**Message from Your 2017 IIASD Secretary-Treasurer**

**Celebrating----Women's History Month**

Women's History Month began as a National celebration in 1981 when Congress asked the President to proclaim the week beginning March 7, 1982 as Women's History Week. Over the next five years Congress continued to work toward declaring the month of March as Women’s History Month.

Presently there are 16 women who run State Insurance Departments as their Commissioners. South Dakota has had three female commissioners including Susan Walker (1983-1987), Mary Jane Cleary (1987-1991), and Darla L Lyon (1991-2003).

We, as the SD Independent Insurance Agents Association, have had 7 women serving as President of the Board of Directors beginning with Susan Hencey (Western Dakota Insurors) 2003, Judy Olney 2004, Kelli Potter 2007, Amy Olson Miller 2011, Kathy Johnson 2013, Pat Tollefson 2016 and our present leader/President Annette Conway 2017.

Our first ever female Association Director is Carolyn Hofer, working with our Association to develop our present E&O program since 1985 and then taking the position of Director in 2016.

This data is significant because it gives a history of change and growth.

Many times I have been approached to speak or write about my personal opportunities and challenges as a woman business owner. Having first started in insurance sales in 1979, I can attest to much change in the industry as to the ratio of men to women. And in our agency women represent a significant “number”. But the influence, encouragement and support throughout my career have been both men and women. At the end of the day…my belief is… value of any group is TEAM and the relationships that are born and developed into lifelong connections.

If you are a small or large agency, development and grooming of honest relationships…be it with your customers and/or co-workers…is vital to the success to which we aspire. Also—involvement and commitment to the organizations that support your business---such as IIASD---is an exciting way to participate in a growing team. Use your voice, be it male or female, to express your ideas around the opportunities of our industry. I appreciate the privilege to serve as your Secretary/treasurer.

*Jan Noteboom*

*The Insurance Center*

*Winner, SD*
## 2017 Officers

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<thead>
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<th>Position</th>
<th>Name</th>
<th>Company</th>
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<tr>
<td>President</td>
<td>Annette Conway</td>
<td>Black Hills Agency Inc</td>
<td>Rapid City, SD</td>
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<tr>
<td>President-Elect</td>
<td>Jesse Konold</td>
<td>Key Insurance Inc.</td>
<td>Mobridge, SD</td>
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<tr>
<td>Vice President</td>
<td>Derrick Linn</td>
<td>Leavitt Heartland Ins. Services</td>
<td>Sturgis, SD</td>
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<tr>
<td>Secretary-Treasurer</td>
<td>Janet Noteboom</td>
<td>The Insurance Center</td>
<td>Winner, SD</td>
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<tr>
<td>Past President</td>
<td>Pat Tollefson</td>
<td>Insurance Plus</td>
<td>Aberdeen, SD</td>
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<tr>
<td>IIABA State Nat’l Director</td>
<td>Dan Maguire</td>
<td>Black Hills Agency Inc</td>
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## 2017 Directors

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<tr>
<th>District #1</th>
<th>Josh Gilkerson</th>
<th>Fischer Rounds &amp; Assoc.</th>
<th>Pierre, SD</th>
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<tr>
<td>District #2</td>
<td>Mindy Huntington</td>
<td>Fischer Rounds &amp; Assoc.</td>
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<td>District #3</td>
<td>Rich Job</td>
<td>HUB International Mountain States Limited</td>
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<td>District #4</td>
<td>Amy Olson-Miller</td>
<td>McKinneyOlson Insurance</td>
<td>Sioux Falls, SD</td>
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<tr>
<td>District #5</td>
<td>Janet Noteboom</td>
<td>The Insurance Center</td>
<td>Winner, SD</td>
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<tr>
<td>District #6</td>
<td>John Meyen</td>
<td>Rosholt Insurance Agency</td>
<td>Rosholt, SD</td>
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<tr>
<td>District #7</td>
<td>Derrick Linn</td>
<td>Leavitt Heartland Ins. Services</td>
<td>Sturgis, SD</td>
</tr>
<tr>
<td>District #8</td>
<td>Deana Taylor</td>
<td>Agents of Insurance</td>
<td>Rapid City, SD</td>
</tr>
</tbody>
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## Executive Vice President

Carolyn Hofer  
IIASD  
Fort Pierre, SD
IIASD Membership -
What’s In It for You??

We all have an inherent desire to belong…to be a part of something that represents our ideals. So my question to you is – “Why do you belong to the Independent Insurance Agents of South Dakota?”

Hopefully, you can come up with a long list of response but the truth of the matter is, we don’t always do a very good job of informing our members of what we can do for you.

Top 10 Reasons to be a Member of IIASD

#1 Legislative Advocacy – High priority benefit. Lobbyists work for you on State and National levels to protect the industry and small business. Our National Gov’t Affairs Team is one of the strongest lobbying groups in Washington. Laws and regulation can define your future success.

