

# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

Bulletin PF-21  
July 20, 2001

**TO: ALL INSURANCE COMPANIES AND OTHER REGULATED ENTITIES**

**RE: VOLUNTARY EXPEDITED FILING PROCEDURES FOR INSURANCE APPLICATIONS DEVELOPED TO ALLOW DEPOSITORY INSTITUTIONS TO MEET THEIR DISCLOSURE OBLIGATIONS UNDER SECTION 305 OF THE GRAMM-LEACH-BLILEY ACT**

### **Background**

The four principal banking regulatory agencies (the "federal banking agencies") published final consumer protection rules regarding bank insurance sales on Dec. 4, 2000 (the "federal regulations"). The federal regulations may be obtained from the *Federal Register*, Volume 65, Number 233. The federal banking agencies recently agreed to postpone the effective date for implementation of the federal regulations from April 1, 2001 to Oct. 1, 2001. This was done to accommodate requests from depository institutions for more time to prepare to implement the federal regulations.

The federal banking agencies promulgated the federal regulations pursuant to Section 305 of the Gramm-Leach-Bliley Act (GLBA). Among other things, the federal regulations require depository institutions that sell insurance products to make certain disclosures and receive consumer acknowledgements intended to reduce consumer confusion in the sale of insurance products by depository institutions. To comply with these requirements, depository institutions may include these disclosures on insurance application forms. To include these disclosures on insurance application forms, depository institutions that sell insurance products must direct their affiliated insurers to make the necessary filings with this state. Changes in insurance application forms are subject to prior approval by the Connecticut Insurance Department.

This bulletin provides the appropriate forms and instructions for regulated entities to receive expedited approval for insurance application forms that are revised only to add notices to allow depository institutions to meet their disclosure obligations under Section 305 of the GLBA. This process is voluntary. It is up to regulated entities to amend their insurance applications and use this process to expedite their filing.

### **Explanation and Instructions for Expedited Review**

In pertinent part, Section 305 of the GLBA states:

The Federal banking agencies shall prescribe and publish in final form . . . customer protection regulations (which the agencies jointly determine to be appropriate) that –

(A) apply to retail sales practices, solicitations, advertising, or offers of any insurance product by any depository institution or any person that is engaged in such activities at an office of the institution or on behalf of the institution; and

(B) are consistent with the requirements of this Act and provide such additional protections for customers to whom such sales, solicitations, advertising, or offers are directed.

The following are two model notices for use by depository institutions and other “covered persons” in complying with the written disclosure requirements related to insurance sales that are imposed by Section 305 of the GLBA and the corresponding federal regulations promulgated by the federal banking agencies. (In addition to depository institutions, a “covered person” is any other person who sells, solicits, advertises, or offers an insurance product or annuity to a consumer at an office of the depository institution or on behalf of a depository institution.)<sup>1</sup> One notice provides the written disclosures that must be given to a consumer in connection with an initial purchase of an insurance or annuity product that is unrelated to an extension of credit. The other notice provides the written disclosures that must be given to a consumer in connection with the solicitation, offer or sale of an insurance or annuity product that is related to an extension of credit.

The federal banking agencies have reviewed the content of both notices and determined that it meets the requirements of 12 C.F.R. 14.40 (a) and (b) in the case of national banks; 12 C.F.R. 208.84 (a) and (b) in the case of state member banks; 12 C.F.R. 343.40 (a) and (b) in the case of state non-member banks; and 12 C.F.R. 536.40 (a) and (b) in the case of savings associations.

In addition to the content of the notices, the disclosures required by these regulations must be “readily understandable” and in a “meaningful” form. Examples of the types of methods that an institution could use to call attention to the nature and significance of the information provided include: (i) a plain-language heading to call attention to the disclosures; (ii) a typeface and type size that are easy to read; (iii) wide margins and ample line spacing; (iv) boldface or italics for key words; and (v) distinctive type style, and graphic devices, such as shading or sidebars, when the disclosures are combined with other information. See 12 C.F.R. 14.40(c)(6) in the case of national banks; 12 C.F.R. 208.84(c)(6) in the case of state member banks; 12 C.F.R. 343.40(c)(6) in the case of state non-member banks; and 12 C.F.R. 536.40(c)(6) in the case of savings associations.

References to “the bank” should be to “the savings association” in the case of a savings association, or may be to the actual name of the bank or savings association.

---

<sup>1</sup> Activities on behalf of a depository institution include activities where a person, whether at an office of the depository institution or at another location sells, solicits, advertises, or offers an insurance product or annuity and at least one of the following applies:

(i) The person represents to a consumer that the sale, solicitation, advertisement, or offer of any insurance product or annuity is by or on behalf of the depository institution;

(ii) The depository institution refers a consumer to a seller of insurance products or annuities and the depository institution has a contractual arrangement to receive commissions or fees derived from a sale of an insurance product or annuity resulting from that referral; or

(iii) Documents evidencing the sale, solicitation, advertising, or offer of an insurance product or annuity identify or refer to the depository institution.

