

[www.nj.gov/dobi/index.html](http://www.nj.gov/dobi/index.html), and may be modified by the Department from time to time;

7.-9. (No change.)

(c) A plan filed pursuant to (a)3 above shall contain the following information:

1.-5. (No change.)

6. A copy of the proposed cancellation notice. The notices shall not include the statements otherwise required pursuant to N.J.A.C. 11:1-20.2(h) and 11:3-8.6(b)1, as applicable, related to filing complaints with the Department concerning the cancellation. A sample of such notice shall be posted on the Department's website at [www.state.nj.us/dobi/index.html](http://www.state.nj.us/dobi/index.html) [www.nj.gov/dobi/index.html](http://www.nj.gov/dobi/index.html), and may be modified by the Department from time to time;

7.-9. (No change.)

(d)-(f) (No change.)

#### SUBCHAPTER 25. OFFICIAL DEPARTMENT MAILING AND ELECTRONIC MAILING LISTS: ADDRESS INFORMATION

11:1-25.3 Official mailing and electronic mailing list; change in address information

(a)-(d) (No change.)

(e) Each insurer or other regulated entity shall submit an e-mail address to the Department on an [e-mail] **email** address designation form as prescribed by the Department. The form shall be submitted no later than the date the insurer or other regulated entity is granted a Certificate of Authority or other notice of authorization to do business in New Jersey, whichever is later. Subsequent to its receipt of the [e-mail] **email** address, the Department shall transmit all general orders, bulletins, and public notices to the insurer or other regulated entity [via e-mail] **by email** to that [e-mail] **email** address or through regular mail to the insurer or other regulated entity at its official mailing address. Upon any change in an [e-mail] **email** address previously filed with the Department, the insurer or other regulated entity shall, within 10 days, notify the Department in writing of such a change by submitting a new [e-mail] **email** address designation form. The initial and every subsequent submission of the [e-mail] **email** address designation form shall be made under cover of a letter, on original company letterhead, and signed by an officer of the company, stating that the contents of the form are accurate. The form and accompanying letter shall be sent to:

New Jersey Department of Banking and Insurance  
Office of Legislative and Regulatory Affairs  
PO Box 325  
Trenton, NJ 08625-0325

The form can be obtained from the Department's website at: [www.state.nj.us/dobi/index.html](http://www.state.nj.us/dobi/index.html) [www.nj.gov/dobi/index.html](http://www.nj.gov/dobi/index.html).

The form shall contain a space for an insurer or other regulated entity to indicate that it does not have [e-mail] **email** capability.

11:1-25.4 Foreign insurers-designation of individual for service of process through Commissioner

(a) (No change.)

(b) To designate an individual to receive papers served on the foreign insurer through the Commissioner, the foreign insurer must complete a designation form and return this form to the Department. The designation form can be obtained from the Department's website at: <http://www.state.nj.us/dobi/index.shtml> [www.nj.gov/dobi/index.html](http://www.nj.gov/dobi/index.html), or a hard copy can be obtained from the Department upon request.

(c)-(e) (No change.)

#### SUBCHAPTER 37. LICENSING OF PUBLIC ADJUSTERS

11:1-37.4 Licensing applications and renewals

(a)-(b) (No change.)

(c) The application and applicable fees in accordance with N.J.A.C.11:1-37.18 shall be sent to:

Attention: Public Adjuster Licensing  
[License Processing Unit]

**Licensing and Insurance Education**

New Jersey Department of Banking and Insurance

20 West State Street

PO Box [327] **329**

Trenton, NJ [08625-0327] **08625-0329**

(c)-(f) (No change.)

11:1-37.5 Denial of license

(a) Where it appears from an application, the attached documents or Department records that an applicant has not demonstrated the qualifications prescribed in the Act or this subchapter, the Department shall advise the applicant, in writing, that the license request is denied; shall specify the reasons for the denial; and shall advise the applicant of the right to request a hearing in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and **52:14F-1 et seq.**, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, and of the procedures for filing the request.

1. (No change.)

2. The request for a hearing shall be forwarded to:  
Supervisor of [Application] Investigations and Insurance Education  
New Jersey Department of Banking and Insurance  
20 West State Street  
PO Box 329  
Trenton, NJ 08625-0329

3. (No change.)

(b) (No change.)

(a)

#### DIVISION OF INSURANCE

##### Notice of Readoption

##### Actuarial Services

##### Readoption with Technical Changes: N.J.A.C. 11:4

Authorized By: Susan Ochs, Acting Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1 and 17:1-15.e.

Effective Dates: February 17, 2026, Readoption;  
March 16, 2026, Technical Changes.

New Expiration Date: February 17, 2033.

**Take notice** that in accordance with N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:4 were scheduled to expire on March 27, 2026. The rules in this chapter were promulgated to implement many of the statutory requirements at Titles 17 and 17B of the New Jersey Statutes. This chapter primarily, but not exclusively, includes rules concerning life and health insurance and includes the following subchapters:

Subchapter 1, New Jersey Insolvent Health Maintenance Organization Assistance Association;

Subchapter 2, Life Insurance and Annuities Replacement;

Subchapter 3, Coupon Policies and Policies Containing Guaranteed Annual Endowment Benefits;

Subchapter 4, Passbooks Used in Connection with Coupon Policies or Policies Containing Guaranteed Annual Endowment Benefits;

Subchapter 6, Minimum Reserve Standards for Individual and Group Health Insurance Contracts;

Subchapter 7, Procedure for the Regulation of Consent to Higher Rate Filings;

Subchapter 8, Charitable Annuities;

Subchapter 9, Personal Lines Insurance: Prospective Loss Costs Filing Procedures;

Subchapter 11, Life Insurance Disclosure;

Subchapter 12, Student Life Insurance;

Subchapter 13, Group Student Health Insurance;

Subchapter 14, Home Health Care Insurance Coverage;

Subchapter 16, Minimum Standards for Individual Health Insurance;

Subchapter 17, Health Insurance Solicitation;

Subchapter 18, Individual Health Insurance Rate Filings;

Subchapter 19, Optional Coverage for Pregnancy and Childbirth Benefits;

Subchapter 20, Blindness: Partial Blindness or Other Physical or Mental Impairments; Unfair Discrimination;

Subchapter 21, Limited Death Benefits Forms;

Subchapter 22, Individual Life Insurance: Use of Gender Blended Mortality Tables;

Subchapter 23, Minimum Standards for Medicare Supplement Coverage;

Subchapter 23A, Medicare Supplement—Under 50 Coverage;

Subchapter 23B, Medicare Supplement—Age 50 Through 64 Coverage;

Subchapter 24, Smoker and Nonsmoker Mortality Tables;

Subchapter 25, Funeral Insurance Policies;

Subchapter 26, Annuity Mortality Tables;

Subchapter 27, The 2001 Commissioner's Standard Ordinary (CSO) Mortality Table for Use in Determining Minimum Reserve Liabilities and Nonforfeiture Benefits;

Subchapter 27A, Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities;

Subchapter 28, Group Coordination of Benefits;

Subchapter 30, Accelerated Death Benefits;

Subchapter 32, Valuation of Life Insurance Policies;

Subchapter 33, Excess Interest Reserve Adjustment;

Subchapter 34, Long-Term Care Insurance;

Subchapter 35, Viatical Settlements;

Subchapter 37, Selective Contracting Arrangements of Insurers;

Subchapter 40, Life/Health/Annuity Forms;

Subchapter 40A, "40 States" File and Use Standards and Procedures;

Subchapter 41, Standards for Individual Life Insurance Policy Forms;

Subchapter 42, Group Life, Group Health and Blanket Insurance: General Standards for Contract Provisions;

Subchapter 43, Individual Annuity Contract Form Standards;

Subchapter 44, Standards for Contracts on a Variable Basis;