#2 – Insurance Products – Errors & Omissions Liability Program. Expertise, service, advocacy and carrier options to protect your agency. Cyber Liability designed specifically for insurance agents

#3 – Education – CE opportunities at all events Online CE classes and New Hire Training now available on our website.

#4 – Trusted Choice – all IIASD members are Trusted Choice agents with national brand recognition. Trusted Choice Ads – over 150 South Dakota agents have been highlighted on TV ads free of charge to members.

#5 – Market Access - Big I Markets for hard to place business Strong relationships with Company Partners offer market opportunities.

#6 - Young Agents Council – focus on attracting and retaining young people and new agents to the industry. Networking offers support

#7 – Insurance Education Scholarship Program Financial assistance to those seeking insurance degree with a commitment to the industry.

#8 – Fire Department Grant Program – nominate a volunteer fire department for a $5,000 grant

#9 – Annual Convention - provides education, industry tradeshow, awards, networking and fun

#10 – Insurance Information Resource – professional staff that can assist you in finding answers to a variety of insurance related questions.

Take Advantage of Your IIASD Membership
Call us at 605-224-6234
Would Your Agency Need Help in the Event of a Data Breach or Ransomware Attack?

The cybercrime of extortion is caused by what is known as ransomware, which is used by a criminal to lock business computerized systems. Both business and customer private information is then held hostage for ransom.

Do you know what to do if your computer files are breached? What if they are locked and held for ransom? Do you know how to comply with State and Federal Notification Laws? These are some of the questions that your agency has to answer in the event of a data breach. Does your agency have cyber liability coverage?

Businesses are breached every day. Too often owners do not handle the breach correctly, resulting in even greater damage to operations, profitability and customer trust. But, the IIA of South Dakota and Arlington/Roe have partnered to offer IIA members a solution: a cyber policy that focuses on helping independent insurance agents avoid or manage a data breach. Coverages include coordinating the services that an agency needs to satisfy legal requirements within the mandated deadlines and to protect its reputation.

There are currently 47 different state notification laws with varying requirements. Notification is potentially a large cost in the event of a data breach. The Cyber Secure insurance product, available only to IIA members, helps with State and Federal notification compliance. The coverage can include reimbursement for notification costs based on the number of affected individuals and not capped by a dollar amount.

The Cyber Secure insurance product can also cover another high expense event associated with a data breach: a cyber extortion. It can also make handling a cyber extortion crisis more manageable. Cyber extortion is generally the crime of locking computerized operations and then demanding a ransom to unlock them. Businesses and their customers are affected by ransomware daily – cyber criminals can hold the business and customer private information to force a ransom for its return. This is a growing threat and the FBI has reported cyber extortion at an all-time high. In fact, cyber extortion events grew in number by about 400% last year.

A specialist’s support in the event of a breach is crucial. Your agency can get that with the Cyber Secure product which is offered at a reduced rate as a benefit to members by your state IIA. This protection for your agency helps with the step-by-step procedures in the event of a breach and gives you risk management tools to mitigate future losses. The first step to take is to contact your state Big “I” and find out how you can access this Cyber Liability product.

Contact Info:
Megan Linn
E&O Administrator
mlinn@iiasd.org
Phone: (605) 224-6234
Fax: (605) 224-6235
Penn Treaty Liquidation

The South Dakota Division of Insurance received notice Penn Treaty Network America Insurance Company (“Penn Treaty”) was placed into liquidation due to insolvency on Mar. 1, 2017.

Penn Treaty is domiciled in Pennsylvania and specialized in offering long-term care policies to consumers nationwide. The Pennsylvania Commissioner of Insurance Teresa Miller was appointed liquidator.

The liquidation impacts over 75,000 policyholders nationwide, including approximately 1,200 South Dakotans.

The court-approved order of liquidation helps to provide a level of protection to the affected policy holders, including the continued payment of valid claims.

The South Dakota Life and Health Insurance Guaranty Association fund, established by SDCL Chapter 58-29C, provides a safety net to eligible Penn Treaty claimants. The fund is designed to protect policyholders in the event of insurance company insolvency.

The liquidator is in the process of notifying all policy holders, claimants and other interested parties by mail to outline the procedure to file claims and receive information on the liquidation status.

Policyholders must continue to pay premiums on Penn Treaty policies in order to remain eligible for guaranty association coverage. The liquidator or the South Dakota Life and Health Insurance Guaranty Association will contact policyholders with further instructions.

Additional information on the liquidation order can be accessed at dlr.sd.gov/insurance.

Anyone with questions is encouraged to call the guaranty association at 605-336-0177 or the Division of Insurance at 605-773-3563.
There are two kinds of companies: those that have been hacked, and those that will be.

Despite high-profile stories of companies getting hacked, many still make the mistake of thinking it won’t happen to them. Here are a few common cyber myths—and how you can combat them when offering cyber coverage to your commercial clients.

