



# **Advertising Style Guide**

# ADVERTISING STYLE GUIDE

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**Riders**

<u>Rider No.</u>	<u>Effective Date of Rider</u>	<u>Description</u>
1	4/1/12	Change in NYL Rating Reference (pages 4 – 5)
2	6/1/12	Clarification of CAN-SPAM Act (pages 23 – 24)
3	4/1/13	Change in NYL Rating Reference (page 4 -5) Addition of Appendix H – Designated Sender Agreement and reference to agreement on page 23
4	9/1/15	Replacement Style Guide

## **SECTION 1: NEW YORK LIFE BRAND, LOGO AND DISCLOSURES**

### **General Rules**

- New York Life logo must be of the same size (or larger) and have equal prominence as the association logo. Blue logos should be in PMS 300. Contact your Account Manager for the latest rules regarding logo usage.
- Avoid printing the logo on a patterned background or photo
- E-formats of the logo are available from your Account Manager
- “Affordable” and “Group” cannot be used together to describe rates. (Note: a few exceptions are allowed if that fact can be documented).

### **Underwriting Company**

The full name (New York Life Insurance Company) must appear on the front cover of the brochure. In a prominent location on the brochure you need to indicate:

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, NY, NY 10010  
On Policy Form: GMR-FACE/G-XXXXX (Check policy for actual code)

### **Rating Reference**

Rating references can be used. The following are approved statements as of 8/11/15 (variable maybe submitted for approval).

- a. Rated A++ for financial strength by A.M. Best Company as of (insert latest review date).
- b. New York Life Insurance Company, founded in 1845 and a recognized leader in the group insurance field, is one of the largest and most respected life insurance companies in the nation. New York Life has the highest possible financial strength ratings currently awarded to any life insurer from all four of the major credit rating agencies: A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor’s (AA+) and Moody’s Investors Service (Aaa). Source: Third Party Rating Reports (as of \_\_\_\_\_).
- c. New York Life has received the highest possible financial strength ratings currently awarded to any life insurer from all four of the major credit rating agencies: A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor’s (AA+) and Moody’s Investors Service (Aaa). \*Source: Third Party Rating Reports (as of \_\_\_\_\_).

## **Oregon – Life Insurance Solicitations - Rating Reference:**

In Oregon any reference to ranking by a rating organization must include all of the following:

- a) The name of the rating organization.
- b) The type of rating (e.g. financial strength, claims-paying ability, qualified solvency, etc.).
- c) The actual rating.
- d) The numerical ranking for the rating. If the rating is not the highest rating from the organization, the rating must be stated in comparison to the highest rating. (Example: An A+ rating from AM Best (or AA+ from Standard & Poor's) is its second-highest rating.) Please note: NYL currently has a AA+ rating from Standard & Poor's which is the second highest, we don't make reference to that since it's the highest rating currently awarded – the rating agency cannot give a rating higher than that received by the Government which currently has AA+).
- e) The rating is the most current, as of the date when submitting the piece for approval.

**Note:** See Section 4 for additional Oregon requirements.

## **Mutual Insurance Company**

If you wish to make reference to NYL being the largest mutual insurer in the U.S. you must site the source for this information. The following is sample text (the source must be updated when appropriate):

New York Life is the largest mutual life insurance company in the United States.

\* Based on revenue as reported by "Fortune 500, Ranked within Industries, Insurance: Life, Health (Mutual)," *Fortune* magazine, 6/15/15.  
See <http://fortune.com/fortune500/> for methodology.

## **Broker/TPA Disclosure**

The literature must indicate name of the TPA, their address and phone number (e.g., Administered by XYZ, In anywhere, (USA). (Where broker and TPA are the same entity you can say "Brokered and Administered by XYZ.)

If you are soliciting residents of Puerto Rico it should also indicate:  
Residents of Puerto Rico:

Please send your completed application to:

Global Insurance Agency, Inc.  
P.O. Box 9023919  
San Juan, PR 00902-3918

For those entities wishing to do business in Canada but who are not licensed as a broker the sales literature should indicate that Company XYZ is only acting as a TPA with respect to Canadian residents. See page 13 for additional requirements.

## Royalties and Reimbursements

Some Associations are reimbursed for costs they incur in connection with the program. Some Associations receive royalties for the use of their name. Associations may receive both types of compensation. The disclosure will vary depending upon individual circumstances. The following is an approved statement where both forms of compensation are payable. Please contact your Account Manager for other options.

The ABC insurance trust incurs costs in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ABC also receives a fee for the license of its name and logo used in connection with the plan.

## SECTION 2: INVITATIONS TO INQUIRE

### Examples

Print Ads, Multiple Plan Advertisements, Lead Generators, Internet sites, etc.

### General Guidelines

The sole objective of an “invitation to inquire” is to create the desire to inquire further about the insurance and is limited to a brief description of the loss for which benefits are payable. Detailed descriptions and inclusion of a rate chart or application make the piece an invitation to contract (see Section 3 for additional requirements).

- Statements must be truthful and not misleading, in fact or by implication and comparisons must be complete and fair.
- Must disclose that insurance is the subject matter of the piece.
- No rate chart or list of premiums may be used in an invitation to inquire.
- Testimonials must be current, on file and readily accessible with the TPA in the event of an Insurance Department audit. A copy needs to be included when the pieces are submitted to NYL for approval.
- The source of any statistics must be identified by publishing entity, publication dates (including year), and must be reasonably current (within two years). Please provide copy when submitting project for review.
- No disparagement of other insurers or products.
- No strongly worded scare tactics.
- Ad must match contract details.
- Avoid statements of absolute value (e.g., say ‘among the best’ – not ‘the best’).

### Standard Disclaimer: Invitations to Inquire

Ads for NYL products must contain a disclaimer that indicates that, “Features, Costs, Eligibility, Renewability, Limitations and Exclusions are detailed in the group policy and in the brochure/application kit. It can be handled as a footnote or worked into the text:

An advertisement that lists products or plans that are underwritten by multiple carriers must contain a disclaimer similar to the following: “For more information (including costs, exclusions, limitations and terms of coverage) [call write ...].