Subchapter 45, Periodic Reports;

Subchapter 46, Synthetic Guaranteed Investment Contract Forms;

Subchapter 47, Actuarial Requirements for Flexible-Factor Policy Forms;

Subchapter 48, Unfair Discrimination;

Subchapter 49, Mandated Diabetes Benefits;

Subchapter 50, Reimbursement of Inmate Health Care Costs;

Subchapter 52, Life Insurance Illustrations;

Subchapter 53, Minimum Standards for Specified Disease and Critical Illness Coverages;

Subchapter 54, Benefits Standards for Infertility Coverage;

Subchapter 55, Pharmacy Cards;

Subchapter 56, Self-Funded Multiple Employer Welfare Arrangements and Insured Multiple Employer Arrangements;

Subchapter 57, Mandated Benefits for Biologically-Based Mental Illness;

Subchapter 58, Discretionary Clauses;

Subchapter 59, Disclosure Requirements for Annuities Directly Solicited to Consumers;

Subchapter 59A, Suitability and Insurer Supervision Requirements for Annuities Directly Solicited to Consumers;

Subchapter 60, Limitations on the Use of Specific Terms or Designations in the Sale of Life Insurance;

Subchapter 61, Retained Asset Accounts; and

Subchapter 62, Pharmacy Benefit Managers.

The rules serve two general purposes. First, they protect consumers by addressing issues, such as unfair discrimination, minimum standards for health insurance coverage, mandatory disclosures to purchasers of life insurance, solicitation of health insurance, and replacement of life insurance and annuities. Second, they provide guidance to the insurance industry regarding such business-related matters as form filings, reserve standards, reporting of expense experience, and use of mortality tables.

The Department of Banking and Insurance (Department) has undertaken a review of the rules to determine their current effectiveness and viability. These rules continue to provide the insurance industry and consumers with vital information and useful standards concerning many aspects of life and health and other insurance. The Department has determined the existing rules continue to be necessary, reasonable, and

proper for the purpose for which they were originally promulgated. Accordingly, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the following technical changes to update contact information and correct cross-references. Specifically, the following technical changes are made:

At N.J.A.C. 11:4-1.4(f), a change is made to update the address from the "Office of Financial Examinations" to the "Office of Solvency Regulation-Liquidations."

At N.J.A.C. 11:4-1.7(a), a change is made to update the name of the "Right to Know Law" to the "Open Public Records Act."

At N.J.A.C. 11:4-1.9(c)1 and 2, changes are made to correct the cross-reference to N.J.A.C. 8:38-11.1 to the correct cross-reference, N.J.A.C. 11:24-11.1.

At N.J.A.C. 11:4-2.2, a change is made to correct the cross-reference to N.J.A.C. 11:4-5.2 to the correct cross-reference, N.J.A.C. 11:4-52.2, in the definition of "Illustration."

At N.J.A.C. 11:4-8.3(b), 8.4(a), and 8.7(b), changes are made to update the address from the "Office of Life and Health" to the "Office of Solvency Regulation."

At N.J.A.C. 11:4-16.2, a change is made to correct the cross-reference to N.J.S.A. 17:44A-21 to the correct cross-reference, N.J.S.A. 17:44B-18.

At N.J.A.C. 11:4-16.11, a change is made to correct the cross-reference to N.J.S.A. 2A:58-1 et seq., to the correct cross-reference, N.J.S.A. 2A:58-10 et seq., and the title of the "Penalty Enforcement Law of 1999" is added to refer to the law.

At N.J.A.C. 11:4-17.3, a change is made to correct the cross-reference to N.J.S.A. 17:22A-1 et seq., to the correct cross-reference, N.J.S.A. 17:22A-26 et seq., in the definition of "licensee." The cross-reference to N.J.S.A. 17:44A-21 is changed to the correct cross-reference, N.J.S.A. 17:44B-18 in the definition of "policy."

At N.J.A.C. 11:4-18.2, a change is made to correct the cross-reference to N.J.S.A. 17B:26.1 to the correct cross-reference, N.J.S.A. 17B:26-1 et seq.

At N.J.A.C. 11:4-18.3, a change is made to correct the cross-reference to N.J.S.A. 17:44A-21 to the correct cross-reference, N.J.S.A. 17:44B-18 in the definition of "policy."

At N.J.A.C. 11:4-18.9, a change is made to correct the cross-reference to N.J.S.A. 2A:58-1 et seq., to the correct cross-reference, N.J.S.A. 2A:58-10 et seq., and the title of the "Penalty Enforcement Law of 1999" is added.

At N.J.A.C. 11:4-23.13(c), a change is made to correct the cross-reference to N.J.S.A. 17:29A-53 to the correct cross-reference, N.J.S.A. 52:27EE-51.

At N.J.A.C. 11:4-23.13(e)iii, a change is made to correct the cross-reference to N.J.A.C. 11:4-23.11 to the correct cross-reference, N.J.A.C. 11:4-23.11.

At N.J.A.C. 11:4-23.15(a), a change is made to correct the cross-reference to N.J.S.A. 11:4-23.8 to the correct cross-reference, N.J.A.C. 11:4-23.8.

At N.J.A.C. 11:4-23.21(a), a change is made to correct the name of the Department of Insurance to the Department of Banking and Insurance. The PO Box number is updated from PO Box 470 to 325. At N.J.A.C. 11:4-23.21(b), a change is made to correct the name of the Department of Insurance to the Department of Banking and Insurance.

At N.J.A.C. 11:4-23A.12(g), a change is made to update the name of the "Right to Know Law" to the "Open Public Records Act."

At N.J.A.C. 11:4-24.2, a change is made to correct the cross-reference to N.J.S.A. 17B:9-8a(i) to the correct cross-reference, N.J.S.A. 17B:19-8a(i) in the definition of "1958 CSO Table."

At N.J.A.C. 11:4-25.2, a change is made to correct the cross-reference to N.J.S.A. 17B:25-21 to the correct cross-reference, N.J.S.A. 17B:25-21 et seq., in the definition of "premium fund interest rate."

At N.J.A.C. 11:4-25.5, a change is made to correct the cross-reference to N.J.S.A. 17B:25-21 to the correct cross-reference, N.J.S.A. 17B:25-21 et seq.

At N.J.A.C. 11:4-25.7, a change is made to correct the cross-reference to N.J.S.A. 2A:58-1 et seq., to the correct cross-reference, N.J.S.A. 2A:58-10 et seq., and the title of the "Penalty Enforcement Law of 1999" is added to refer to the law.

At N.J.A.C. 11:4-27.2, the American Academy of Actuaries' website is updated in the definition of "2001 CSO Mortality Table."

At N.J.A.C. 11:4-27.4(d), a change is made to correct the cross-reference to N.J.A.C. 11:1-21A.6 to the correct cross-reference, N.J.A.C. 11:1-21A.4.

At N.J.A.C. 11:4-27.5(a)4, a change is made to correct the cross-reference to N.J.A.C. 11:4-32.3(b)3viii to the correct cross-reference, N.J.A.C. 11:4-32.3(b)3vi.

At N.J.A.C. 11:4-27A.2 and 27A.3, the Society of Actuaries' website is updated in the definition of "2001 CSO Preferred Class Structure Mortality Table." At N.J.A.C. 11:4-27A.3, the reference to the NAIC is corrected to refer to the Society of Actuaries.

At N.J.A.C. 11:4-28.7(e), a change is made to correct the cross-reference to N.J.A.C. 8:38-14 to the correct cross-reference, N.J.A.C. 11:24-14.

At N.J.A.C. 11:4-30.10, a change is made to correct the cross-reference to N.J.S.A. 17B:27-25 to the correct cross-reference, N.J.S.A. 17B:27-74.