**MYTH:** Cyber coverage is just about hackers.

“Cyber” is one of the biggest misnomers in the insurance world because it implies that this type of coverage only pertains to your network and the data on it. Not true.

“The forms we sell address any type of confidential information in your possession, regardless of format,” says Katie Wilson, CNA vice president, underwriting. “It could be paper documents, a lost laptop or an employee sending an email to the wrong place—none of which has anything to do with someone hacking into your network.”

**MYTH:** As long as your network is protected, you’re safe.

It’s not just about protecting the data—it’s also about educating your employees. In the cyber age, everyone is a risk manager. Nick Graf, director of risk control at CNA, notes that one of the carrier’s differentiators is the guidance clients receive on information security policies.

“Employees can be the strongest asset or the weakest link,” Graf says. “The majority of these attacks usually start with some sort of employee mistake—opening an attachment, sending a file unencrypted.”

That means training employees about cyber risks is critical.

**MYTH:** Technology and health care companies are the prime purchasers of cyber coverage.

The insurance industry needs to broaden its perception of which commercial clients need cyber coverage.

“In the last year, professional services—accounting firms, law firms, architects and engineers—have definitely increased the level at which they are purchasing coverage,” Wilson says. “We’re starting to see some manufacturers purchasing coverage as their network drives a significant part of what they do these days.”

Graf agrees, pointing out that manufacturing and construction are two fields which will see increased cyber exposure within the next five years.

**MYTH:** If you’re following privacy notification laws, you’re doing enough.

With the exception of HIPAA information, notification after a breach is regulated at the state level. But if a breach occurs and the law requires no action, can a business survive the reputational harm?

“The No. 1 thing that differentiates CNA’s coverage is that if you have personal information hacked, we give you the option to notify whether or not there is a legal obligation to notify,” Wilson says. “You don’t get that option with some carriers. And we also don’t tie in our definition of personally identifiable information to privacy laws. We certainly will respond as a privacy law requires. But if you have confidential information that has been breached and it doesn’t fall within the parameters of a notification law, a CNA policy allows for voluntary notification.”

**MYTH:** Only big companies are at risk of a cyber breach.

Ransomware continues to grow exponentially year over year, and it’s hitting all organizations—from those in government to the private industry to one- or two-person doctor’s offices.

“The bad guys really don’t care how big or small you are,” Graf says. “It’s very likely that they can extract some sort of financial compensation for their activity. Regardless of the size of your company, I can promise that you will be the target of one of these attacks soon. And a single event without coverage could very easily be a business-ending event.”
Work with an insurance company that’s right in your own backyard — EMC Insurance Companies. With a fully staffed office in Omaha, EMC offers more than 100 years of experience in commercial insurance, plus local people who understand you and your markets. Local responsive service is just one reason agents in your area Count on EMC®.

RILEY TONKIN
Marketing Manager
EMC Omaha Branch

“WE’RE RIGHT IN YOUR OWN BACKYARD.”
Do You Have a New Employee Education Plan?
Many view today’s fast business pace with concern about being “left behind.” Can you imagine what it feels like for someone newly employed in an agency and recently licensed to sell insurance? Now what’s next? They obviously knew enough about the basics to pass the exam but properly covering risks and advising clients requires much more knowledge. It is your responsibility as the agency principal or manager to provide your new hire with the tools to advance and excel.

One of the first discussions you should have with this new producer is about career goals and learning opportunities. Let the employee lead the conversation and set some plans in place. Keep in mind that the quickest way to lose a good employee is to avoid the “learning” discussion. Employees need a framework to know what is expected of them and tools to achieve the goal. They also need to be recognized for their accomplishments.

Here are some quick ideas of learning options:
- Access New Hire Training for a wide range of learning options on insurance coverage or developing sales and leadership skills. You can access these options at https://iiasdstore.mycoursecenter.com/
- Outside formal workshops are a good option; look beyond CE classes and find purpose in the topics.
- A “best practice” that develops a great learning “habit” is to get people reading again—the Wall Street Journal, IA Magazine, Insurance Journal or a best-selling business or book on sales techniques are great option.

Be sure to offer support and guidance to your new agent along the way. Keep the Learning Growing!
HELP WANTED:

“NORTH STAR MUTUAL INSURANCE COMPANY, Cottonwood, MN, is seeking to fill a Floating Claims Adjuster position for Southeastern South Dakota. Please visit the Careers tab at www.northstarmutual.com for further information regarding this position and instructions on how to apply.”

Account Executive Wanted:

Markel Specialty Commercial is seeking a highly-motivated, ambitious individual to join our sales team as Account Executives in our Omaha regional office to promote sales and increase market share in assigned territories. In collaboration with Outside Sales Managers and Underwriters, the Account Executive position works with our network of Independent Insurance Agencies to retain and increase their business, and to scout out new accounts.