### **NYL Specific Information**

- If an advertisement only lists all of the products or plans available to a given group/association that are underwritten by multiple carriers, we do not have to be identified as the underwriting company.
  - If a list of available plans is summarized or contains any details, NYL must be identified, as the underwriting company and a standard disclaimer must appear in the advertisement. Minimum disclosure would be NYL's full name, full address, and "Policy Form GMR".
  - If the ad lists another carrier's name as underwriter, NYL must be listed as underwriter for our products.
- 
- Include AR/CA license #s
  - Include "Group"
  - Include unique ID # (can use Bates #)
  - Text should be 10 point font, footnotes 8 point
  - Include Form #



## SECTION 3: INVITATIONS TO CONTRACT

### **Examples**

Direct mail solicitation kits including brochures, some web sites, or any other material that includes rates and application.

### **General Guidelines**

The objective of an “invitation to contract” is to provide a detailed and balanced presentation of the benefits, limitations, exclusions, costs, and terms of coverage for the insurance. The text that describes limitations and exclusions cannot be obscured by placement under a positive headline. An invitation to contract provides a mechanism for the reader to enroll or apply for the insurance. Type size for applications must be at least 10 point with the exception of footnotes and instructional text. The New York Replacement Important Notice that may appear on the application and must be 12 point type and bolded. Footnotes, must be at least 8 point, and need to be legible.

### **Policy Form # v. Policy Number**

The policy form number is found on the bottom left corner of the face page of the group policy.

The group policy number consists of a “G” and a numerical suffix (i.e., G-12345-0).

### **IMPORTANT NOTICE – How New York Life Insurance Company Underwrites Your Request for (insert product name) Insurance**

The Important Notice must be part of any solicitation package that is medically underwritten. It may be part of an application, part of the brochure or an insert and must be in 10-point type. It must be able to be retained by the applicant after sending in the application.

The Important Notice varies by product and what services are being used in the underwriting process (e.g., with or without MIB). Sample Notices are included in the Appendix A. Please check with your Account Manager for the most current Notice.

### **Solicitation Component Guidelines**

Most Invitations to Contract consist of a cover letter, brochure and application, each of which has its own guidelines outlined here.

Unique Identifier (ID Number) - Each component of a marketing kit sent for review must be hard printed with a unique identifying number (refer to Section 6 for more information).

- **Letters**

If the letter is a physically separate piece from the brochure or information sheet, the letter must contain a sentence essentially the same as: “Please read the enclosed [brochure/fact sheet] for more information (including costs, exclusions, limitations and terms of coverage) on [any or all of these] plan[s].” The exact placement is your call. It can be an added sentence to the letter or a footnote.

- “Sales” v. “Endorsement” Letters

Sales letters must be signed by a licensed representative or by the Association (when on the Assoc. letterhead) and his or her home state license should appear near the name. Endorsement letters do not have separate compliance requirements.

- Sales Letter

As a general rule, if the letter mentions anything about cost, no matter how small the mention, it should be considered a sales letter. If the letter goes into depth on the description of the benefits and/or an explanation of the benefit triggers it may be considered a sales letter. Depending upon content of the letter, disclosure of NYL as the underwriting carrier may be required.

- Endorsement Letter

As a general rule, an endorse letter emphasizes the group affinity and does not describe how the coverage works.

- Applications

Applications are filed forms. Changes to the form must be within the variable (including intent of the variable). Applications are subject to change as mandated by state insurance departments. Please check with your Account Manager to be sure you have the correct form.

- Brochures

Brochures must contain an accurate reflection of the eligibility, effective date, benefit description, definitions, termination, and exclusions provisions of the policy as well as any limitations or conditions of coverage. The sections below are only examples of acceptable language. Text in each marketing piece will vary with the policy language.

- Eligibility

All eligibility requirements must be listed (usually age, US residency, and membership status) e.g., “All ABC members under age 65 may request coverage for themselves, their lawful spouse under age X and all unmarried dependent children, under age Y. Coverage is available for U.S. residents (except- (insert any state restrictions) and territories) and Puerto Rico.”

Requirements for spouse and dependent children eligibility should be included where applicable and the details will vary by plan. Check the group policy. Spouse should be referred to as “lawful” spouse. If a domestic partner is eligible, include it in brochures.

A sentence describing any special eligibility provisions must be included where applicable (e.g., When both spouses are eligible members, each may apply as ‘member’; however, coverage may not be duplicated by applying as dependents of the other.)



- Effective Date of Coverage

The correct effective date text must be included. Refer to group policy to determine if it is on date of approval, first day of the month after approval provided the person is actively performing the normal activities of a person in good health of like age [Maryland and NC residents: a person of like age] on the date of approval.

- Termination of Coverage

Termination conditions must be listed, for the member and, if applicable, for the spouse and dependent children. It should be written to indicate when coverage ends not “you can keep your coverage until...”. Alternatively, you can use this text if the heading is a negative.

- Exclusions & Limitations

All policy exclusions and limitations must be accurately listed. This includes any suicide limitation and variations on the limitation (e.g., Missouri – 12 months) general exclusions, impairment restrictions, and any pre-existing condition limitations.

- Potentially Problematic Text

Avoid statements of absolute value (e.g., best, most, highest). Potentially problematic words such as “comprehensive” when there are limits, “special” or “unique” when it is not or if you can’t reasonably demonstrate it, or “just” or “only” especially when referring to cost should be avoided. Use qualifiers such as “help”, “may”, “added” when possible.

### **Defined Terms**

Each type of insurance product has certain terms that when used, must be defined. The definitions used must match (or accurately summarize) the definition found in the group policy and certificate of insurance.

### **Rates and Benefit Amounts**

- Maximum and minimum amounts with any limitations must be listed e.g., “You may select benefit options from \$10,000-\$250,000 in \$10,000 increments under age 60 and up to \$50,000 if you are 60-64.”
- Cutbacks in amounts due to age must be listed. Note it if premiums remain the same.
- Rate chart header should state:

Current rates for year (e.g., 20XX). Annual (or Semiannual, quarterly, on Monthly) Premium Rates (or Contributions) per Option (or thousand or exact offer).
- Rate charts should include any plan specific disclaimers.