At N.J.A.C. 11:4-32.2, a change is made to correct the cross-reference to N.J.A.C. 11:1-21A.3(f) to the correct cross-reference, N.J.A.C. 11:1-21A.3(d) in the definition of "appointed actuary." The cross-references to N.J.A.C. 11:4-32.5(a)3 and 4 are changed to N.J.A.C. 11:4-32.5(c) and (d), respectively, in the definition of "scheduled gross premium."

At N.J.A.C. 11:4-32.3(b)4i, a change is made to correct the cross-reference to N.J.A.C. 11:1-21A.6 to the correct cross-reference, N.J.A.C. 11:1-21A.5.

At N.J.A.C. 11:4-34.4(a), typographical errors are corrected in the cross-reference to N.J.A.C. 11:4-34.6, which is corrected to N.J.A.C. 11:4-34.6, and Section 7702B(b)(1)(C) of the Internal Revenue Code of 1986 is corrected to 7702B(b)(1)(C), where the letter "l" is changed to the number "1."

At N.J.A.C. 11:4-34.16(a), a change is made to correct the cross-reference to N.J.S.A. 17B:19-8a.vii to the correct cross-reference, N.J.S.A. 17B:19-8a(vii).

At N.J.A.C. 11:4-34.18(k)2, a typographical error is corrected in the cross-reference to N.J.S.A. 17B:25-19, which is corrected to N.J.S.A. 17B:25-19, where the letter "l" is changed to the number "1."

At N.J.A.C. 11:4-34.26(a)1, a change is made to correct the cross-reference to Section 7702(c)(1) of the Internal Revenue Code of 1986 to the correct cross-reference to Section 7702B(c)(1). At N.J.A.C. 11:4-34.26(a)3, a typographical error is corrected in the cross-reference to Section 1861(r)(l) of the Social Security Act, which is corrected to Section 1861(r)(1), where the letter "l" is changed to the number "1."

At N.J.A.C. 11:4-35.4(a)16, a change is made to correct the cross-reference to N.J.S.A. 17B:8d to the correct cross-reference, N.J.S.A. 17B:30B-9d.

At N.J.A.C. 11:4-35.7(a)3, the contact information and title of the Manager of Licensing and Education is updated.

At N.J.A.C. 11:4-40.2, a change is made to correct the cross-reference to N.J.S.A. 17:44A-1 to the correct cross-reference, N.J.S.A. 17:44B-1, in the definition of "insurer." The cross-reference to 15 U.S.C. § 77b.(15) is corrected to 15 U.S.C. § 77b(a)(15) in the definition of "private placement form."

At N.J.A.C. 11:4-40A.3(a)2i, a change is made to correct the cross-reference to N.J.S.A. 17B:27-1 to the correct cross-reference, N.J.S.A. 17B:27-68. At N.J.A.C. 11:4-40A.3(a)2ii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-9 to the correct cross-reference, N.J.S.A. 17B:27-71. At N.J.A.C. 11:4-40A.3(a)2iii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-11 to the correct cross-reference, N.J.S.A. 17B:27-72b. At N.J.A.C. 11:4-40A.3(a)2iv, a change is made to correct the cross-reference to N.J.S.A. 17B:27-12 to the correct cross-reference, N.J.S.A. 17B:27-72c. At N.J.A.C. 11:4-40A.3(a)2v, a change is made to correct the cross-reference to N.J.S.A. 17B:27-13 to the correct cross-reference, N.J.S.A. 17B:27-72d. At N.J.A.C. 11:4-40A.3(a)2vi, a change is made to correct the cross-reference to N.J.S.A. 17B:27-14 to the correct cross-reference, N.J.S.A. 17B:27-73. At N.J.A.C. 11:4-40A.3(a)2vii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-15 to the correct cross-reference, N.J.S.A. 17B:27-72f. At N.J.A.C. 11:4-40A.3(a)2viii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-16 to the correct cross-reference, N.J.S.A. 17B:27-72n. At N.J.A.C. 11:4-40A.3(a)2ix, a change is made to

correct the cross-reference to N.J.S.A. 17B:27-17 to the correct cross-reference, N.J.S.A. 17B:27-72g. At N.J.A.C. 11:4-40A.3(a)2x, a change is made to correct the cross-reference to N.J.S.A. 17B:27-18 to the correct cross-reference, N.J.S.A. 17B:27-72h. At N.J.A.C. 11:4-40A.3(a)2xi, changes are made to correct the cross-references to N.J.S.A. 17B:27-19 and 20 to the correct cross-references, N.J.S.A. 17B:27-72i and j. At N.J.A.C. 11:4-40A.3(a)2xii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-21 to the correct cross-reference, N.J.S.A. 17B:27-72k. At N.J.A.C. 11:4-40A.3(a)2xiii, a change is made to correct the cross-reference to N.J.S.A. 17B:27-22 to the correct cross-reference, N.J.S.A. 17B:27-72m. At N.J.A.C. 11:4-40A.3(a)2xiv, a change is made to correct the cross-reference to N.J.S.A. 17B:27-23 to the correct cross-reference, N.J.S.A. 17B:27-72o.

At N.J.A.C. 11:4-42.2, a change is made to correct the cross-reference to N.J.S.A. 17B:27-2 through 17B:27-8 to the correct cross-reference, N.J.S.A. 17B:27-68 through 75 in the definition of "group life insurance." The cross-reference to N.J.S.A. 17:44-1 is corrected to the cross-reference, N.J.S.A. 17:44B-1 in the definition of "insurer."

At N.J.A.C. 11:4-42.3(c), a change is made to correct the cross-reference to N.J.S.A. 17B:27-25 to the correct cross-reference, N.J.S.A. 17B:27-74.

At N.J.A.C. 11:4-42.13(a), a change is made to correct the cross-reference to N.J.S.A. 17B:27-19 to the correct cross-reference, N.J.S.A. 17B:27-72i.

At N.J.A.C. 11:4-45.1(a), a change is made to correct the cross-reference to N.J.S.A. 17B:27-25 to the correct cross-reference, N.J.S.A. 17B:27-74.

At N.J.A.C. 11:4-46.2 a change is made to correct the cross-reference to N.J.S.A. 17B:1-1 to the correct cross-reference, N.J.S.A. 17B:1-1 in the definition of "insurer."

At N.J.A.C. 11:4-47.1(a), a change is made to correct the cross-reference to N.J.S.A. 17B:27-25 to the correct cross-reference, N.J.S.A. 17B:27-74.

At N.J.A.C. 11:4-53.2, a change is made to correct the cross-reference to N.J.S.A. 17:44-1 to the correct cross-reference, N.J.S.A. 17:44B-1 in the definition of "carrier."

At N.J.A.C. 11:4-54.1(c), a reference to the Children's Health Care Coverage program pursuant to P.L. 1997, c. 272 (N.J.S.A. 30:4I-1 et seq.) is deleted because N.J.S.A. 30:4I-1 et seq. was repealed pursuant to P.L. 2005, c. 156, effective Jan 9, 2006. The Children's Health Care Coverage Program was replaced by the FamilyCare Health Coverage Program. Whenever the terms "Children's Health Care Coverage Program," "NJ KidCare," "FamilyCare Health Coverage Program," or "NJ FamilyCare" occur or any reference is made thereto in any law, contract, or document, the same shall be deemed to mean or refer to the NJ FamilyCare Program established pursuant to P.L. 2005, c. 156, N.J.S.A. 30:4J-133.

At N.J.A.C. 11:4-56.9(a)3, the address of the Office of Solvency Regulation within the Department is updated.

At N.J.A.C. 11:4-59.3(b), the Department's website address is corrected to [www.dobi.nj.gov](http://www.dobi.nj.gov).

At the Annuity Disclosure Statement set forth at N.J.A.C. 11:4-59 Appendix, subsection (u), the Department's phone number is updated and its website address is corrected to [www.dobi.nj.gov](http://www.dobi.nj.gov).