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Untapped Market: Home Business Insurance

The vast majority of new businesses get their start at home and continue to be run from home after the startup phase. Are you passing up the opportunities to write these policies? It’s very likely that you have customers with a home business exposure you don’t even know about:

- homemaker bakes cakes and cookies to sell at fairs
- recent college grad designs websites for local businesses
- retired music teacher gives piano lessons
- an accountant offers tax prep services
- a young woman starts selling LuLaRoe

These are just a few examples of popular home business scenarios, but RLI offers coverage for over 140 classes of business.

Many of these business owners don’t realize that their Homeowners or Renters policy most likely excludes coverage for business exposures on premises. A wise agent will regularly ask each customer about any home-based business exposures, and then review the customer’s existing policies to determine if additional coverage is needed.

RLI’s Home Business policy provides coverage for these businesses, including up to $1M in business liability protection, up to $100,000 in comprehensive coverage for business personal property (on an off premises), and a range of optional coverages…allowing you to offer a customized policy at an affordable price. Premiums are typically just $250-350.

Don’t miss out on the opportunity to protect your customers, increase retention, and grow your book. Quoting and submitting business is faster and easier than ever with RLI’s new and improved submission process.

For more information, quoting instructions, or to contact your state’s administrator, visit www.iiaba.net/homebusiness.
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BIG “I” APPLAUDS REINTRODUCTION OF FLOOD INSURANCE BILL IN SENATE AND HOUSE
Legislation would ensure private policies satisfy NFIP continuous coverage requirements.

WASHINGTON, D.C., March 8, 2017 — The Independent Insurance Agents & Brokers of America (IIABA or the Big “I”) today applauded Sens. Dean Heller (R-Nevada) and Jon Tester (D-Montana) and Reps. Dennis Ross (R-Florida) and Kathy Castor (D-Florida) for introducing the “Flood Insurance Market Parity and Modernization Act.” This legislation allows for private flood insurance to satisfy National Flood Insurance Program (NFIP) continuous coverage requirements; meaning that policyholders can obtain NFIP coverage without losing their grandfathered status if they leave the program, obtain coverage in the private market, and later find that this new coverage no longer meets their needs.

“The Big ‘I’ thanks Sens. Heller and Tester and Reps. Ross and Castor for introducing this important legislation that clarifies that having an active flood insurance policy, whether through the NFIP or through the private market, should be considered continuous coverage for purposes of NFIP rating requirements,” says Charles Symington, Big “I” senior vice president of external and government affairs. “The Big ‘I’ supports the gradual development of a private market as a complement to the NFIP, and this legislation is of vital importance to that goal.”

The bill also clarifies that a private flood policy can satisfy the mandatory purchase requirement for flood insurance and gives state insurance regulators the authority to determine what is “acceptable” private market flood insurance.

“The Big ‘I’ supports a reformed NFIP and slowly increasing private market involvement; however, absent a viable private market alternative for policyholders, the association will continue to advocate for a timely reauthorization of the NFIP ahead of its expiration on Sept. 30, 2017,” continues Symington. “The Big ‘I’ is also working to ensure that any changes to the NFIP recognize the important role of agents in helping consumers make informed decisions about the purchase of NFIP policies for their homes and businesses.”
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The future of the independent agency system and the insurance marketplace is dependent on the agents’ ability to engage in the federal political process. Your Big “I” government affairs team advocates for agents in Washington, but they can’t do it without your support. InsurPac is the federal political action committee (PAC) for independent agents and it works hand-in-hand with the association’s advocacy efforts. InsurPac distributed $2,147,000 last election cycle and supported 280 races, winning 266 of them for a 95% victory rate. Now the real work begins as your government affairs team strives to build relationships and trust with Senators and Congressmen who will be voting on legislation that will have a huge impact on our industry.

Issues of concern for 2017 include Flood Insurance, Health Care, Tax Reform, Insurance Regulatory Reform, Risk Retention Act Expansion and Crop Insurance. These are huge issues that impact agents here in South Dakota.

While InsurPac is tied to the Big “I”, it cannot use any corporate funds to make contributions to federal campaigns. It solicits voluntary, personal contributions from IIA members throughout the country and then distributes 100% of that money to those who support small business and the independent agency system. Every year, thousands of individuals step up to support InsurPac with amounts ranging from $20 to $5,000. They understand a reasonable investment today helps protect their bottom line tomorrow. CAN WE COUNT ON YOU????? Access the InsurPac contribution form here.

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United Fire Group (UFG) was named to Forbes’ “America’s 50 Most Trustworthy Financial Companies” list for the second year in a row.

