

Location	Compliance Yes/No (Dept Use)

(11) That the insured may be contacted by the viatical settlement provider or viatical settlement broker to determine the health status of the insured one time every three months for an insured with a life expectancy of more than one year or one time every month for an insured with a life expectancy of not more than one year. Contacts made with an insured must be made by mail unless the parties agree to another method of contact.

IC 27-8-19.8-23 (c)

Location	Compliance Yes/No (Dept Use)

The viatical settlement provider shall disclose the following information to the viator, conspicuously displayed in the viatical settlement contract or in a separate document signed by the viatical settlement provider and the viator, before a viatical settlement contract is signed:

(1) Any affiliation between the viatical settlement provider and the insurer that issued the life insurance policy or certificate that is the subject of the viatical settlement contract.

(2) The name, address, and telephone number of the viatical settlement provider.

(3) If the life insurance policy or certificate that is the subject of the viatical settlement contract was issued as a joint policy or includes family riders or any coverage of an individual other than the insured:

- (A) the possible loss of coverage of the other individuals under the policy or certificate; and
- (B) that the viator should consult with the viator's insurance producer or the insurer that issued the policy or certificate for advice concerning the proposed viatical settlement contract.

(4) The:

(A) dollar amount of the current death benefit payable to the viatical settlement provider; and

(B) if known, the:

- (i) availability of any additional guaranteed insurance benefits;
- (ii) dollar amount of any accidental death and dismemberment benefits; and
- (iii) viatical settlement provider's interest in the benefits described in items (i) and (ii); under the policy or certificate.

(5) The:

(A) name, business address, and telephone number of the trustee or escrow agent.

(B) right of the viator or insured to inspect or receive copies of the relevant escrow or trust agreements or documents.

Location	Compliance Yes/No (Dept Use)

IC 27-8-19.8-23 (e)

If a viatical settlement provider transfers ownership or changes the beneficiary of a viaticated policy, the viatical settlement provider shall, not more than twenty (20) days after the transfer or change occurs, inform the insured of the transfer or change.

Location	Compliance Yes/No (Dept Use)

760 IAC 1-61-7 (3)

- (3) The disclosure shall specifically address at least the following rights and benefits if available under the insurance policy.
- a) Guaranteed insurability options
 - b) Accidental death or accidental death and dismemberment benefits
 - c) Disability income or loss of income protection
 - d) Conversion rights
 - e) Waiver of premium benefits
 - f) Family, spousal, or children's riders or benefits, and any other comparable coverage for a life other than the insured's.

Location	Compliance Yes/No (Dept Use)

760 IAC 1-61-7 (4)

- (4) The disclosure form shall set forth the procedures for contact with the insured in compliance with IC 27-8-19.8-24.9. The disclosure form shall contain a statement that contacts for the purposes of determining the health status of the insured must be made by mail unless the parties agree to another method. If the insured agrees to contact by a method other than mail, the alternative method or methods of contact must be included in the contract.

Location	Compliance Yes/No (Dept Use)

760 IAC 1-61-7 (5)

- (5) The disclosure form shall contain the following or substantially similar language "All medical, financial, and personal information solicited or obtained by a viatical settlement agent, broker, or provider about a viator and an insured, including the identity of the viator and insured and the identity of their family members or significant other, is confidential. The information shall not be disclosed to any person unless disclosure is:
- (A) Necessary and the viator and insured have provided written consent to the disclosure
 - (B) Provided in response to an investigation or examination by the commissioner or other governmental officer or agency.
 - (C) In connection with a transfer of the contract or policy to another licensed provider or entity that provides financing to the contract under a written agreement with the provider."

Location	Compliance Yes/No (Dept Use)

760 IAC 1-61-7 (6)

- (6) The disclosure form shall contain the following or substantially similar language: “Your insurance policy provides financial protection to your beneficiaries. If you sell your policy to a viatical settlement provider, your beneficiaries will no longer have that protection. Before you sell your policy, you should consider whether that protection is needed. Other financial options may be available to you. Consult your financial advisor or insurance company for more information.”

Location	Compliance Yes/No (Dept Use)

760 IAC 1-61-7 (6)

- (7) The viatical settlement provider must keep a copy of each disclosure statement used in connection with each executed viatical settlement contract. The provider must retain any disclosure statements and signed affidavits for at least five (5) years after the death of the insured.