**Full text** of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

#### SUBCHAPTER 1. NEW JERSEY INSOLVENT HEALTH MAINTENANCE ORGANIZATION ASSISTANCE ASSOCIATION

##### 11:4-1.5 Application procedures and filing format

(a)-(e) (No change.)

(f) All requests for relief or other information required pursuant to this subchapter shall be filed with the Department at the following address:

HMO Assistance Fund

Request for Relief

New Jersey Department of Banking and Insurance

Office of Financial [Examinations] **Solvency Regulation—**

**Liquidations**

PO Box 325

Trenton, NJ 08625-0325

#### 11:4-1.7 Confidentiality of request for relief

(a) All data or information [contained] **set forth** in the request for relief filed pursuant to this subchapter shall be confidential and shall not be subject to public disclosure or copying pursuant to the ["Right to Know" law] **Open Public Records Act**, N.J.S.A. 47:1A-1 et seq., except for the following items, but only upon written, specified, request and following 10 days written notice by the Department to the member/applicant:

1.-6. (No change.)

#### 11:4-1.9 Rates

(a)-(b) (No change.)

(c) The Commissioner shall find that exclusion of assessments in determining the member organization's schedule of charges or rates will significantly and adversely affect the organization if the member organization demonstrates that it is unable to earn a constitutionally adequate rate of return after paying the assessment. Alternatively, the Commissioner may consider, in determining whether the exclusion of assessments will significantly and adversely affect the organization, if the member organization demonstrates that:

1. Its net worth will be below that required [by] **pursuant to** N.J.A.C. [8:38-11.1] **11:24-11.1** after payment of the assessment; and

2. For the three-year period immediately following payment of the assessment, its net worth will be less than that required [by] **pursuant to** N.J.A.C. [8:38-11.1] **11:24-11.1** if the assessment is not included in the member's schedule of charges or rates.

### SUBCHAPTER 2. LIFE INSURANCE AND ANNUITIES PLACEMENT

#### 11:4-2.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

...  
"Illustration" means a presentation or depiction that includes non-guaranteed elements of a policy of life insurance over a period of years as defined at N.J.A.C. 11:4-[5.2]**52.2**.  
...

### SUBCHAPTER 8. CHARITABLE ANNUITIES

#### 11:4-8.3 Application for a special permit

(a) (No change.)

(b) An application for a special permit shall be submitted to:  
Office of [Life and Health] **Solvency Regulation**  
Attention: Charitable Annuity Review  
NJ Department of Banking and Insurance  
PO Box 325  
Trenton, NJ 08625-0325

(c)-(f) (No change.)

#### 11:4-8.4 Forms of agreement

(a) An application for a special permit shall include a copy of each form of agreement that the applicant proposes to issue to annuitants. If a special permit holder intends to change or replace an existing agreement, or add a new form of agreement, the special permit holder shall not use the new form unless it has been filed with the Commissioner at least 30 days prior to its intended use and the Commissioner has not disapproved it within that [30 day] **30-day** period. The new form shall be submitted to:

Office of [Life and Health] **Solvency Regulation**  
Attention: Charitable Annuity Review  
NJ Department of Banking and Insurance  
PO Box 325  
Trenton, NJ 08625-0325

(b) (No change.)

#### 11:4-8.7 Compliance with investment requirements

(a) (No change.)

(b) Any proposed change(s) to a plan of operation of the segregated account, or to the investment plan of the segregated account, shall not be

implemented unless the special permit holder has filed the changes with the Commissioner at least 30 days prior to the intended date of implementation, and the Commissioner has not disapproved the changes within that 30-day period. The proposed change(s) shall be submitted to:

Office of [Life and Health] **Solvency Regulation**  
Attention: Charitable Annuity Review  
NJ Department of Banking and Insurance  
PO Box 325  
Trenton, NJ 08625-0325

### SUBCHAPTER 16. MINIMUM STANDARDS FOR INDIVIDUAL HEALTH INSURANCE

#### 11:4-16.2 Applicability and scope

This [regulation] **subchapter** shall apply to all individual health insurance policies delivered or issued for delivery in this State on or after the effective date hereof except that it shall not apply to conversion policies issued pursuant to a contractual conversion privilege or to credit health insurance. As used herein, policy means the entire contract between the insurer and the insured including all policies, certificates, riders, applications, and endorsements which are required to be filed pursuant to N.J.S.A. 17B:26-1 and [N.J.S.A. 17:44A-21] **17:44B-18**. The requirements [contained in this regulation] **set forth in this subchapter** shall be in addition to any other applicable regulations previously adopted. Nothing in this [regulation] **subchapter** shall be construed to limit the [commissioner's] **Commissioner's** authority to disapprove policies pursuant to N.J.S.A. 17B:26-1h, which in the opinion of the commissioner contain provisions that are unjust, unfair, inequitable, misleading, or contrary to law or public policy of this State.

#### 11:4-16.11 Penalties

If after notice and hearing the commissioner finds that a person has violated this [regulation] **subchapter**, a penalty, in addition to any other penalty, not exceeding \$2,000 for each violation may be imposed and shall be collected and enforced pursuant to **the Penalty Enforcement Law of 1999**, N.J.S.A. 2A:58-[1]**10** et seq.

### SUBCHAPTER 17. HEALTH INSURANCE SOLICITATION

#### 11:4-17.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

...  
"Licensee" means any person licensed as an insurance agent, broker, or consultant pursuant to N.J.S.A. 17:22A-[1]**26** et seq.

...  
"Policy" means the entire contract between the insurer and the insured, including, but not limited to, the policy, certificate, riders, endorsements, amendments, and the application which are required to be filed pursuant to N.J.S.A. 17B:26-1 and [N.J.S.A.] 17:44A-[21]**18**.  
...

### SUBCHAPTER 18. INDIVIDUAL HEALTH INSURANCE RATE FILINGS

#### 11:4-18.2 Applicability and scope

This subchapter shall apply to all individual health insurance policies delivered or issued for delivery in this State, except that it shall not apply to conversion policies issued pursuant to a contractual conversion privilege, it shall not apply to credit health insurance as defined [by] **at** N.J.S.A. 17B:29-2b, and it shall not apply to individual health benefits plans as defined [by] **at** N.J.S.A. 17B:27A-2 et seq. Nothing in this subchapter may be construed so as to limit or waive the responsibilities otherwise imposed on insurers, with respect to the form and content of individual health insurance policies, [by] **at** N.J.S.A. [17B:26.1] **17B:26-1** et seq.

#### 11:4-18.3 Definitions

(a) The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

1.-2. (No change.)  
 3. Other terms are:  
 i.-ii. (No change.)  
 iii. "Policy" means any policy, certificate, rider, endorsement, or amendment [which] **that** is required to be filed pursuant to N.J.S.A. 17B:26-1 and [N.J.S.A. 17:44A-21] **17:44B-18**.

11:4-18.9 Penalties  
 If, after notice and hearing the commissioner finds that a person has violated this regulation, a penalty, in addition to any other penalty, not exceeding \$2,000 for each violation may be imposed and shall be collected and enforced pursuant to **the Penalty Enforcement Law of 1999**, N.J.S.A. 2A:58-[1]**10** et seq.