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E: beth.dobbs@insurancealt.com
FRAUD CONVICTIONS

Cutting up patients with botched spinal surgeries earned a neuro doctor nearly 20 years in federal prison to correct his technique. Dr. Aria Sabit launched a $2.8-million insurance scam. The Detroit-area doctor promised to insert implants to help stabilize patient spines, reduce their pain, and allow them to live happier lives. Many trusting patients generally did not need the invasive life-altering implants. Sometimes he sliced open patients and sewed them up making zero repairs. Sabit created a fantasy world of counterfeit surgical records to back up his fraudulent insurance billings. Tonocca Scott languished with painful bulging discs from working at a car wash. Sabit cut him open and claimed he performed a spinal fusion. Scott remained in pain so Sabit prescribed painkillers, yet his recovery stalled. In fact Sabit never did the fusion, opening Scott up twice just for insurance money. Scott suffered from chronic discomfort, could sit for only a few minutes, wears a back brace with a DVD case taped inside to keep his spine straight, and is worried he will need yet more surgery.

An insurance agent will serve 30 days of home confinement for stealing premiums intended to cover the street festival of St. George, Utah. Sommer Bowler also gave up her license. She inflated the event premiums and pocketed the extra money. Bowler said she provided $4 million coverage yet only bought $2 million which was not enough to insure the City of St. George and the event’s vendors. Bowler also failed to buy coverage for two months though she billed the festival for premiums and gave the city a forged insurance certificate. Bowler served on the boards of several local nonprofits at the time.

An engineering firm altered engineering reports to rig claims involving damaged homes after Hurricane Sandy. The reports were used to determine structural damage to homes after the megastorm swept through several states in 2012. Homeowners were reimbursed based on the reports. Many flood claims may have been undervalued or denied under the National Flood Insurance Program as a result. HiRise exec Matthew Pappalardo backdated documents and urged reluctant parties to go along with the scam. The engineers who originally surveyed the home damage were unaware their reports were altered. Pappalardo pleaded guilty and received three years of probation. HiRise was bounced from future work with the federal flood program.

FRAUD CHARGES

An office building collapsed amid the flames to sooty pile of rubble. Tenant Jeremy J. Neumann started the fire for insurance money, feds in Oshkosh, Wisconsin charge. Some small businesses in the building lost everything. Neumann’s firm was a building tenant, along with 20 other businesses. His GPS shows he was in the area of the building about when the fire started. Security cameras caught someone wearing clothing that looked like his. Neumann increased his business liability coverage to $130,000 from $100,000 a week before the blaze. He will spend up to 40 years in prison if convicted.

Two cohorts recruited hundreds of non-union consumers for coverage by a local auto union health plan, feds allege in the Passaic, New Jersey area. Sergio Acosta was an official with the United Auto Workers Local 2326. Broker Lawrence Ackerman created shell companies, making it seem his sales prospects worked for the shells and wanted health insurance coverage. Acosta and Ackerman tried to defraud Horizon Insurance of $6.6 million by covering 700 to 800 ineligible people Ackerman recruited across the country. Horizon discovered the fraud and pulled its union coverage. Acosta and Ackerman each could each spend up to 20 years in prison and a $500,000 fine if convicted.

People trooped into Arizona hospitals with seeming maladies when in fact the patients invented the illnesses to stiff the hospitals, the state AG charges. The nine suspects complained of fainting, chest pain, and abdominal pain. Some said they fell down stairs or fell in a bathroom and hit their heads on the toilet bowl. Nicholas Scafidi ran the ring, once refusing to leave the ER unless he got a diagnostic test. Ring members bilked out-of-network medical facilities, using Obamacare coverage they bought. Blue Cross Blue Shield sent the checks to customers who paid the medical bills. The checks went to mailboxes then were deposited into bank accounts. The reputed ring rolled up $1.8 million of insurance bills, receiving $850,000 of insurance checks. They have been going from state to state, pulling the same con each time.
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IIASD’s Schedule of Events for 2017

May 3rd-6th
Legislative Conference in Washington, D.C.

May 21st-24th
E&O Program Conference
Madison, WI

June 5th-8th
E&O Seminars in
Sioux Falls, Aberdeen, Pierre, Rapid City

June 20th-21st
River Days/Walleye Classic in Pierre
Board Meeting

September 6th-10th
IIABA Fall Leadership Conference
Chicago, IL

October 1st-3rd
Annual Convention
Downtown Holiday Inn
Sioux Falls
WHAT DOES THE AMERICAN HEALTH CARE ACT MEAN FOR AGENTS AND BROKERS?
(Last Updated March 15, 2017)

On March 6, 2017, Republican leadership on the U.S. House of Representatives Energy and Commerce Committee, and the Committee on Ways and Means released two bills which together comprise the American Health Care Act (AHCA), a repeal and replace bill for the Patient Protection and Affordable Care Act (ACA). The legislation leaves the Exchanges in place, but repeals major provisions of the ACA including its subsidy structure, the individual and employer mandate penalties, and various taxes. The legislation also makes changes to the way that Medicaid is delivered. The legislation does not impact the current employer exclusion, but leaves the “Cadillac tax” in place. Finally, among other things the legislation makes changes to Health Savings Accounts (HSAs).

