STATE OF ARIZONA FILF ()

# STATE OF ARIZONA

# DEPARTMENT OF INSURANCE

MAY 3 1 1994

DEPARTMENT OF INSURANCE

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Docket No. 8443

CERTIFIED LIFE INSURANCE COMPANY

CONSENT ORDER

Respondent.

A market conduct examination was made of Certified Life Insurance Company, hereinafter referred to as "Certified", by a Market Conduct Examiner for the Arizona Department of Insurance ("ADOI") covering the time period from January 1, 1988 to December 31, 1990. Based upon the examination results, it is alleged that Certified has violated the provisions of Arizona Revised Statutes, Title 20, Sections 20-461 and 20-462; and Arizona Administrative Code Rule ("A.A.C. R") 4-14-801. Certified Wishes to resolve this matter without formal adjudicative proceedings and hereby agrees to a Consent Order.

The Director of Insurance of the State of Arizona ("the Director") enters the following Findings of Fact, Conclusions of Law, which are neither admitted nor denied by Certified, and the following Order:

# FINDINGS OF FACT

- 1. Certified is authorized to transact life and disability insurance as an insurer pursuant to a Certificate of Authority issued by the Director.
- The Examiner was authorized by the Director to conduct a market conduct examination of Certified and has prepared the

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Report of Examination of the Market Conduct Affairs of Certified ("the Report"). The period covered by the on-site examination was concluded as of December 31, 1990.

- 3. The Examiner reviewed the eight (8) complaints made to the ADOI concerning Certified during the time frame of the examination. Concerning these, Certified failed to:
- a. pay one (1) claim within thirty (30) days after receipt of acceptable proofs of loss which contained all information necessary for claim adjudication, and failed to pay interest on the amount of the claim.
- b. respond to four (4) complaints concerning claims within fifteen (15) working days of receipt.
- 4. The Examiner reviewed 97 of the 983 Arizona accident and health claims paid by Certified during the period covered by the Examination. As to these, Certified failed to:
- a. acknowledge the receipt of eighty-eight (88) claims within ten (10) working days.
- b. accept or deny sixty-two (62) claims within fifteen (15) working days after the receipt of properly executed proofs of loss.
- c. pay thirty (30) claims within thirty (30) days after receipt of acceptable proofs of loss which contained all information necessary for claim adjudication, and failed to pay interest on the amounts due.
- d. complete investigation of thirty-six (36) claims within thirty (30) days after notification of the claims, and did not provide information in claim files showing that the

investigations could not reasonably be completed within such time.

- e. notify thirty-four (34) claimants that more than fifteen (15) working days would be needed to determine whether the claim would be accepted or denied.
- f. pay two (2) claims in the exact amounts due according to policy terms. One (1) claim was underpaid by \$126.56 and one (1) claim was overpaid by \$29.92
- 5. The Examiner reviewed eighteen (18) of the eighty-five (85) accident and health claims closed by Certified without payment during the time period covered by the examination. Of these claims, Certified failed to:
- a. acknowledge all eighteen (18) claims within ten (10) working days of receipt.
- b. notify thirteen (13) claimants of the acceptance or denial of their claims within fifteen (15) working days after the receipt of properly executed proofs of loss.
- c. complete investigation of six (6) claims within thirty (30) days after notification of the claims, and did not provide information in the claim files showing that the investigations could not reasonably be completed within such time.
- d. notify five (5) claimants that more than fifteen (15) working days would be needed to determine whether the claim would be accepted or denied.

### CONCLUSIONS OF LAW

1. By failing to acknowledge notification of claims or pay the claims within ten (10) working days of their receipt,

Certified violated A.A.C. R4-14-801(E)(1) and A.R.S. § 20-461(A)(2).

- 2. By failing to advise claimants of the acceptance or denial of their claims within fifteen (15) working days after receiving receipt of properly executed proofs of loss, Certified violated A.A.C. R4-14-801(G)(1)(a) and A.R.S. § 20-461(A)(5).
- 3. By failing to pay claims within thirty (30) days after the receipt of proofs of loss which contained all information necessary for claim adjudication, and failing to pay interest on the amount due, Certified violated A.R.S. §§ 20-461(A)(2) and 20-462(A).
- 4. By failing to complete claim investigations within thirty (30) days after notification of the claims, and by failing to produce evidence in the claim files which showed that they could not reasonably be completed within such time, Certified violated A.A.C. R4-14-801(F) and A.R.S. § 20-461(A)(3).
- 5. By failing to notify claimants that more than fifteen (15) working days would be needed to determine whether their claims would be accepted or denied, Certified violated A.A.C. R4-14-801(G)(1)(b) and A.R.S. § 20-461(A)(5).
- 6. By failing to pay claims in the exact amounts due pursuant to the terms of its policies, Certified violated A.A.C. R4-14-801(D)(1) and A.R.S. § 20-461(A)(1).
- 7. Grounds exist for the Director to revoke or suspend Certified's Certificate of Authority.
- 8. Grounds exist for the entry of all other provisions of the following order.