SUBCHAPTER 23. MINIMUM STANDARDS FOR MEDICARE SUPPLEMENT COVERAGE

11:4-23.13 Filing requirements for policies, certificates, and premium rates, including procedures for review and intervention by the Public Advocate, Division of Rate Counsel

(a)-(b) (No change.)  
 (c) No carrier shall use or revise premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule, and supporting documentation have been submitted to and filed by the Commissioner in accordance with the provisions of this subsection, (a) and (b) above, and N.J.A.C. 11:4-23.11. Pursuant to N.J.S.A. [17:29A-53] **52:27EE-51**, and in accordance with N.J.A.C. 11:1-45, notices of requests for prior approval rate increases shall be given to individual policyholders, and to group policyholders so as to enable them to notify certificate holders of the filing of the rate increase request. As set forth [in] **at** N.J.S.A. 52:27EE-48, the Public Advocate, Division of Rate Counsel, may intervene in Medicare supplement rate filings which seek a rate increase in excess of seven percent. Intervention by the Public Advocate, Division of Rate Counsel, shall be in accordance with the procedures set forth below.

1.-4. (No change.)  
 (d) (No change.)  
 (e) A carrier shall not discontinue offering any policy or certificate form filed by the Commissioner on or after the effective date of this subchapter unless such form has been withdrawn from filing pursuant to (a)4 above, or the carrier provides notice of discontinuance of offer to the Commissioner at least 30 days prior to such discontinuance, in writing.

1. Discontinuance subject to notice to the Commissioner shall include the following:  
 i.-ii. (No change.)  
 iii. Revisions in the rating structure or methodology applicable to a Medicare supplement policy or certificate form which has not been otherwise submitted to and filed by the Commissioner in accordance with [N.J.S.A.] **N.J.A.C. 11:4-23.11**.

2. (No change.)  
 (f) Except for policies or certificates assumed [under] **pursuant to** an assumption reinsurance agreement, the experience of all policy or certificate forms of the same type for a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation set forth at [N.J.S.A.] **N.J.A.C. 11:4-23.11(d)**.  
 (g) (No change.)

11:4-23.15 Required disclosure provisions  
 (a) General rules concerning required disclosure provisions include the following:  
 1.-8. (No change.)  
 9. Except as provided [in] **at** (c) below, the terms "Medicare Supplement," "Medigap," and words of similar import shall not be used unless the policy or certificate is issued in compliance with [N.J.S.A.] **N.J.A.C. 11:4-23.8** and all other sections of this subchapter.  
 (b)-(c) (No change.)

11:4-23.21 Addresses for submissions for filing  
 (a) All forms, rates, loss ratio reporting, and advertisements submitted for filing with or by the Commissioner shall be submitted to the Office of Life and Health Actuarial Services, New Jersey Department of **Banking and Insurance**, PO Box [470] **325**, Trenton, New Jersey [08625-0470] **08625-0325**.

(b) Annual reports of multiple policy issues submitted for filing with the Commissioner shall be submitted to the Division of Legislative and Regulatory Affairs, New Jersey Department of **Banking and Insurance**, PO Box 325, Trenton, New Jersey 08625-0325, to the attention of Medicare Supplement Multiple Policy Report.

SUBCHAPTER 23A. MEDICARE SUPPLEMENT—UNDER 50 COVERAGE

11:4-23A.12 Assessment relief requests  
 (a)-(f) (No change.)  
 (g) All data or information [contained] **set forth** in the request for relief filed pursuant to this section shall be confidential and not be subject to public disclosure or copying pursuant to the ["Right to Know Law"] **Open Public Records Act**, N.J.S.A. 47:1A-1 et seq., except for the following, but only upon written, specified, request and following 10 days' written notice by the Department to the applicant:  
 1.-6. (No change.)  
 (h)-(j) (No change.)

SUBCHAPTER 24. SMOKER AND NONSMOKER MORTALITY TABLES

11:4-24.2 Definitions  
 The following words and terms, when used in this subchapter, **shall** have the following meanings unless the context clearly indicates otherwise.  
 ...  
 "1958 CSO Table" means that mortality table prescribed [by] **at** N.J.S.A. [17B:9]**17B:19-8a(i)** and [N.J.S.A.] 17B:25-19g and referred to therein as the Commissioners 1958 Standard Ordinary Mortality Table.  
 ...

SUBCHAPTER 25. FUNERAL INSURANCE POLICIES

11:4-25.2 Definitions  
 The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.  
 ...  
 "Premium fund interest rate" means the interest rate specified at N.J.S.A. 17B:25-20 or 21 **et seq.**, as applicable, for calculating the minimum nonforfeiture values for deferred annuities.  
 ...

11:4-25.5 Loss ratio standard  
 (a)-(b) (No change.)  
 (c) A funeral insurance policy designated as an annuity contract shall provide a death and surrender benefit. The benefit payable on death or surrender shall not be less than the amount required by the standard nonforfeiture law for individual deferred annuities at N.J.S.A. 17B:25-20 or 21 **et seq.**, as applicable.

11:4-25.7 Penalties  
 If after notice and an opportunity for hearing, the Commissioner of Insurance finds that a person has violated this [regulation] **subchapter** or the enabling legislation, a penalty, in addition to any other penalty, not exceeding \$2,000 for each violation, may be imposed and shall be collected and enforced pursuant to law including, but not limited to, **the Penalty Enforcement Law of 1999**, N.J.S.A. 2A:58-[1]**10** et seq.

SUBCHAPTER 27. THE 2001 COMMISSIONER'S STANDARD ORDINARY (CSO) MORTALITY TABLE FOR USE IN DETERMINING MINIMUM RESERVE LIABILITIES AND NONFORFEITURE BENEFITS

11:4-27.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"2001 CSO Mortality Table" means that mortality table, consisting of separate rates of mortality for male and female lives, developed by the American Academy of Actuaries CSO Task Force from the Valuation Basic Mortality Table developed by the Society of Actuaries Individual Life Insurance Valuation Mortality Task Force, and adopted by the NAIC in December 2002. The 2001 CSO Mortality Table is reproduced in subchapter Appendices 1 through 7, incorporated herein by reference, and is included in the *Proceedings of the NAIC* (2nd Quarter 2002). See [www.naic.org](http://www.naic.org) and [[www.actuary.org/life/cso\\_0702.htm](http://www.actuary.org/life/cso_0702.htm)] [www.actuary.org](http://www.actuary.org). Unless the context indicates otherwise, the "2001 CSO Mortality Table" includes both the ultimate form of that table and the select and ultimate form of that table and includes both the smoker and nonsmoker mortality tables and the composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality tables.

...

11:4-27.4 Conditions

(a)-(c) (No change.)

(d) When the 2001 CSO Mortality Table is the minimum reserve standard for any plan for a company, the actuarial opinion in the annual statement filed by that company with the Commissioner shall be based on an asset adequacy analysis as specified [in] at N.J.A.C. 11:1-[21A.6]21A.4. The Commissioner may exempt an insurer from this requirement if it only does business in this State and in no other state.

11:4-27.5 Applicability of the 2001 CSO Mortality Table to N.J.A.C. 11:4-32

(a) Subject to the transition dates for use of the 2001 CSO Mortality table [in] at N.J.A.C. 11:4-27.3, the 2001 CSO Mortality Table may be used in applying N.J.A.C. 11:4-32 in the following manner.

1.-3. (No change.)

4. [In] At N.J.A.C. 11:4-32.3(b), the 2001 CSO Mortality Table is the minimum standard for deficiency reserves. If select mortality rates are used, they may be multiplied by X percent for durations in the first segment, subject to the conditions specified [in] at N.J.A.C. 11:4-32.3(b)3i through [viii] vi. In demonstrating compliance with those conditions, the demonstrations may not combine the results of tests that utilize the 1980 CSO Mortality Table with those tests that utilize the 2001 CSO Mortality Table, unless the combination is explicitly required by rule or necessary to be in compliance with relevant Actuarial Standards of Practice.

5.-9. (No change.)

(b) (No change.)

SUBCHAPTER 27A. PREFERRED MORTALITY TABLES FOR USE IN DETERMINING MINIMUM RESERVE LIABILITIES

11:4-27A.2 Definitions

The following words and terms, when used in this subchapter, have the following meanings unless the context clearly indicates otherwise.