Employer Sponsored Health Care

The legislation removes the employer mandate penalty as well as small business tax credits. Of note however is what the legislation expressly does not do. There is no cap on the employer exclusion. Previous iterations of the legislation had included a cap on the employer exclusion at the 90th percentile of plan costs. Capping the exclusion would increase employer payroll taxes and raise taxable income for employees who receive employer-sponsored health benefits, because part of those benefits would be considered taxable income.

While the legislation does not cap the employer exclusion, it maintains the “Cadillac tax.” The “Cadillac tax” is a 40 percent excise tax on certain employer-sponsored health coverage over a certain cost threshold. Under current law, the tax will go into effect in 2020. However, the legislation would delay this tax until 2025. The Big “I” opposes the “Cadillac tax” because of its potentially negative impacts on the employer-sponsored health care. Interestingly, the legislation repeals $600 billion in other taxes, including the ACA’s health insurance tax, medical device tax, net investment tax, and Medicare wage surtax increase, among others, meaning the “Cadillac tax” is currently the sole pay-for in the current iteration of the legislation.

Health Savings Accounts (HSAs)

Currently to use an HSA, it must be paired with a high-deductible health plan (i.e. a deductible of at least $1,300 for individual coverage and $2,600 for families). In 2017, an individual and their employer can contribute up to $3,400 to an HSA for individuals and $6,750 for families. Account holders age 55 and older can contribute an extra $1,000.

The legislation would increase the annual limit on HSA contributions to match the annual deductible and out-of-pocket expenses under a high deductible health plan. That means the HSA contribution limit could be at least $6,550 for individuals and $13,100 for families if the legislation passes.

The legislation also aims to make rules around HSAs more flexible by (1) allowing both spouses to make catch-up contributions to one HSA beginning in 2018; (2) permitting qualified medical expenses incurred before HSA-qualified coverage begins to be reimbursed from an HSA as long as the account is established within 60 days; and (3) letting people use their HSAs to pay for over-the-counter medications, which was restricted under the ACA.

Medical Loss Ratio (MLR)

Beginning in 2011, the ACA required insurance companies in the individual and small group markets to spend at least 80 percent of the premium dollars on non-administrative expenses. Insurance companies in the large group market must spend at least 85 percent of premium dollars on non-administrative activities. This is called the MLR. The legislation does not make any changes to the MLR.
The purpose of the MLR is to limit the amount that insurers spend on administrative expenses in order to increase consumer value for their healthcare dollars. However, the rules that federal regulators put in place to implement the MLR inappropriately classify agent and broker commissions as an administrative expense. This has to some extent resulted insurers reducing or eliminating commissions in order to decrease their administrative expenses.

Because the MLR rules regarding agent and broker commissions were established administratively, legislation is not required to change them. Currently the Department of Health and Human Services (HHS) has not proposed changes to the MLR, but they are reviewing all ACA-related rules and regulations and could do so in the future. The Big “I” will continue to advocate to exclude agent compensation from the MLR with both Congress and the Administration.

Navigators

None of the legislative provisions directly address navigators, and it is uncertain the impact that any final repeal and replace legislation would have on navigators. Navigators are individuals and organization that were created by the ACA to help enroll consumers in health insurance. Navigators are funded primarily by federal grant funds, and there is a strong possibility that funding to navigators will be cut whether this occurs vis-à-vis legislation or not. The ultimate result of this is that the role of navigators is likely to be more limited, and could be eliminated in some states altogether dependent on future funding options.

Tax Credits and Subsidies

The legislation would repeal the ACA’s advance refundable tax credits, the small business tax credit, and cost-sharing subsidies in 2020. It would also require consumers to pay back any excess advance premium credits regardless of income, and allow for catastrophic-only plans and certain non-exchange plans to be eligible for tax credits.

In place of the ACA’s tax credit and subsidy structure, the legislation would put in place refundable tax credits based on age and income as follows:

- Under age 30: $2,000
- Between 30 and 39: $2,500
- Between 40 and 49: $3,000
- Between 50 and 59: $3,500
- Over age 60: $4,000

The credits grow over time by CPI+1. The credits are additive for a family and capped at $14,000. The credits are available in full to those making $75,000 per year ($150,000 joint filers). The credit phases out by $100 for every $1,000 in income higher than those thresholds.

Other Issues of Note

Continuous Coverage: Beginning in open enrollment for benefit year 2019, there will be a 12-month lookback period to determine if the applicant went longer than 63 days without continuous insurance coverage. If the applicant had a lapse in coverage for greater than 63 days, a 30 percent late-enrollment surcharge would be applied on top of the applicant’s base premium. This late-enrollment surcharge would be the same for all market entrants, regardless of health status, and discontinued after 12 months. This process would begin for special enrollment period applicants in benefit year 2018. This process is intended to encourage continuous coverage in absence of the individual and employer mandate penalties.

Costs for Older Americans: Under the ACA there is a three-to-one ratio requirement at which insurers can charge older Americans for insurance compared to younger Americans. The legislation would change this ratio to five-to-one and gives States the flexibility to set their own ratio.