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#### ORDER

Certified having admitted the jurisdiction of the Director to enter the Order set forth herein, having waived the Notice of Hearing and the hearing, having waived any and all rights to appeal this Order, and having consented to the entry of the Order set forth hereinafter, and there being no just reason for delay:

### IT IS HEREBY ORDERED THAT:

- 1. Certified shall cease from failing to and desist acknowledge notification of claims within ten (10) working days receipt; from failing to of their notify insureds of acceptance or denial of claims within fifteen (15) working days of receipt of properly executed proofs of loss; from failing to pay claims within thirty (30) days after receipt of a proof of loss which contains all information necessary for claim adjudication or to pay interest on the amounts of the claims from the date of receipt by Certified; from failing to complete claims investigations within thirty (30) days after claim notification, or documenting that the investigations could not reasonably be completed within thirty (30) days; from failing to notify claimants that more than fifteen (15) working days would be needed to determine whether their claims would be accepted or denied; and from failing to pay claims in the exact amounts due pursuant to policy terms.
- 2. Certified shall develop a written action plan to monitor and ensure that its personnel process claims in accordance with A.R.S. §§ 20-461, 20-462, and A.A.C. R4-14-801, including but not limited to those sections cited under the

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Conclusions of Law above. Certified shall submit copies of the action plan to the ADOI for approval within thirty (30) days of the filed date of this Order.

- 3. Certified shall conduct a self-audit of all first party claims paid from January 1, 1988 through June 30, 1991 which were not reviewed by the Examiners to determine whether interest was paid on claims not paid by the 30th day after Certified's receipt of proofs of loss containing all information necessary for claims adjudication.
- 4. Certified shall pay to the claimants listed in Exhibit IV of the Report, and those to whom interest was due but not paid as determined by the above self-audit, interest on the amounts of the claims unpaid on the 30th day after Certified's receipt of proofs of loss containing all information necessary for claims adjudication. Interest shall be paid at the rate of ten percent (10%) per annum calculated from the date the claim was received by the insured to the date the claim was paid.
- 5. The payments listed in Paragraph 4 shall be made within thirty (30) days of the filed date of this Order, and shall be accompanied by a letter to the insureds acceptable to the Director. A list of payments, giving the name and address of each party to whom they were made, the base amount, the amount of interest paid, and the date of payment, shall be provided to the ADOI when all payments have been made.
- 6. The ADOI shall be permitted, through an authorized representative, to verify that Certified has complied with all provisions of this Order, and the Director may separately order Certified to comply.

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7. Certified shall pay a civil penalty of TWELVE THOUSAND DOLLARS (\$12,000) to the Director for remission to the State Treasurer for deposit in the State General Fund in accordance with A.R.S. § 20-220(B). Said \$12,000 shall be provided to the Hearing Division of the ADOI on or before May 20, 1993.

8. The Report of Market Conduct Examination as of December 31, 1990, to include Certified's letter of response to the Report, shall be filed with the ADOI.

DATED at Phoenix, Arizona this 31stday of May , 1994.

Chris Herstam
Director of Insurance

## CONSENT TO ORDER

- 1. Respondent, Certified Life Insurance Company, has reviewed the foregoing Order.
- 2. Respondent is aware of its right to a hearing at which hearing Respondent may be represented by counsel, present evidence and cross-examine witnesses. Respondent has irrevocably waived its right to such public hearing and to any court appeals relating thereto.
- 3. Respondent admits the jurisdiction of the Director of Insurance, State of Arizona, and consents to the entry of this Order.
- 4. Respondent states that no promise of any kind or nature whatsoever was made to induce it to enter into this Order and that it has entered into this Order voluntarily.
- 5. Respondent acknowledges that the acceptance of this Order by the Director of Insurance, State of Arizona, is solely for the purpose of settling this litigation against it and does not preclude any other agency or officer of this state or subdivision thereof from instituting other civil or criminal proceedings as may be appropriate now or in the future.
- 6. Patrick Scott represents that as

  Vice President he is an officer of Certified Life

  Insurance Company, and that as such, he has been authorized by it

  to enter into this Order for and on its behalf.

By:

May 18, 1994 (Date)

CERTIFIED LIFE INSURANCE COMPANY

1 COPY of the foregoing mailed/delivered this 31st day of May , 1994 to: 2 Katrina Rogers 3 Chief Hearing Officer Saul R. Saulson 4 Supervisor Examinations Section 5 \*Mary Butterfield Manager 6 Health Policy Division Erin H. Klüg 7 Manager Early Detection Unit 8 Earl Brown Acting Supervisor Life and Disability Section 9 Deloris E. Williamson 10 Assistant Director Rates & Regulations Division Jay Rubin 11 Assistant Director Investigations Division 12 Gary Torticill Assistant Director and Chief Financial Examiner 13 Corporate & Financial Affairs Division ARIZONA DEPARTMENT OF INSURANCE 14 2910 North 44th Street, Suite 210 15 Phoenix, AZ 85018 Erwin McKendry 16 Vice President Certified Life Insurance Company 17 4800 North Kenneth Avenue Chicago, Illinois 60630-2594 18 19 20 21 22 **2**3 24 25

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