- There are times where due to system limitations the rate chart may not exactly reflect billed rates. In this case, add a disclaimer that rates have been rounded.
- When rates and or benefits are not guaranteed you should indicate that e.g., “The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance on any premium due date and any date on which benefits are changed. [However, your rate may change only if they are changed for an entire class of insureds. For example, a class is a group of people with the same issue age and tobacco use.] \*Benefits are subject to change by agreement between New York Life and the XYZ Trustee.”  
\*Bracketed text may be deleted if you are not soliciting Texas residents.
- For level term products indicate the guarantee period and what happens at the end of the guarantee period e.g., Premiums are guaranteed to remain level for the first 10 (20) years of coverage. Then if still eligible, you may reapply for 10 (20)-year level rates then in effect for a subsequent 10 (20) year term; rates for a subsequent term would be determined based on the insured person’s then current age, health and tobacco/nicotine use and guaranteed for 10 (20) years. If you or your spouse is not approved for a subsequent 10-year term of guaranteed rates, or does not apply for a subsequent 10 (20) year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.
- Indicate the basis for the rates. For example are all rates based on members’ age or are spouse rates based on the spouse’s age? Are rates gender specific; are rates different based on medical underwriting? The following are samples of some of these scenarios:

The cost of this life insurance is based upon the member and spouse’s gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. [Premium contributions will vary depending upon the options chosen.]\*

\*Texas only disclosure.

Only non-smokers meeting the highest underwriting standards will qualify for Super Preferred rates.

Other non-smokers may qualify for higher Preferred or Standard Non-Smoker rates. (Note: Smokers may qualify for Preferred Smoker or Standard Smoker.) Upon approval of the application, the applicant will be notified of the rate classification for each approved person.

- If rates are gender based indicate that: Male rates apply to all coverage issued to Montana residents, regardless of a person’s sex.
- Billing fees, if any, must be disclosed as well as the way to avoid the fee.
- Rates shown should include the rate level the majority of applicants qualify for.

## **Standard Disclaimers For Invitations to Contract**

- Certificate of Insurance

This information is only a brief description of the principal provisions and features of the Plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to Trustee of the ABC Insurance Plan.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan.

- Policy Form Number

The policy form must appear on the brochure (refer to “General Guidelines”).

- Underwriting Company

The Underwriting Company must be listed on the brochure and the enrollment/application form (refer to “Branding Information”).

- License Information

When mailing to Arkansas or California residents include the name and license number of the licensed agent.

- Unique ID number (Can use the Bates number issued by SMRU.)

- Identify product as “Group” insurance

## **Product Features**

Product Features may be summarized (including any terms or limitations) and should be included in the brochure when applicable:

- 30-Day Free Review of the Certificate of Insurance (Sample Language): It cannot be referred to as a “money back guarantee”, or “satisfaction guaranteed”, etc.

### **30-DAY FREE LOOK**

If you’re not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

- Beneficiary Designation
- Group Conversion Privilege: One alternative to describe this provision is: “The Plan provides conversion privileges under certain circumstances of involuntary termination, as described in the Certificate of Insurance.”

- Accelerated Death Benefit: After the description of the feature the following disclosure should be included:

“Please note that receipt of Accelerated Death Benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor.

*Note: The Accelerated Death Benefit is not available to residents of Massachusetts.”*

### **Optional Provisions if Present in Contract:**

#### Waiver of Premium

If the waiver of premium provision is mentioned the limitations and defined terms must be mentioned: “If you become Totally Disabled before age 60, and the disability continues for more than 9 consecutive months, you won’t have to pay your premiums for as long as the disability lasts and benefits are payable. Total Disability means a disability that...”

#### Automatic Benefit Increase/Inflation Guard

If an automatic benefit increase is included summarize the feature including any limitations (e.g., not to exceed plan maximum, not totally disabled etc.) Indicate additional premium is charged.

## SECTION 4: SPECIAL CONSIDERATION

### **Canada:**

Brokers may conduct business in Canada provided they are licensed in the Province they are conducting business and they meet certain other requirements. Please contact your account manager for additional details. We do not permit the solicitation of Quebec residents.

Third Party Administrators who are not licensed brokers in Canada can assist NYL in NYL's solicitation of Canadian residents provided they do not receive commissions. Please contact your account manager for additional details.

When soliciting Canadian residents be sure to include information regarding the Ontario sales tax. The following is an acceptable notice:

**IMPORTANT TAX INFORMATION FOR RESIDENTS OF ONTARIO, CANADA:** Ontario has enacted a law requiring taxation of all group insurance purchased by individuals. An 8% tax will be added to the amount of any premium due (in U.S. dollars).

All applications to Canadian residents must include the following text:

For purposes of the Insurance Companies Act (Canada), this Document was issued in the course of New York Life Insurance Company's insurance business in Canada.

This can be included as a "Canadian Notice" in the fraud section of the application or insert.

### **State Specific Requirements**

#### Arkansas

All life insurance advertising materials, including websites, and invitations to inquire must properly identify the licensed insurance producer and they must include the Arkansas Insurance Producer license number. The license number must be the same size type as used for the producer's name or telephone number.

#### California

All advertising materials that are distributed exclusively in CA must include the producer's license number in type the same size as any indicated telephone number address, or fax number. NYL generally requires this even if distribution of advertising materials is not exclusive to CA residents.

See "Internet Advertising" for additional CA requirements when advertising on the web.



Delaware

See “Internet Advertising”.

Kansas

Sales material cannot indicate that direct response techniques result in cost savings unless justification and satisfactory proof of such savings has been approved by the commissioner prior to use.

Special enrollment periods must be separated by at least 6 months from the previous enrollment period. Such enrollment periods must give at least 10 days but no more than 40 days for the applicant to respond.

Louisiana

See “Internet Advertising”.

New Mexico

All advertising material for AD&D, Critical Illness, Disability Income, Business Overhead and Hospital Income Insurance Protection coverage’s must be submitted to and approved by the Office of the Superintendent of Insurance prior to use. If a client wants to run an ad in a magazine and there is no time to file, the ad can run without filing if the following is added “This ad (or material) is not intended for use in NM.”