...

"2001 CSO Preferred Class Structure Mortality Table" means mortality tables with separate rates of mortality for Super Preferred Nonsmokers, Preferred Nonsmokers, Residual Standard Nonsmokers, Preferred Smokers, and Residual Standard Smoker splits of the 2001 CSO Nonsmoker and Smoker tables as adopted by the NAIC at the September, 2006 national meeting and published in the *Proceedings of the NAIC* (3rd Quarter 2006), incorporated herein by reference. See [www.naic.org](http://www.naic.org) and [[www.soa.org/research/individual-life/intl-2001-cso-preferred-class-](http://www.soa.org/research/individual-life/intl-2001-cso-preferred-class-structure-mortality-tables.aspx)

[www.soa.org/research/individual-life/intl-2001-cso-preferred-class-structure-mortality-tables.aspx](http://www.soa.org/research/individual-life/intl-2001-cso-preferred-class-structure-mortality-tables.aspx)] [www.soa.org](http://www.soa.org). Unless the context indicates otherwise, the "2001 CSO Preferred Class Structure Mortality Table" includes both the ultimate form of that table and the select and ultimate form of that table. It also includes both the smoker and nonsmoker mortality tables. It includes both the male and female mortality tables and the gender composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality table.

11:4-27A.3 2001 CSO Preferred Class Structure Mortality Table

(a) At the election of the insurer, for each calendar year of issue, for any one or more specified plans of insurance and subject to satisfying the conditions stated in this subchapter, the 2001 CSO Preferred Class Structure Mortality Table may be substituted in place of the 2001 CSO Smoker or Nonsmoker Mortality Table as the minimum valuation standard for policies issued on or after January 1, 2007. The 2001 CSO Preferred Class Structure Mortality Table is available on the [NAIC's] **Society of Actuaries'** website at [[www.soa.org/research/individual-life/intl-2001-cso-preferred-class-structure-mortality-tables.aspx](http://www.soa.org/research/individual-life/intl-2001-cso-preferred-class-structure-mortality-tables.aspx)] [www.soa.org](http://www.soa.org). The Department shall notify insurers of any changes to the 2001 CSO Preferred Class Structure Mortality Table by Bulletin. For policies issued on or after January 1, 2005, and prior to January 1, 2007, these tables may be substituted with the consent of the Commissioner and subject to the conditions [of] at N.J.A.C. 11:4-27A.4. In determining such consent, the Commissioner may rely on the consent of the Commissioner of the company's state of domicile.

(b)-(d) (No change.)

SUBCHAPTER 28. GROUP COORDINATION OF BENEFITS

11:4-28.7 Procedure to be followed by other than primary plans to calculate benefits

(a)-(d) (No change.)

(e) For the purpose of this subsection, plans that pay network providers on the basis of contractual fee schedules shall include HMO plans, HMO POS plans as permitted [by] **pursuant to** N.J.A.C. [8:38-14] 11:24-14, indemnity plans using an SCA as permitted [by] **pursuant to** N.J.A.C. 11:4-37, and those indemnity plans that have contracted with providers who have agreed to accept a negotiated payment.

1.-7. (No change.)

(f) (No change.)

SUBCHAPTER 30. ACCELERATED DEATH BENEFITS

11:4-30.10 Form submission requirements

(a) Pursuant to N.J.S.A. 17B:25-18 and 17B:27-[25]74, individual and group policies, riders and endorsements, and group certificates with accelerated death benefit provisions must be filed by the Commissioner before they are delivered or issued for delivery in this State.

(b) (No change.)

SUBCHAPTER 32. VALUATION OF LIFE INSURANCE POLICIES

11:4-32.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Appointed actuary" means any individual who is appointed or retained in accordance with the requirements set forth at N.J.A.C. 11:1-[21A.3(f)]21A.3(d) to provide the actuarial opinion and memorandum as required [by] **pursuant to** N.J.A.C. 11:4-32.3(b)4i.

...

"Scheduled gross premium" means the smallest illustrated gross premium at issue for other than universal life insurance policies. For universal life insurance policies, scheduled gross premium means the smallest specified premium described at N.J.A.C. 11:4-[32.5(a)3]32.5(c), if any, or else the minimum premium described at N.J.A.C. 11:4-[32.5(a)4]32.5(d).

...

11:4-32.3 General calculation requirements for basic reserves and premium deficiency reserves

(a) (No change.)

(b) Deficiency reserves, if any, are calculated for each policy as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by recalculating the basic reserve for the policy using guaranteed gross premiums instead of net premiums when the guaranteed gross premiums are less than the corresponding net premiums. At the election of the insurer for any one or more specified plans of insurance, the quantity A and the corresponding net premiums used in the determination of quantity A may be based upon the 1980 CSO valuation tables with select mortality factors (or any other valuation mortality table adopted by the NAIC after January 1, 2000, and promulgated by the Commissioner). If select mortality factors are elected, they may be:

- 1.-3. (No change.)
  - 4. If X [in] at (b)3 above is less than 100 percent at any duration for any policy, the following requirements shall be met:
    - i. The appointed actuary shall annually prepare an actuarial opinion and memorandum for the insurer in conformance with the requirements [of] at N.J.A.C. 11:1-[21A.6]21A.5;
    - ii.-iii. (No change.)
  - 5. (No change.)
- (c)-(f) (No change.)

SUBCHAPTER 34. LONG-TERM CARE INSURANCE

11:4-34.4 Policy practices and provisions

(a) Renewability: The terms “guaranteed renewable” and “noncancellable” shall not be used in any individual long-term care insurance policy without further explanatory language in accordance with the disclosure requirements [of] at N.J.A.C. 11:4-[34.6]34.6 and 34.7.

- 1.-4. (No change.)
  - 5. In addition to the other requirements of this subsection, a qualified long-term care insurance contract shall be guaranteed renewable, within the meaning of Section [7702B(b)(1)(C)] 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended.
- (b)-(j) (No change.)

11:4-34.16 Reserve standards

(a) When long-term care benefits are provided through the acceleration of benefits [under] pursuant to group or individual life policies or riders to such policies, policy reserves for the benefits shall be determined in accordance with N.J.S.A. 17B:19-[8a.vii]8a(vii). Claim reserves shall also be established in accordance with N.J.A.C. 11:4-6 when the policy or rider is in claim status.

- 1.-2. (No change.)
- (b)-(c) (No change.)

11:4-34.18 Premium rate schedule increases

(a)-(j) (No change.)

(k) Subsections (a) through (j) above shall not apply to policies for which the long-term care benefits are incidental, provided the policy complies with all of the following provisions:

- 1. (No change.)
- 2. The portion of the policy that provides insurance benefits other than long-term care coverage meets the nonforfeiture requirements, as applicable, [in] at N.J.S.A. 17B:25-[19,]19 or [N.J.S.A.] 17B:25-20 or N.J.A.C. 11:4-44.3(b);
- 3.-5. (No change.)

11:4-34.26 Additional standards for benefit triggers for qualified long-term care insurance contracts

(a) For purposes of this section, the following definitions apply:

1. “Qualified long-term care services” means services that meet the requirements of Section [7702(c)(1)] 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

2. (No change.)

3. “Licensed health care practitioner” means a physician, as defined [in] at Section [1861(r)(1)] 1861(r)(1) of the Social Security Act, a registered professional nurse, licensed social worker, or other individual

who meets the requirements prescribed by the United States Secretary of the Treasury.

- (b)-(f) (No change.)

SUBCHAPTER 35. VIATICAL SETTLEMENTS

11:4-35.4 Viatical settlement provider’s license application

(a) A first-time applicant for a viatical settlement provider’s license shall submit the following:

- 1.-14. (No change.)
  - 15. Identity of the financial institution where an escrow or trust account will be established pursuant to N.J.S.A. [17B:8d] 17B:30B-9d and identity of the independent trustee or agent; and
  - 16. (No change.)
- (b)-(f) (No change.)

