

**RHODE ISLAND LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

The Foundry, Suite 426  
235 Promenade Street  
Providence, Rhode Island 02908-5734

Tel: 401-273-2921 Fax: 401-273-4933

October 2009

RE: Revised Summary Document, **Effective January 1, 2010**

Dear Member Insurer:

The Rhode Island General Assembly passed a major revision to the Life and Health Insurance Association Act 27-34.3-1, effective January 1, 2010.

The enclosed revised Summary Document (Form LHGA-2-RI) has been approved by the Rhode Island Insurance Department and **will be effective January 1, 2010**. Please discontinue use of the current Summary Document (Form LHGA-1-RI) after December 31, 2009. The revised Summary Document (Form LHGA-2-RI) should be reproduced adding your company's name and address at the top of the form and delivered to all new policy or contract owners on and after January 1, 2010.

Questions concerning the Summary Document should be directed to the Association at the above address.

Thank you for your attention to this matter.

Sincerely,

Rhode Island Life and Health Insurance  
Guaranty Association

Attachment: Summary Document LHGA-2-RI

Name of Insurance Company

## **SUMMARY**

### **COVERAGE, LIMITATIONS and EXCLUSIONS UNDER RHODE ISLAND LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT (“Act”)**

A resident of Rhode Island who purchases life insurance, annuities, long-term care, or accident and health insurance should know that an insurance company licensed in Rhode Island to write these types of insurance is a member of the Rhode Island Life and Health Insurance Guaranty Association (“Association”). The purpose of the Association is to assure that a policyholder will be protected within the statutory limits, if a member insurer becomes financially unable to meet its obligations. If this should happen, the Association will, within the statutory limits, pay the claims of insured persons who live in this state, and, in some cases, keep coverage in force. However, the protection provided through the Association is not unlimited. This protection is not a substitute for your care in selecting a company that is well managed and financially stable.

### **LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION DISCLAIMER**

**The Rhode Island Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is always conditioned on residence in this state. Other conditions may also preclude coverage.**

**The Life and Health Insurance Guaranty Association will respond to any questions you may have which are not answered by this document. Your insurer and agent are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.**

**You should not rely on availability of coverage under the Life and Health Insurance Guaranty Association when selecting an insurer.**

Rhode Island Life and Health Insurance Guaranty Association  
235 Promenade Street, # 426  
Providence, RI 02908  
Tel. (401) 273-2921

Rhode Island Division of Insurance  
1511 Pontiac Avenue  
Cranston, RI 02920  
Tel. (401) 462-9520

The full text of the state law that provides for this safety net coverage, Rhode Island Life and Health Insurance Guaranty Association Act, (“the Act”) can be found beginning at R.I. Gen. Laws section 27-34.3-1. A brief summary of the Act is provided below. This summary does not cover all provisions of the law, nor does it in any way change your rights or obligations or those of the Association under the Act.

## COVERAGE

Generally, individuals will be protected by the Association if the individual lives in Rhode Island and: Holds a life or health insurance contract, long-term care contract or annuity contract; or is insured under a group insurance contract issued by a member insurer. The beneficiaries, payees, or assignees of insured persons are protected as well, even if they live elsewhere.

## EXCLUSIONS FROM COVERAGE

The Association does NOT protect a person holding a policy if:

- . the individual is eligible for protection under a similar law of another state;
- . the insurer was not authorized to do business in this state;
- . the policy is issued by an organization that is not a member of the Association;
- . the policy was issued by a nonprofit hospital or medical service organization (such as, the “Blues”), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments or by an insurance exchange.

The Association does not provide coverage for:

- . a policy or portion of a policy not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus; a policy of reinsurance (unless an assumption certificate was issued);
- . interest rate yields that exceed a rate specified by statute;
- . dividends;
- . credits given in connection with the administration of a policy by a group contract holder;
- . an employer's plan to the extent that it is self-funded (that is, not insured by an insurance company, even if an insurance company administers the plan);
- . an unallocated annuity contract issued to an employee benefit plan protected under the United States Pension Benefit Guaranty Corporation;
- . that part of an unallocated annuity contract not issued to a specific employee, union, association of natural persons benefit plan, or a government lottery;
- . certain contracts which establish benefits by reference to a portfolio of assets not owned by the insurer;
- . any portion of a policy or contract to the extent that the required assessments are preempted by federal or state law;
- . an obligation that does not arise under the express written terms of the policy or contract issued by the insurer.
- . a policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Part C or Part D of Subchapter XVIII, Chapter 7 of Title 42 of the United States Code (commonly known as Medicare Part C & D) or any regulations issued pursuant thereto.

#### LIMITATIONS ON COVERAGE

The Act limits the amount the Association is obligated to pay. The Association cannot pay more than what the insurer would have owed under a policy or contract. Also for any one insured life, no matter how many policies or contracts were in force with the same insurer, the Association will pay no more than:

- . \$300,000 in life insurance death benefits and no more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance;
- . \$100,000 for health insurance benefits, coverages not defined as disability, basic hospital, medical, and surgical, major medical insurance, or long-term care insurance including any net cash surrender and net cash withdrawal values;
- . \$300,000 for disability insurance;
- . \$300,000 for long-term care insurance
- . \$500,000 for basic hospital, medical, and surgical insurance;

- . \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal value;
- . \$250,000 in present value per payee with respect to a structured settlement annuity benefits, in the aggregate, including net cash surrender and net cash withdrawal values;
- . \$250,000, in the aggregate, in present value of annuity benefits, including net cash surrender and net cash withdrawal values, with respect to an individual participating in a governmental retirement plan established under 26 U.S.C. Sections 401, 403(b), or 457 covered by an unallocated annuity contract, or the beneficiaries of the each such individual if deceased;
- . \$5,000,000 in unallocated annuity contract benefits, irrespective of the number of contracts with respect to the contract owner or plan sponsor whose plan owns, directly or in trust, one or more unallocated annuity contracts.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the Act: for unallocated annuities that fund government retirement plans under sections 401, 403(b), or 457 of the Internal Revenue Code, the limit is \$250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the Association be liable to spend more than \$300,000 in the aggregate per individual except hospital insurance up to \$500,000 per individual. For covered unallocated annuities that fund other plans, a special limit of \$5,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, the contract limits also apply.

These general statements as to Limitations on Coverage are only summaries of the law. The actual limitations are set forth in R.I. Gen. Laws section 27-34.3-3.

Any alleged violations of the provisions of the Rhode Island Life and Health Insurance Guaranty Association Act may be reported to the Rhode Island Division of Insurance at the address and telephone number above.

This information is provided by: The Association and by the Division of Insurance, whose respective addresses are provided in the Disclaimer, above.