Essential Health Benefits: The ACA established minimum benefits that all health insurance plans must include (mental health care, maternity care, emergency services, etc.). The legislation would no longer require that plans include these minimum coverages starting in 2020. States, however, could continue to require plans to include certain essential health benefits.

Medicaid: One of the most controversial plans of the legislation is the changes it makes to Medicaid. The legislation would freeze the Medicaid expansion that many states undertook through the ACA. This means that expansion states would have to come up with the difference in cost or shrink their programs starting in 2020. How the government pays for the entire Medicaid program, not just the expansion, would also change. Currently, the federal government matches funds to states for all qualifying Medicaid expenses. The bill would cap how much states could be reimbursed per participant. A cap would mean that if costs go up, states would either have to reduce coverage or come up with funds to offset the costs.
Plan Tiers: Under the ACA plan issuers are required to label their offerings by metal tier: Bronze, Silver, Gold, and Platinum. These metal tiers are determined by a calculation known as actuarial value (AV). In an attempt to improve plan choice, this section repeals the AV standards, which helps improve benefit design flexibility.

Pre-Existing Conditions: The legislation largely maintains the ACA's protections for those with pre-existing conditions, but allows insurers to charge higher premiums to those who let their coverage lapse.

Sales Across State Lines: The legislation does not address the sale of health insurance across state lines; however, this issue may be addressed in future legislation.

WHERE A HANDSHAKE IS STILL GOLDEN

Building on the foundation of Midwestern values, where a handshake is still golden, we take great pride in being a local business and are proud to be the No. 1 writer of work comp in South Dakota.
This week, the U.S. Department of Labor (DOL) released a proposal to delay implementation of the fiduciary rule for 60 days. The rule was scheduled to start taking effect on April 10; under the proposal, it would not take effect until June 9.

The fiduciary rule is a federal regulation that tightens conflict of interest rules under the Employee Retirement Income Security Act (ERISA), and requires insurance agents and brokers who give guidance about certain retirement investments to adhere to a fiduciary standard of care.

The proposal to delay the rule is a response to a memorandum President Trump issued in early February, directing the DOL to review the rule to "determine whether it may adversely affect the ability of Americans to gain access to retirement information and financial advice." The proposed delay is intended to give the DOL more time to perform this review. If the DOL determines that the rule will adversely impact retirement savers, it will likely publish a notice to rescind, amend or further delay the rule.

The Big "I" supports delaying and reviewing the fiduciary rule and will submit comments to the DOL during the 15-day notice and comment period for the delay. Once the comment period closes, the DOL will likely issue a final rule to make the delay official.

In addition to the proposed delay, the DOL is also seeking comments regarding questions raised in the President's February memorandum, and questions of law and policy concerning the fiduciary rule. These comments are due in April.

Previously, the Big "I" submitted comments to the DOL on a proposal to give insurance marketing organizations (IMOs) more flexibility under the fiduciary rule. In the proposal, the Big "I" urged the DOL to delay the fiduciary rule as well as the IMO proposal.
Points To Keep in Mind While Prospecting Among Your Own Clientele
by Edward Bartling-Financial Markets, Inc.

Now that the busy holiday season has passed and before we enter the sometimes dreaded tax season, it is the perfect time to stir-up insurance business among your own client lists. Believe me, there are plenty of potential sales and premium awaiting you in those old files. Familiar names and faces make for great clients, repeat customers and excellent referrals.

Use the start of a new year as a timely excuse to review the insurances owned by your clients and to request a meeting, to get back in front of them so you can illustrate where their coverage may be insufficient or even non-existent. It doesn’t matter if they are medical, business, disability or life clients; getting a fresh chance to pitch them and show them that you care about their financial protection is what’s most important.

Here are some points to keep in mind while prospecting among your own clientele:

• Refrain from feeling like you are imposing on your clients’ time. Yes, many of them might be busy doctors, attorneys, accountants or executives, but your goals for them are important and could be life-saving/life-changing economically. You are a licensed expert in your field and your guidance is imperative to the financial protection of your clients’ families.

• You’re not a faceless, cold-calling salesman out to make a buck. You know the persons behind the names in your files. You have proven yourself to them in the past, and they have previously chosen your services. They should be more inclined to trust that you can help once again.

• Refer to current events to get yourself back in the door like the upcoming change in political administrations and how it will affect the insurance market. Or mention the inevitable rise in interest rates and its probable effect on life insurance programs.

• Use hot-button topics like guaranteed-issue disability insurance or changes in Obama Care regulations or opportunities in the annuity market to drive renewed interest from your clients. Show them that you are on the cutting edge and have access to the most progressive of insurance products. You have fresh, exciting ideas that will further secure their lives.

• Don’t hesitate to cross sell. Now may be the opportune time to prescribe key person or overhead disability coverage to your personal life clients. And vice versa, introduce your disability clients to key person life insurance.