11:4-35.7 Denial of license

(a) Where it appears from an application, the attached documents, or Department records that an applicant has not demonstrated the qualifications prescribed in the Act or this subchapter, the Department shall advise the applicant, in writing, that the license request is denied; shall specify the reasons for the denial; and shall advise the applicant of the right to request a hearing, and of the procedures for filing the request.

- 1.-2. (No change.)
- 3. The request for a hearing by a viatical settlement broker or viatical settlement representative shall be forwarded to:
  - [Director] **Manager** of Licensing and Insurance Education
  - New Jersey Department of Banking and Insurance
  - 20 West State Street
  - PO Box [325] 329
  - Trenton, NJ [08625-0325] 08625-0329
- 4. (No change.)
- (b) (No change.)

SUBCHAPTER 40 . LIFE/HEALTH/ANNUITY FORMS

11:4-40.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

...  
 “Insurer” means a hospital service corporation operating pursuant to N.J.S.A. 17:48-1 et seq.; a medical service corporation operating pursuant to N.J.S.A. 17:48A-1 et seq.; a health service corporation operating pursuant to N.J.S.A. 17:48E-1 et seq.; a life, health, or annuity company operating pursuant to N.J.S.A. 17B:17-1 et seq.; and a fraternal benefit society operating pursuant to N.J.S.A. [17:44A]17:44B-1 et seq., to the extent that it issues certificates or evidence of coverage forms [containing] including accident or health benefits. A fraternal benefit society that issues certificates [containing] including life insurance benefits is not considered an insurer for purposes of this subchapter.

...  
 “Private placement form” means an individual variable life insurance form or individual variable annuity form where the purchaser meets the definition of “accredited investor” set forth [in] at Rule 501 of Regulation D [under] pursuant to the Securities Act of 1933, 15 U.S.C. § [77b.(15)] 77b(a)(15) or “qualified purchaser” set forth [in] at Section 2(a)(51) of the Investment Company Act of 1940, 15 U.S.C. § 80a-2(a)(51).

SUBCHAPTER 40A. “40 STATES” FILE AND USE STANDARDS AND PROCEDURES

11:4-40A.3 Eligibility

(a) Forms submitted to the Commissioner on the basis that they have been made available for sale or use in 40 states, subject to state variations that do not alter the unique features or design of the product, shall be eligible for sale or use pursuant to the requirements of this subchapter. Notwithstanding eligibility, any such form shall comply with New Jersey law regarding standard contract provisions as identified below.

- 1. (No change.)
- 2. Group Life:

- i. Requirements for Eligible Groups as set forth [in] at N.J.S.A. 17B:27-[1]768;
  - ii. Dependents as set forth [in] at N.J.S.A. 17B:27-[9]71;
  - iii. Grace Period as set forth [in] at N.J.S.A. 17B:27-[11]72b;
  - iv. Incontestability as set forth [in] at N.J.S.A. 17B:27-[12]72c;
  - v. Application, Representations not Warranties, Entire Contract as set forth [in] at N.J.S.A. 17B:27-[13]72d;
  - vi. Evidence of Insurability as set forth [in] at N.J.S.A. 17B:27-[14]73;
  - vii. Age Adjustments as set forth [in] at N.J.S.A. 17B:27-[15]72f;
  - viii. Participating Policies as set forth [in] at N.J.S.A. 17B:27-[16]72n;
  - ix. Beneficiary and Facility of Payment as set forth [in] at N.J.S.A. 17B:27-[17]72g;
  - x. Certificates as set forth [in] at N.J.S.A. 17B:27-[18]72h;
  - xi. Conversion as set forth [in] at N.J.S.A. 17B:27-[19 and 20]72i and j;
  - xii. Death within Conversion Period as set forth [in] at N.J.S.A. 17B:27-[21]72k;
  - xiii. Certificate to Debtors as set forth [in] at N.J.S.A. 17B:27-[22]72m; and
  - xiv. Conversion of Debtors as set forth [in] at N.J.S.A. 17B:27-[23]72o;
- 3.-4. (No change.)  
(b) (No change.)

SUBCHAPTER 42. GROUP LIFE, GROUP HEALTH, AND  
BLANKET INSURANCE: GENERAL  
STANDARDS FOR CONTRACT PROVISIONS

11:4-42.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

...  
“Group life insurance” means a policy or contract which covers more than one person as part of a group that satisfies the specifications [of] at N.J.S.A. 17B:27-[2]68 through [17B:27-8] 75, [under] pursuant to which an insurer is obligated to pay or allow a benefit of pecuniary value with respect to the cessation of human life. The term “group life insurance” also includes the granting of endowment benefits and optional modes of settlement of proceeds of group life insurance, as well as provisions in a group policy for: additional benefits in the event of death by accident or accidental means or in the event of dismemberment or loss of sight; or safeguarding such insurance against lapse or giving a special surrender value, or special benefit or annuity in the event that the insured shall become totally and permanently disabled, whether such provisions are incorporated in a policy or contract or supplemental thereto. The term “group life insurance” does not include worker’s compensation coverages.

...  
“Insurer” means any person transacting or authorized to transact the business of life and/or health insurance in the State of New Jersey, including insurance companies operating pursuant to N.J.S.A. 17:17-1 et seq., or 17B:17-1 et seq.; fraternal benefit societies operating pursuant to N.J.S.A. [17:44]17:44B-1 et seq.; hospital service corporations operating pursuant to N.J.S.A. 17:48-1 et seq.; medical service corporations operating pursuant to N.J.S.A. 17:48A-1 et seq.; health service corporations operating pursuant to N.J.S.A. 17:48E-1 et seq.; and any insurer operating pursuant to P.L. 1995, c. 196.

11:4-42.3 Applicability of other standards

- (a)-(b) (No change.)
- (c) Nothing in this subchapter shall be construed to limit the authority of the Commissioner to disapprove contracts, policies, and certificates pursuant to N.J.S.A. 17B:27-[25]74 and 17B:27-49, 17:48-8, 17:48A-9, and 17:48E-13 which, in the opinion of the Commissioner, [contain] set forth provisions that are unjust, unfair, inequitable, misleading, contrary to law or to the public policy of this State.

11:4-42.13 Conversion of group life insurance coverage to an individual life insurance policy

- (a) An insurer, in providing the conversion right required [by] pursuant to N.J.S.A. 17B:27-[19]72i, shall treat the retirement of a covered person under a policy providing group life insurance as a termination of employment and shall permit the covered person to obtain, without evidence of insurability, an individual policy of life insurance.

(b) (No change.)

SUBCHAPTER 45 . PERIODIC REPORTS

11:4-45.1 Purpose and scope

(a) These rules set forth the standards and requirements for periodic reports required to be provided to policyholders or contract holders in connection with flexible-factor life insurance forms, individual variable annuity forms, and variable life insurance forms to be filed by the Commissioner for use and delivery in this State pursuant to N.J.S.A. 17B:25-18, 17B:25-18.1, 17B:25-18.2, 17B:27-[25]74, and 17B:28-5. These rules also set forth periodic report requirements for all forms for which illustrations are used pursuant to N.J.A.C. 11:4-52.

(b) (No change.)

SUBCHAPTER 46. SYNTHETIC GUARANTEED INVESTMENT  
CONTRACT FORMS

11:4-46.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

...  
“Insurer” means a life insurance or annuity company operating pursuant to N.J.S.A. [17B:1-1] 17B:17-1 et seq., and additionally qualified pursuant to N.J.S.A. 17B:28-2 to issue separate account contracts.