New York

See “Internet Advertising”.

Oregon

Minimum initial amount of life insurance that can be offered is \$20,000.

Life insurance solicitations (paper and web) must comply with Oregon’s self certification process. A unique identifier must appear on the bottom left hand corner of all materials. Applications cannot be a tear off from the brochure. References to New York Life’s ratings must comply with the guidelines on page 5 of this guide. Contact your account manager for other potential requirements. If the requirements are not met, the material must be filed and approved before use.

See “Rating Reference” for Oregon’s requirements when referring to NYL’s ratings regarding financial strength.

## Texas

- An advertisement may not give the appearance that obtaining insurance is the sole benefit of membership in the association nor may it imply that products are being solicited by an unlicensed entity such as the sponsoring organization.
- Only members of the association can apply for coverage and this needs to be clearly stated in any “invitation to contract”.
- The full name of the insurer is required to be set out conspicuously in each of its advertisements. A shortened version of the entity’s name “New York Life” may be used if shown in close conjunction with and immediately following the first occurrence of the entity’s full name and differentiated by parentheses to indicate that it is to represent the entity thereafter in the advertisement. The department’s preference is to insert “Underwritten by New York Life Insurance Company” on the cover of the brochure.
- An advertisement must explicitly disclose that it is “insurance” and it should indicate the type of product as classified by statute. For example, “Disability Plan” should read “Disability Income Insurance Plan”, “Accidental Death and Dismemberment” plan should read “Accidental Death and Dismemberment Insurance plan”, etc. The department had indicated that since Professional Overhead Expense coverage is a form of disability income insurance, the product description must accurately describe the coverage as such.
- All advertisements must include the time frame in which the person to whom the coverage is issued is permitted to return the policy. The “30 day free look” (or if applicable other time frame) text should be included.
- You must clearly disclose that rates can be changed only by class or by state. NYL Standard: “However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender”.
- When a choice of benefit options are referred to in an advertisement (waiting periods, deductibles), the ad must clearly disclose that benefits provided depend upon the plan selected and that the premium will vary with the amount of benefits.
- All invitations to contract must identify the form number or numbers of the policy advertised, in addition to the form number for any riders advertised. The Texas policy forms are generally as follows: GMR-FACE G-XXXXX.
- All inflation-adjusted deductibles that are determined annually by the Internal Revenue Service must be updated on a timely basis.
- If the plan does not require premiums to be sent in with the application, a conspicuous disclosure needs to be added indicating “Send No Money Now”, in any sections containing information about premium remittance and effective date. Add the following sentence: “You will be billed later, once your application has been approved”.

- All premium rate tables must contain a current date. For coverages that may routinely change rates, the effective date of the rates must be prominently displayed above the rate table. For other coverages, such as life, for which rates may be in effect for longer periods of time, the department required us to insert “Rates as of 20XX” over the rate tables to reflect that the rates are current.
- All advertisements must prominently disclose that the coverage provided is group versus individual. The word “Group” must appear in the initial product name as well as in the product description.

## SECTION 5: MISCELLANEOUS

### “Benefits” vs. “Coverage”

The terms “coverage” and “benefits” have different meanings and cannot be used interchangeably in advertising. “Coverage” should be used when talking about the amount of insurance for which a person may apply, or the conditions under which a claim can be made. “Benefit(s)” should be used when talking about actual payment of claims subsequent to meeting the insurance trigger event.

### Hospital Indemnity Coverage

- I. Trade mark restrictions prohibit us from referring to hospital indemnity plans as “HIP”.
- II. Disclosure Notice and Attestation:

#### **A. SUPPLEMENT TO HEALTH INSURANCE NOTICE:**

The following notice is to appear on the Application/Enrollment Form, in **all CAPS, 14 pt type**. However, if there is a space limitation, then this notice can appear on the back of the Application/Enrollment Form, in the Brochure/ Marketing materials, or on a separate piece of paper in the marketing package. The statement on the form should include a line to indicate that the applicant has read the notice that appears (insert where in the material the notice appears). The following is the text of the notice:

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

#### **B. ATTESTATION**

The following attestation should appear on the Application/Enrollment Form, in **all CAPS, 14 pt. type**, directly above the signature line(s):

I HEREBY ATTEST THAT I AM PURCHASING THIS POLICY AS A SUPPLEMENT TO MY HEALTH COVERAGE, WHICH MEETS THE FEDERAL REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

### Maximum Benefit Amounts

An advertisement that refers to a total benefit maximum limit payable under the policy in any headline, lead-in or caption must also in the same headline, lead-in or caption specify the applicable daily limits and other internal limits. An advertisement that states a total benefit limit must also state the periodic benefit payment, if any, and the length of time the periodic benefit would be payable to reach the total benefit limit. An advertisement that prominently displays a total benefit limit that would not, as a general rule, be payable under an average claim may be prohibited.

This rule does not apply to disability income insurance.

### “No Cost” Coverage

Do not use the words “free” or “gift”. Coverage may be referred to as “no cost to you...” provided you specify who pays for the coverage (e.g., ABC Association bears the cost of the coverage). No cost offers cannot be combined with an offer to buy coverage in Nevada and New York (please contact your account manager for possible exceptions). No cost offers cannot be made to residents of OR and TX if the offer is conditioned on the individual joining the association. No cost offers can be made to residents of PA, VA, and WI only if they request the coverage. This can be done by asking the member to call or fax to activate the coverage.

### Photos and Images

You must have a valid license to use and upload any third party file or image into your sales material and/or advertising. You are solely responsible for obtaining and clearing any and all such rights and for any infringement of a third party right, including any copyright or trademark right. New York Life Insurance Company or its affiliates will not be liable for any infringement of any third party right of any kind. You agree to indemnify New York Life Insurance Company and its affiliates for any loss, cost or expense incurred as a result of any third party infringement claim.

## Scare Tactics and Disparaging Statements

Strongly worded scare tactics must be avoided and NYL does not allow disparagement of other insurance carriers, brokers, etc.