• Be sure to up-sell. Most Americans are underinsured when it comes to life and disability coverage. As an insurance professional, you owe it to your clients to familiarize them with the inherent risks of not having at least 65% of their income insured as well as having sufficient levels of life insurance to protect not only their loved ones, but also their businesses.

The best sales leads can be found amongst your current clients. You are already familiar with their financial, health and social backgrounds, and these prospects know you. As long as your previous interactions were successful, you should have a downhill journey to making more business come from these comfortable relationships.
Extortion by computer is growing . . . about 400% per year

Cyber criminals can lock computerized operations and hold the business and customer private information hostage, demanding a ransom to unlock them. Would you know how to keep your insurance agency’s information safe -- and your customers’ -- if confronted with a cyber extortion demand?

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Member agencies, call us for cyber coverage today.

Contact
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Phone: (605) 224-6234
Email: mlinn@iiasd.org

Contact
Name: John Immordino
Title: E&O Risk Consultant
Phone: 800-550-9891
Email: jimmordino@arlingtonroe.com
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Agency Risk Management Essentials:
Is your website doing more harm than good?

Your agency’s website is your “business card” to the world. Well managed, it can be the cornerstone of your operational and marketing strategy. If not, it can and will be used to strengthen a claimant’s E&O case against you.

The Swiss Re Corporate Solutions claims team has seen an increasingly emerging issue stemming from this evolving part of your business. Seemingly harmless content on your website, emphasizing competitive advantages or certain expertise, can very quickly and unintentionally increase the agency’s standard of care resulting in a higher duty than normally required. That can be detrimental to your defense in a claim situation. To help mitigate the risk of an increased standard of care, we consulted risk management professionals with expertise in this area. Their suggestions are shown below. We hope you find these useful in creating and reviewing your agency website’s content.

- **Do** clearly specify in which states the agency is licensed.
- **Do** clearly state the lines of coverage the agency writes (or does not write). For example: not all P&C agencies handle benefits lines.
- **Do** clearly state that misstatements or omissions of relevant information by the client can lead to price variation or even declination or rescission of coverage.
- **Do** clearly state that information requested to provide a quote or work on coverage will not be shared with carriers or with any other entity without the applicant’s permission.
- **Be clear:** requesting coverage does not guarantee coverage can be provided. Coverage can begin only with a specific statement by a licensed member of the agency staff.
- **Do** clearly state by including a disclaimer that none of the information provided in the website is a guarantee that insurance will be provided or that the agency is obligated to procure insurance for the website visitor.
- **Do** obtain express written consent from your carrier(s) or any other entity(s) if you use their name or logo on your website.
- **Do** use a Privacy Statement on your website and be sure to encrypt any pages that collect Personal Identifying Information, such as an online quote form.

- **Don’t** say the agency does things or provides services it does not do or provide.
- **Don’t** say that you can ensure that any claim will be fully covered.
- **Don’t** use terms such as “expert”, “specialists”, “best price”, “most comprehensive”, “fully covered”, or “partner”.
- **Avoid** terms promising absolutes such as “immediate response time”, “ALL lines of insurance”, “all risk”, “24/7”, “all carriers”, “addressing ALL of your coverage needs”, “constantly reviewing”.
- **Don’t** include client testimonials that show the clients’ names and identifying information without being sure the testimonial is specific to their experience thus avoiding an increase in your standard of care. Be sure to have their express written permission, along with a procedure to remove their testimonial if they are no longer a customer.
- **Don’t** launch a website without carefully reviewing the language, with an E&O risk management eye. Template agency websites or advertising firms simply may not have E&O on their radar. Involve your legal counsel in reviewing the language.
- **Don’t** have a quote mechanism (form-fill or Rater) and then fail to respond in a timely manner.
- **Don’t** use open text boxes for customers to type messages to you unless adequately encrypted. You have no control over the information entered in the text box. If a breach occurs during transmission of that message, your agency may be held liable for the release of Personal Identifying Information.

**REMEMBER:** Risk Management starts before the sale

For Additional Information Please Contact: Megan Linn at (605)224-6234 or email her at mlinn@iiasd.org
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**Mobile Display**

**Carrier Visibility**

**Custom Video in Profile**

**Agent Search Boost**

**Appetite Engine**

**Recorded Referral Phone Calls**

**Inbound Referrals**

**Referral / Opportunity Metrics**

**Email Contact Form**

**Agency Nation Discount**

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APPLIES IN QUALIFYING ZIP CODES

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<thead>
<tr>
<th>ADVANTAGE PERSONAL</th>
<th>ADVANTAGE COMMERCIAL</th>
<th>ADVANTAGE BUNDLE</th>
</tr>
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<tbody>
<tr>
<td><strong>$59</strong> PER MONTH</td>
<td><strong>$89</strong> PER MONTH</td>
<td><strong>$49</strong> PER MONTH</td>
</tr>
<tr>
<td>Get your agency in front of personal lines insurance buyers.</td>
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