SUBCHAPTER 47. ACTUARIAL REQUIREMENTS FOR  
FLEXIBLE-FACTOR POLICY FORMS

11:4-47.1 Purpose and scope

(a) These rules set forth requirements regarding actuarial reports and memorandum which are to be developed in connection with flexible-factor life insurance forms for such forms to be filed by the Commissioner for use and delivery for use in this State pursuant to N.J.S.A. 17B:25-18, 17B:27-[25]74, and 17B:28-5, and P.L. 1995, c. 73.

(b) (No change.)

SUBCHAPTER 53. MINIMUM STANDARDS FOR SPECIFIED  
DISEASE AND CRITICAL ILLNESS  
COVERAGES

11:4-53.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

...  
“Carrier” means any insurance company operating pursuant to N.J.S.A. 17B:17-1 et seq., or fraternal benefit society operating pursuant to N.J.S.A. [17:44-1] 17:44B-1 et seq., transacting or authorized to transact the business of health insurance in the State of New Jersey.

SUBCHAPTER 54. BENEFIT STANDARDS FOR INFERTILITY  
COVERAGE

11:4-54.1 Purpose and scope

- (a)-(b) (No change.)
- (c) This subchapter shall not apply to any policy or contract which, pursuant to a contract between a carrier and the New Jersey Department of Human Services, provides benefits to persons who are eligible for medical assistance [under] pursuant to P.L. 1968, c. 413 (N.J.S.A. 30:4D-1 et seq.); the Children’s Health Care Coverage program [under]

pursuant to P.L. 1997, [c.272] c. 272 (N.J.S.A. 30:4I-1 et seq.); the FamilyCare Health Coverage Program [under] pursuant to P.L. 2000, c. 71 (N.J.S.A. 30:4J-1 et seq.); or any other program administered by the Division of Medical Assistance and Health Services in the New Jersey Department of Human Services.

SUBCHAPTER 56. SELF-FUNDED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS AND INSURED MULTIPLE EMPLOYER ARRANGEMENTS

11:4-56.9 Financial reporting of self-funded MEWAs

(a) A self-funded MEWA shall file with the Commissioner an annual report for the separate trust account established pursuant to N.J.A.C. 11:4-56.8 no later than May 15 of each calendar year, or four months and 15 days after the end of each fiscal year of the self-funded MEWA for the immediately preceding year.

1.-2. (No change.)

3. The annual report shall be submitted using the NAIC health blank in effect at the time of the year reported, and submitted to the following address:

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
20 West State Street[, 10th Floor]  
PO Box 325  
Trenton, NJ 08625-0325

SUBCHAPTER 59. DISCLOSURE REQUIREMENTS FOR ANNUITIES DIRECTLY SOLICITED TO CONSUMERS

11:4-59.3 Buyer's guide

(a) (No change.)

(b) For purposes of complying with N.J.S.A. 17B:25-37b, such a person or entity shall utilize the Buyer's Guide to Fixed Deferred Annuities, or however otherwise designated, approved by the NAIC and in use at the time the buyer's guide is required to be provided, modified to reflect the 10-day cancellation period for consumers set forth at N.J.S.A. 17B:25-39, and the 15-day cancellation period set forth [in] at N.J.S.A. 17B:25-37d(3) and (a)3 above. The buyer's guide approved for use shall be posted on the Department's website at: [www.njdoabi.org](http://www.njdoabi.org)

APPENDIX

ANNUITY DISCLOSURE STATEMENT

(a)-(t) (No change.)

(u) A statement that the annuity is subject to regulatory oversight by the New Jersey Department of Banking and Insurance and that consumers may contact the Department at [609-272-7272] 609-292-7272 or 1-800-446-7467 or at the website [www.njdoabi.org](http://www.njdoabi.org) [www.dobi.nj.gov](http://www.dobi.nj.gov) for assistance.

(a)

**DIVISION OF INSURANCE**

**Notice of Readoption Health Benefit Plans**

**Readoption with Technical Changes: N.J.A.C. 11:22**

Authorized By: Susan Ochs, Acting Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, 17:48H-32, 17B:27B-25, 17B:30-13.1, 17B:30-23 et seq., 17B:30-55, 17B:30-56, and 26:1A-36.11 through 36.12.

Effective Dates: February 17, 2026, Readoption;  
March 16, 2026, Technical Changes.

New Expiration Date: February 17, 2033.

**Take notice** that in accordance with N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:22 were scheduled to expire on March 20, 2026. The rules in

this chapter were promulgated to implement the statutes applicable to health benefit plans, including prompt payment of claims, health wellness promotion plans, electronic receipt and transmission of health care claims, and organized delivery systems.

The rules codified in this chapter concern the following subjects, listed by subchapter.

Subchapter 1, Prompt Payment of Claims, was promulgated to implement N.J.S.A. 17B:30-26 through 34, which sets standards for the payment of claims relating to health benefits plans and dental plans as well as claim submission requirements. This subchapter addresses internal appeals, external appeals, alternative dispute resolution, and sets forth the minimum requirements for an Explanation of Benefits.

Subchapter 2, Health Wellness Promotion Plans, governs provisions of a health wellness promotion program, and establishes that health benefits plans delivered, issued, executed, or renewed in this State are required to offer certain screening tests and counseling to covered persons.

Subchapter 3, Electronic Receipt and Transmission of Health Care Claims, was promulgated to implement N.J.S.A. 17B:30-23 et seq., P.L. 1999, c. 154 (the Health Information Electronic Data Interchange Technology Act (HINT)). This subchapter establishes timetables for the electronic receipt and transmission of health care claim information, including, but not limited to, eligibility, premium payments, reports of injury, enrollment, disenrollment, and other health care claims transactions in accordance with the standards developed by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA) for the electronic administration of health care benefits.

Subchapter 4, Organized Delivery Systems, sets forth the filing requirements for an entity to be licensed as an organized delivery system pursuant to N.J.S.A. 17:48H-1 through 35.

Subchapter 5, Minimum Standards for Health Benefit Plans, Prescription Drug Plans, and Dental Plans, establishes minimum standards for those plans.

Subchapter 6, Exclusions and Preauthorization Requirements, specifies standards for war and other exclusions and preauthorization requirements in health benefits plans.

Subchapter 7, Carrier/Provider Joint Negotiation Agreements, provides for joint negotiations regarding non-fee-related matters, fees, and fee-related matters by physicians and dentists with carriers. This subchapter establishes standards and procedures for carriers to report to the Department of Banking and Insurance (Department) certain information concerning the carrier's number of covered lives and the impact of provider negotiations.

Subchapter 8, Health Insurance Identification Cards, establishes standards and criteria regarding information on health insurance identification cards issued by carriers authorized to issue health benefits plans in this State.

Subchapter 9, Maternity Installment Payments, was promulgated to implement P.L. 2009, c. 113, by establishing a process whereby, if requested by a licensed obstetrical provider, a health insurance carrier shall reimburse a New Jersey licensed obstetrical provider in installments for maternity services rendered by the provider during the term of a covered person's pregnancy.

The Department has undertaken a review of these rules to determine their current effectiveness and viability. The Department examined the continuing relevance of the rules and considered whether they require unnecessary time and expense. The rules provide guidance to the insurance industry and protect consumers by requiring the provision of vital information and establishing useful standards concerning health insurance. The Department finds that the rules at Chapter 22 continue to be necessary, reasonable, and proper for the purposes for which they were originally promulgated. Accordingly, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the technical changes to update contact information and correct cross-references. Specifically, the following technical changes are made:

At N.J.A.C. 11:22-1.2, a change is made to the cross-reference N.J.S.A. 17B:30-51 to reflect the correct cross-reference, N.J.S.A. 17B:30-55.4.

At N.J.A.C. 11:22-1.14(c), the name of the Office of Life and Health is updated and an email address is added.