**DISCLOSURE NOTICE 1: Model Written Disclosure for the Initial Purchase of Insurance or Annuity Products that are *Not Sold* in Connection with an Extension of Credit**

Insurance products and annuities:

- Are not a deposit or other obligation of, or guaranteed by, the bank or any affiliate of the bank;
- Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank;
- [Involve investment risk, including the possible loss of value.] *Note: This disclosure may not be required for all products.*

Please sign to acknowledge receipt of these disclosures:

Name of Customer: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISCLOSURE NOTICE 2: Model Written Disclosure for Insurance Products that Are Solicited, Offered, or Sold in Connection with an Extension of Credit**

In connection with your credit application, [name of bank or savings association] advises you of the following:

- [Name of bank or savings association] may not condition the extension of credit you are applying for on whether you purchase an insurance product or annuity from the bank or the bank's affiliate.
- [Name of bank or savings association] may not condition the extension of credit you are applying for on your agreement not to obtain, or a prohibition on your obtaining, an insurance product or annuity from an entity not affiliated with the bank.

Insurance products and annuities:

- Are not a deposit or other obligation of, or guaranteed by, the bank or any affiliate of the bank;
- Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank;
- [Involve investment risk, including the possible loss of value.] *Note: This disclosure may not be required for all products.*

Please sign to acknowledge receipt of these disclosures:

Name of Customer: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Forms with Instructions**

Attached to this bulletin is a sample transmittal document and blank transmittal document that in large part has been agreed upon by this state and other states. An insurer wishing to receive expedited treatment of its form filing for approval in Connecticut shall complete the blank EXPEDITED FILING—SECTION 305 APPLICATION Form Filing Transmittal Document as directed. Blank transmittal documents may also be obtained on the State of Connecticut Insurance Department Website at <http://www.state.ct.us/cid/>. In addition, the insurer(s) submitting this filing must certify that the only change made from the previously approved application form is the addition of the disclosure notices required by Section 305 of the Gramm-Leach-Bliley Act for depository institutions. Certification is made by signing the appropriate blank on the transmittal form.

To be complete, a form filing must include the following:

1. A completed, certified Form Filing Transmittal Document for each insurer
2. **TWO** copies of each application form to be reviewed for the reviewer's records for each insurer.
3. The appropriate filing fees –CT has retaliatory fees.
4. A postage-paid, self-addressed envelope **large enough to accommodate the return.**

To ensure meeting the October 1, 2001 compliance date set forth in the federal regulations, a form filing must be filed with the Connecticut Insurance Department, Attention: Life & Health Care Division, P.O. Box 816, Hartford, CT 06142, no later than **September 1, 2001**.

  
Susan F. Cogswell  
Insurance Commissioner

**EXPEDITED FILING—SECTION 305 APPLICATION**  
**Form Filing Transmittal Document**

Ed. 4/13/01

This page applies to the following state(s) \_\_\_\_\_

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
ABC Insurance Company	NY	0000-99999	99-1234567

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Employment Practices
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type(s)</b>	Form (Application)
<b>This application is used with:</b>	(Insert policy form number(s) to which the application attaches)
<b>Effective Date Requested</b>	10-01-01 (Enter your desired effective date)
<b>Filing date</b>	(Date Company sends filing)
<b>Company Tracking Number</b>	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
<b>Date filing approved in domiciliary state</b>	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name /Description/Synopsis</u>	<b>Form #) Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous State Filing Number, And date approved</b>
01	Application for Individual Term Life Insurance	TLA 01234 (Ed. 03/01)	[x ] Replacement [ ] Withdrawn [ ] Neither	TLA 01234 (10/99)	
02			[ ] Replacement [ ] Withdrawn [ ] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Transmittal Header for each insurer
2. **TWO** copies of each application form to be reviewed for the reviewer's records for each insurer.
3. The appropriate filing fees, if required. CT has retaliatory fees.
4. A postage-paid, self-addressed envelope **large enough to accommodate the return of each filing.**

The insurer(s) submitting this filing certifies that the only change made from any previously filed and, if applicable, approved application form is the addition of the disclosure notices required by Section 305 of the Gramm-Leach-Bliley Act.

\_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EXPEDITED FILING—SECTION 305 APPLICATION**  
**Form Filing Transmittal Document**

Ed. 4/13/01

This page applies to the following state(s) \_\_\_\_\_

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail

**Filing information**

<b>Line of Insurance</b> (see attachment)	
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type(s)</b>	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state</b>	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form #) Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, And date approved
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Transmittal Header for each insurer
2. **TWO** copies of each application form to be reviewed for the reviewer's records for each insurer.
3. The appropriate filing fees, if required. CT has retaliatory fees.
4. A postage-paid, self-addressed envelope **large enough to accommodate the return of each filing.**

The insurer(s) submitting this filing certifies that the only change made from any previously filed and, if applicable, approved application form is the addition of the disclosure notices required by Section 305 of the Gramm-Leach-Bliley Act.

\_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_