## Statistics and Comparisons

A credible source of statistics must be used and identified by publishing entity, publication dates (including year). A credible source is considered to be:

- A primary source of data (no secondhand citations)
- The source must be no older than 2 years, unless it is something that is not published every 2 years (i.e., governmental census information), in which case the most recent year must be used.
- The legal notice/copyright must allow the use of mass distribution and citing of their information. On websites, this can be checked by reading the legal notice or privacy notice. Check to see if there is any mention that the site of information on the site cannot be used for statistics.
- The paraphrase or sentence being cited must be an accurate portrayal of the original source. Please be sure when removing the sentence/statistic from its original source, you are not changing or altering the meaning or affect from its original context.
- Comparisons of costs, benefits etc., with other plans must be current, on file, and readily accessible at any time for audit with the TPA.

Source data must be included when the material is submitted to NYL for review.

## Tax Status

If benefits are presented as tax-free the following disclaimer must be included: “Please note that benefits received under this plan may be taxable. You should consult a personal Tax Advisor for further information.” You may refer to the coverage in the following manner: (e.g., Insurance coverage purchased with your own funds is generally not taxable under current tax regulations. You may wish to consult a personal Tax Advisor for further information.)

## Testimonials

All testimonials must be current, on file, and readily accessible for audit with the TPA. When a testimonial is used more than one year after it was originally given, confirmation must be obtained for use. A copy must be included when the material is submitted to NYL for review. The person giving the testimonial can't be compensated for their statement.

## SECTION 6: INTERNET ADVERTISING

### Web Advertising

Web advertising is subject to the same general rules as print media, however, several states have enacted advertising rules that are specific to web sites. In addition to meeting advertising guidelines, websites that collect and/or transmit any personal information need to meet strict security requirements. Please contact your account manager if you are considering an interactive website so that the required security review can be started as soon as possible. Please also remember that pdf's printed from the website should be in 10 point type (8 point for footnotes). The following are web site specific requirements:

### Web Specific Advertising Requirements

#### California

Must include the following information:

- Name as it appears on CA Certificate of Authority. State of domicile and principal place of doing business. Certificate of Authority Number.

Must include the following Agent/Broker information:

- Name as approved by Insurance Commissioner
- Agent's State of domicile and principal place of business
- Agent's license number.

#### Delaware

- Insurers must disclose jurisdictions in which they are authorized to transact business
- Insurers must deny requests for information from residents of states in which they aren't licensed.

#### Louisiana

- Disclosure statement identifying any product features not available to LA residents
- Disclosure statement identifying agent's license status in LA.

#### New York:

Since NYL is domiciled in NY, this information should appear on all web advertising:

- New York Life Insurance Company is licensed/authorized to transact business in all of the 50 United States, the District of Columbia, Puerto Rico and Canada. However, not all group plans it underwrites are available in all jurisdictions. Please check the Plan details sections for current availability.
- New York Life Insurance Company's state of domicile is New York, and NAIC ID# is 66915.





## Texas

In addition to the guideline found in the “State Specific Requirements” Texas mandates the following in web based advertising.

- A website may not imply that the insurance product offerings are being solicited directly by an unlicensed entity, such as the sponsoring organization.
- Non-members of the association must be blocked from any application (“invitation to contract”). A disclaimer stating that only members can apply should be prominently displayed on rate charts, the home page, and any sections of the website that provide instructions on how to apply and download an application.
- The full name of the insurer is required to be set out conspicuously in each of its advertisements. A shortened version of the entity’s name “New York Life” may be used if shown in close conjunction with and immediately following the first occurrence of the entity’s full name and differentiated by parentheses to indicate that it is to represent the entity thereafter in the advertisement. The department’s preference is to insert “Underwritten by New York Life Insurance Company” on the home page.
- All advertisements must include the time frame in which the person to whom the coverage is issued is permitted to return the policy. The “30 day free look” (or if applicable other time frame) can be hyperlinked to each product page, or simply added to each product page.
- All inflation-adjusted deductibles that are determined annually by the Internal Revenue Service must be updated on websites on a timely basis.

Web navigation should not allow applicant to bypass important plan descriptions (including any exclusions, limitations or state requirements). When applications and a premium contribution can be transmitted electronically the appropriate privacy notifications must be done in such a way that insures that the member has read the material. See Appendix B for an approved Notice.

## SECTION 7: TELEMARKETING SCRIPTS AND OTHER MEDIA

### **Telemarketing Scripts**

Tier 1 & 2 States

[Use of a Licensed Agent v. Customer Service Representative (CSR)]

There are two scenarios under which insurance can be sold via telemarketing. Tier 1 guidelines require a licensed agent to conduct the entire call/script. Tier 2 guidelines allow for an unlicensed telephone sales representative to start the call, qualify the lead and hand the call to a licensed agent to close the sale.

#### Tier 1

Currently the following states require a Tier 1 call/script: Florida, Maryland, Minnesota, Montana, Nevada and New York.

#### **Tier 2 Guidelines**

- All telemarketing scripts must be reviewed and approved by NYL Compliance prior to use.
- Script must advise the prospect of the intent to identify general interest and to transfer prospect to a licensed agent in event prospect is interested.
- Unlicensed caller will not address benefits or costs or product; a general description of the product is acceptable but will need to be reviewed by NYL under item 1 above.
- Unlicensed individual is not directly compensated for placing business or by the volume of premiums.

*Note: Do not attempt outbound TM without a thorough knowledge of insurance advertising regulation, FTC Guidelines and use of Federal, state and NYL and other business specific “Do Not Call” lists. Consult the FTC website at [www.ftc.gov](http://www.ftc.gov) for business specific topics.*

#### **Other Media**

This section provides very general guidelines regarding marketing via media other than direct mail and is not a substitute for regulatory or legal advice.

#### Recorded After Hour Messages

If you wish to leave a voice message for after hour calls promoting products, please include “To learn more about features, costs, eligibility, renewability, limitations, exclusions and insurance carrier, visit (website).”

