer issues the first policy; and

(2) an actuarial memorandum containing:

(i) a tabulation by pricing cell and duration of the current scale of non-guaranteed elements and the anticipated experience factors on which they are based. The tabulation shall include:

(a) premium;

(b) gross investment returns;

(c) investment expenses;

(d) investment defaults;

(e) credited rates;

(f) policyholder behavior assumptions including option elections and persistency;

(g) benefits paid;

(h) mortality rates;

(i) morbidity rates;

(j) insurance expenses, including the allocation of tax, sale, maintenance, service and overhead expenses;

(k) profit margins;

(l) policy expense charges; and

(m) policy benefit charges;

(ii) a description of the experience or other information used to determine the anticipated experience factors, including a description of the reasoning and analysis that led from the information to the anticipated experience factors;

(iii) a description of the processes and methods used in the determination of non-guaranteed elements for a pricing cell from the anticipated experience factors;

(iv) any formula used to determine participation percentage, caps or other features of discretionary index crediting and a description of the index formula;

(v) the investment strategy, which shall include:

(a) a description of the method used for the allocation of investment income, specifying how trading gains and losses due to interest rate changes are allocated; and

(b) a description of the methods used to assess deductions from gross earned rates for default, investment expenses and risk items; and

(vi) a statement signed and dated by a qualified actuary that the anticipated experience factors in the actuarial memorandum are reasonable assumptions and are the basis for determining the scale of non-guaranteed elements, and that the actuary is familiar with the current requirements in this State for non-guaranteed elements.

(b) An insurer shall have procedures in place to require a qualified actuary acting on the insurer's behalf to notify the insurer of any action taken by a commissioner or superintendent of insurance of another state as specified in section 48.1(n)(4) of this Part. The insurer shall notify the superintendent of the action taken against the actuary as soon as practicable.

(c) An insurer shall file any change in the current scale of non-guaranteed elements that may have an adverse effect on policy values with the superintendent at least 120 days prior to implementation. The filing shall include:

(1) the items required by subdivision (a) of this section;

(2) a tabulation of all proposed changes in the current scale of non-guaranteed elements by pricing cell giving the current scale of non-guaranteed elements, the proposed current scale of non-guaranteed elements, and the changes in the non-guaranteed elements;

(3) a tabulation of all changes in the anticipated experience factors and profit margins by pricing cell giving the prior anticipated experience factors and profit margins, the current anticipated experience factors and profit margins, and the changes in the anticipated experience factors and profit margins;

(4) a narrative description of experience or other rationale that explain the changes in anticipated experience factors; and

(5) for pricing cells, a narrative description of any changes in the methods or procedures for determining non-guaranteed elements from the anticipated experience factors.



(d) An insurer shall file with the superintendent any change in the current scale of non-guaranteed elements applicable only to new policies at least 15 days prior to implementation. The filing shall include the items required by subdivision (a) of this section and an explanation of the inapplicability of the changes to in-force policies.

(e) An insurer shall file board-approved criteria with the superintendent within 30 days of adoption. The filing shall include:

(1) the policy form numbers to which the board-approved criteria shall apply;

(2) the issue dates and form numbers of in-force policies, if any, to which the board-approved criteria shall apply; and

(3) the board-approved criteria, if any, being replaced.

(f) The insurer shall maintain in its records, for six years after the termination of the last policy subject to the board-approved criteria, the written documentation of the determination of non-guaranteed elements required by this Part. The insurer shall maintain the written documentation in accordance with section 243.3 of this Title (Insurance Regulation 152).