## E-mail – CAN-SPAM Act of 2003

TPAs may request email addresses in advertising but should disclose the purpose to which they will be applied. Federal CAN-SPAM laws impose strict penalties on unsolicited commercial emails (UCE) whose primary purpose is the advertising of or promotion of a product or service that do not follow legal requirements including providing an opt-out mechanism.

### Guidelines for opt-out-instructions:

- It can be an Unsubscribe Link or a return email to the disclosed sender that permits a recipient to opt-out of getting future emails. It can be placed at the bottom of the email.
- The return e-mail address or opt-out mechanism must be capable of receiving messages for at least 30 days after transmission of the original email.
- Senders must honor opt-outs within 10 business days of receipt.

### Labeling

- Must include clear and conspicuous notice that the message is an advertisement or solicitation.
- There is no requirement to include any specific language, such as “This is an advertisement.”
- There is no requirement to use a label, such as “ADV” in the subject line.
- Senders can comply by using the words “advertisement,” “offer,” or “solicitation” in an e-mail.
- Senders can also use phrases such as, “This is a great offer for you.” or “You might be interested in this product.”
- All unsolicited commercial e-mail must include the sender’s name and address (street address or P.O. Box).
- Senders must not utilize deceptive subject lines. For example, the e-mail cannot have a “Happy Birthday” subject line if the e-mail is really an attempt to solicit business.

Associations are not restricted in contacting members via e-mail.

*Note: New York Regulation includes e-mail under fax restrictions. Spam or unsolicited e-mailing is strictly prohibited.*

Current rules allow one advertiser (i.e., broker) to act as the “sender” who would have the responsibility of complying with CAN-SPAM. This applies to when you are acting on NYL’s behalf or on behalf of more than one insurance carrier. A separate agreement should be entered into to accomplish this. Please see Appendix H for a sample Designated Sender Agreement and contact your account manager to execute this agreement.

For more information please go to the following websites:

<http://www.ftc.gov/bcp/online/edcams/spam/business.htm>

<http://www.ftc.gov/bcp/online/edcams/spam/rules.htm>

<http://www.ftc.gov/bcp/edu/pubs/business/ecommerce/bus61.shtm>

<http://www.the-dma.org/antispam/canspam.shtml>

<http://www.the-dma.org/antispam/CanSpamPDF.pdf>

<http://www.the-dma.org/cgi/member/spamfaq.shtml> (requires password)



## Faxes

TPAs may request e-mail addresses in advertising but should disclose the purpose to which they will be applied. Associations are not restricted in contacting members via e-mail. Note: New York regulations include emails under their fax regulations. Those entities having a “business relationship” with a person may contact her/him. Spam or unsolicited “blast” faxing is strictly prohibited.

*Note: New York Regulation allows faxing by express specific permission only.*

*Special Note for NY Direct Mail: The NY State Consumer Protection Board has developed a No-Mail List.*

## Voice Recording Messages (VRM)

Two methods are available for Voice Recorded Messages. Generally the same standards for marketing copy are applied to VRM scripts as to TM scripts and the guidelines for Tier 1 and 2 agent transfer applies.

The first method uses an appropriately licensed agent to record the message, confirms and records the purchase. The sales message may be more detailed than a TM script depending on context.

The second method uses an unlicensed person to record the message and once a lead is generated, transfer the caller to a licensed agent. The licensed agent then uses a TM script to complete the sale.

## DRTV

Most direct response television insurance advertisements are short in duration (30 – 120 seconds) whose goal is peak consumer’s interest in the product. Therefore the general guidelines for “invitations to inquire” apply. Additionally, the following specific disclosures are required:

1. Name of company
2. Brief description of product. Generally you may talk about benefits, but not cost.
3. End tag (the sentences that appear in the video portion at the end of the commercial) must contain:
  - Company name and address;
  - NAIC required disclosure; i.e., “This coverage has exclusions, limitations, reductions of benefits and terms under which the policy may be continued or discontinued. Call the company for details.”
  - A sentence that lets your viewer know that coverage may not be available in all states.
  - The Policy/Certificate Form Number.



## Social Media

Guidelines regarding the use of social media were previously distributed and are attached to this document (Appendix G). As a reminder, all advertising rules apply to social media. Posts such as Twitter and Facebook which mention a specific product by name or include features/benefits would need to have all the necessary disclosure language such as the AR/CA license #s and carrier information such as NYL's address and policy form # one click away. If that can't be done, the specific product name shouldn't be used. Linked In doesn't have the space constraints that Twitter and Facebook do so all appropriate disclosure should be added to the Linked In site.

## **SECTION 8: ADVERTISING REVIEW PROCESS**

### **Materials Reviewed**

Marketing material must be reviewed by New York Life. Marketing materials include, but are not limited to: sales letters, bill stuffers/inserts, magazine or print ads, brochures, poster boards, direct mail kits (all components), upgrade offers, inquiry fulfillment kits, telemarketing scripts, voice recording scripts, applications, and all websites.

All materials should be sent to your account manager who will conduct the initial review before submitting to SMRU (Sales Material Review Unit). Reprint materials can be approved by account manager if they were approved by SMRU within the past 24 months and there have been no changes.

Final copy must be submitted for final approval before marketing material can be released for production. The final step is to submit 10 actual physical samples to your account manager.

### **Review Timing**

Initial Review	10 full business days from receive date
Final Review (pdf file)	5 full business days – when the revisions are clearly noted or highlighted or 10 full business days – when the revisions are NOT noted or highlighted
Multi plan Brochures Websites	30 full business days – (may be more or less depending upon the number of products, links and interactive features of the site).

*Note: Exceptions to these timelines will be considered on a case-by-case basis.*

### **Unique Identifier**

Each component of a marketing kit sent for review must be hard printed with a unique identifying number. This ID number will have multiple uses – it is (or will be) tied to Insurance Department

advertising filings, marketing invoicing, campaign result reporting and for other system-related tracking purposes.

You can use your own current tracking format. NYL's SMRU will assign a BATES number. If you wish you can use this BATES number as your ID number.

### **Expediting Your Review**

Noting some additional information will allow us to perform an expedited review. Noting whether the material is brand new or previously reviewed (with date where possible) along with highlighting changes made since we last reviewed the material will allow us to complete your review more expeditiously.

### **Review Standards and Sources**

- Federal Unfair Trade Practices Law & Federal Trade Commission Act
- NAIC Model for Insurance Advertising (Life and Health Models – see copies in, Appendixes E and F.
- Policy Specifications



## APPENDIX A – MEDICAL UNDERWRITING NOTICES

The following notices were designed to be used with NYL's – traditional applications. Please contact your account manager for variations of these notices that are to be used with applications that do not include full authorization text.

For all lines of coverage with MIB...can delete NM language if not soliciting in NM

### IMPORTANT NOTICE:

#### How New York Life Obtains Information and Underwrites Your Request For XYZ Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

**For NM Residents:** *PROTECTED PERSONS*<sup>1</sup> have a right of access to certain *CONFIDENTIAL ABUSE INFORMATION*<sup>2</sup> we maintain in our files and they may choose to receive such information directly. You have the right to register as a *PROTECTED PERSON* by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

<sup>1</sup> *PROTECTED PERSON* means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

<sup>2</sup> *CONFIDENTIAL ABUSE INFORMATION* means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company 8.12 ed.

**APPENDIX B**  
**CONSENT FOR USE OF ELECTRONIC SIGNATURES AND RECORDS**

Questions? Call-1-800-222-0000 – Email: ABC@XYZ.com

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**Please review all information provided on this form - E-signature will be required below**

You are applying for insurance coverage using electronic processes that will include the use of electronic records and electronic signatures. New York Life is required by law to provide you with certain disclosures and information about your insurance application (“New York Life Online Privacy Policy”). Upon your consent, New York Life will deliver its online privacy policy to you electronically.

Please print or download “New York Life’s Online Privacy Policy” and keep it for your records. Your consent also permits the general use of electronic records and electronic signatures in connection with your application.

If you do not consent to electronic delivery of New York Life’s Online Privacy Policy, you must be provided with a paper /hardcopy version. However, New York Life cannot proceed with the acceptance and processing of your electronic application.

**THIS NOTICE CONTAINS IMPORTANT INFORMATION THAT YOU ARE ENTITLED TO RECEIVE  
BEFORE YOU CONSENT TO ELECTRONIC DELIVERY**

**PLEASE READ CAREFULLY THIS NOTICE REGARDING USE OF YOUR CONSENT TO E-SIGNATURE  
AND RECORDS AND PRINT A COPY FOR YOUR FILES**

By electronically signing this form you are consenting to the use of electronic transactions and electronic signatures on New York Life’s Web Site, as well as receipt of electronic versions of certain records. In addition you are agreeing to be bound by any consent or agreement you make or transmit through the internet on this Web site, including but not limited to any consent you give to receive records or communications from New York Life solely through electronic transmission.

You agree that, by using this site, your agreement or consent will be legally binding and enforceable and the legal equivalent of your handwritten signature. If you consent to electronic disclosures, that consent will apply to: (a) Any or all information that New York Life is required to give you or may receive from you in connection with your insurance; (b) this application and (c) any associated notices, disclosures, or other documents.

You may withdraw this consent at any time. By withdrawing your consent New York Life cannot continue to process your electronic application. You may re-apply by downloading a paper hardcopy version of the application.

**If you wish to withdraw your consent to e signatures or wish to receive have hardcopy/paper records or have New York Life’s Online Privacy Policy sent to you - please contact  
NEW YORK LIFE INSURANCE COMPANY 1-800-ABC-0000**

In order to electronically review and sign your application/ request for insurance as well as review the required Information, you will need the following computer hardware and software requirements.

- For you security this site is protected with 128-bit encryption. You must have a browser with this capacity to use this site.
- Best viewed with an 800x600 screen or larger.
- Internet Explorer 6.0
- Firefox 1.02
- Netscape 7.0 and above



**STATEMENT OF CONSENT**

I am able to view New York Life's Online Privacy Policy on-line, and I consent to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

In connection with my insurance application with New York Life Insurance Company I am consenting on behalf of all joint applicants identified in the application. I am authorized to consent on their behalf.

I CONSENT

**E SIGNATURE CONFIRMATION**

NAME/ MEMBER ID #/PIN#

DATE (MM/DD/YYYY)

## APPENDIX C – RECOMMENDATIONS FOR TRANSITION LETTERS

### Transition Letters

Transition letters inform a certificate holder of a change in status to his/her certificate, such as a change in Underwriting Company (carrier) or Plan Administrator. The letters may be for information only or may form part of marketing/upgrade offer. The letters should have a positive tone and avoid disparagement of any of the involved parties (agent broker, association or carrier).

### Requirements

- Policy Text: “The provisions of the new Plan are essentially similar to your existing coverage, but will use New York Life’s policy language, provisions, definitions, and filed forms.”

If this statement does not apply to the policy in transition, the letter must outline the nature of the changes and refer the customer to the Certificate of Insurance for details (e.g., “The New York Life policy matches rates of the current coverage. However, to reduce the possibility of future rate increases, the maximum coverage period has been reduced from 3 years to 2 years. The coverage uses New York Life policy language, their provisions, definitions, filed language and forms.”)

In the case of rate increases the specific new rate may be listed but is not required (e.g., “The rates for the New York Life policy have increased from the rates of the current coverage. The coverage uses New York Life’s policy language, their provisions, definitions, filed language and forms.”)

If new benefit(s) are added in the transition they must be listed but need not be described. (e.g., “The New York Life policy matches rates of the current coverage and provides a new benefit, XYZ benefit, with no increase to the current rates. The coverage uses New York Life’s policy language, their provisions, definitions, filed language and forms.”)

- Certificate Enclosed/Will be Sent: In “takeover” situations, the letter must indicate whether a Certificate is enclosed or state a general time period in which it will be sent.
- Claims Information: “All claims incurred prior to <EFFECTIVE DATE> will remain the responsibility of <Former Carrier Name>. Claims incurred on or after <EFFECTIVE DATE> will be the responsibility of New York Life. Generally, for disability coverage, claims that are the result of a disability that was incurred prior to effective date are the responsibility of the prior carrier.
- Policy Number: We ask that the current policy number be referenced on the letters, in such a place that the client is able to retain a copy of the policy number for their records.

**APPENDIX D – DESIGNATED SENDER AGREEMENT**  
**Email Solicitations**

Emails sent by an association to its members that advertise or promote the availability of New York Life products are subject to the requirements of the CAN-SPAM Act (the “Act”) and the CAN-SPAM Rule (the “Rule”).

In 2008, the Federal Trade Commission (“FTC”) amended the Rule to allow multiple marketers to designate a single "sender" for purposes of compliance with the Act. The designated sender, but not the other advertisers mentioned in the same email message, must honor opt-out requests made by recipients of the email and provide a valid postal address of the designated sender. In the absence of a designated sender agreement, the sender would be required to include opt-out instructions and postal addresses for itself and each of the other advertisers mentioned in the email. The sender would also be required to remove from its distribution list any email addresses that appear on it’s unsubscribe list and that of the other advertisers. The designated sender approach makes it more practicable to comply with the Act and the Rule. The following is an approved Designated Sender Agreement:

**AGREEMENT**

New York Life and [ASSOCIATION] hereby agree to the following terms and conditions in connection with [ASSOCIATION’S] advertisement or promotion of New York Life products in emails to members of the association.

:

**I. Compliance with Anti-spam Laws and Rules.**

- a. While this Letter Agreement is in force, when sending emails advertising or promoting the availability of New York Life products, [ASSOCIATION] will act in accordance with all applicable anti-spam laws, rules and regulations, including but not limited to the Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003 (15 U.S.C. 7701-7713) (“CAN–SPAM Act”) and the CAN-SPAM Rule (16 C.F.R. Part 316).
- b. [ASSOCIATION]’s obligations hereunder include, but are not limited to, the following:
  - i. [ASSOCIATION] shall be the single designated “sender” as that term is defined and used in the CAN-SPAM Act and the CAN-SPAM Rule and will be identified as such in the “from” line of the e-mail message. [ASSOCIATION] will comply with all applicable provisions of the CAN-SPAM Act and CAN-SPAM Rule.
  - ii. [ASSOCIATION] shall include in all e-mails a valid return e-mail address or other Internet-based mechanism (e.g., a link to a web page) that permits a recipient to opt-out of receiving further e-mails from [ASSOCIATION]. Recipients shall not be required to pay a fee or provide any other information besides their e-mail address and opt-out preferences.
  - iii. The return e-mail address and/or opt-out mechanism provided by [ASSOCIATION] shall be capable of receiving messages for at least thirty (30) days after transmission of the original e-mail.

## **APPENDIX D – DESIGNATED SENDER AGREEMENT (continued)**

- iv. [ASSOCIATION] agrees to process opt-outs within ten (10) business days of receipt of the opt-out request per the CAN-SPAM Act and CAN-SPAM Rule.
- v. Upon receipt of a notice to stop transmitting e-mails to a specified e-mail address, [ASSOCIATION] shall not sell or otherwise transfer such address, except as necessary to comply with the CAN-SPAM Act or where the recipient has given his or her express consent.
- vi. [ASSOCIATION] shall include in all e-mails valid contact information for [ASSOCIATION], including a valid postal address.
- vii. [ASSOCIATION] shall include in all e-mails clear and conspicuous notice that the message is an advertisement or solicitation.
- viii. [ASSOCIATION] shall not obtain, through automated mechanisms (e.g., robots, spiders), e-mail addresses from websites or online services.
- ix. [ASSOCIATION] shall not use or obtain e-mail addresses using automated means that generate possible e-mail addresses by combining various permutations of names, letters or numbers.
- x. [ASSOCIATION] shall not send e-mails that contain, or are accompanied by, false or materially misleading header information. Header information must accurately identify [ASSOCIATION]'s address, the time at which the mail was sent, and the Internet location from which the message has been sent.
- xi. [ASSOCIATION] shall not send e-mails that contain, or are accompanied by, a deceptive subject line that would likely mislead a recipient about a material fact regarding the content or subject matter of the message.
- xii. [ASSOCIATION] shall not send e-mails that include an originating e-mail address, domain name or IP address obtained by false pretenses or representations.
- xiii. [ASSOCIATION] shall not send e-mails to any addresses that are on its Do-Not-E-Mail List.
- xiv. [ASSOCIATION] shall not send e-mails to an address with a domain that is on the FCC's Wireless Domain List.
- xv. [ASSOCIATION] shall maintain all records of direct e-mail solicitations, including, but not limited to copies of e-mails, dates sent, list of recipients, and proof of scrubbing so that Company may request proof of [ASSOCIATION]'s compliance with applicable anti-spam laws, rules and regulations. [ASSOCIATION]'s prompt reply to such a request shall not unreasonably be withheld.

**APPENDIX D – DESIGNATED SENDER AGREEMENT (continued)**

II. Indemnification by [ASSOCIATION]. [ASSOCIATION] shall indemnify, defend and hold New York Life harmless from and against all claims arising from or in any way relating to (i) any actual or alleged violation or inaccuracy of any representation or warranty of [ASSOCIATION] contained in Paragraph [I] above, (ii) any actual or alleged negligent act or omission or willful misconduct of [ASSOCIATION] or its directors, officers, employees, agents or assigns in connection with the entry into or performance of this Letter Agreement, or (iii) [ASSOCIATION]'s undertakings, as set forth in this Letter Agreement, that are an actual or alleged violation of any anti-spam laws and rules, including but not limited to the CAN-SPAM Act or CAN-SPAM Rule.

Signed and agreed to by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Association

**New York Life Insurance Company**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**APPENDIX E – NAIC MODEL FOR LIFE INSURANCE ADVERTISING**

**Please contact your New York Life Account Manager for Appendix E.**

**APPENDIX F – NAIC MODEL FOR HEALTH INSURANCE ADVERTISING**

**Please contact your New York Life Account Manager for Appendix F.**

**APPENDIX G – SOCIAL NETWORKING GUIDELINES**

**Please contact your New York Life Account Manager for Appendix G.**