

**ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE REPEALING,
RENUMBERING AND AMENDING A RULE**

To repeal INS 23.30 (1) (b); renumber INS 23.30 (1) (c) through (h); to amend INS 23.30 (2); to repeal INS 23.35, INS 23.30 (2) (d) and INS 23.40 Wis. Adm. Code, relating to standards for insurance marketed to fund prearranged funeral plans.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: Section 632.415 (5) (1999 Stats.) and s. 601.41 (3) Stats.

Statutes interpreted: Section 632.415 (5) (1999 Stats.) and s. 601.41 (3) Stats.

The purpose of this rule is to repeal Ins 23.35 & 23.40 Wis. Adm. Code and further amend Ins 23 as necessary to conform to recent legislation contained in 1999 Wisconsin Act 91 (s. 632.415 Stats.) Among other things 1999 Wisconsin Act 91, effective July 1, 2000, removed from the commissioner the authority to set minimum standards for benefits and compensation arrangements for funeral policies. The current rule Ins 23 contains standards for these and other aspects of funeral policies. The proposed rule change will repeal those standards that conflict with the legislation and make other changes as required to bring the rule into compliance with the legislative mandate. Pursuant to s. 227.16 (2) (b) Stats. no public hearing is required.

SECTION 1. Section Ins 23.30 (1) (b) is repealed and Ins 23.30 (1) (c) through (h) are renumbered (b) through (g).

SECTION 2. Section Ins 23.30 (2) (b) is amended to read:

Ins 23.30 (2) (b) A consideration plan and, within 30 days of any revisions to the consideration plan, the revised consideration plan including all of the following:

SECTION 3. Sections Ins 23.30 (2) (d), 23.35 and 23.40 are repealed.

SECTION 4. These changes will take effect on the first day of the month after publication, as provided in s. 227.22(2)(intro.), Stats.

Dated at Madison, Wisconsin, this 17th day of November, 2000.

Connie L. O'Connell
Commissioner of Insurance

FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047 (R06/99)

| | |
|-------------|---|
| LRB Number | Amendment No. if Applicable |
| Bill Number | Administrative Rule Number INS 23 |

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

Subject
standards for insurance marketed to fund prearranged funeral plans

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):
None

| II. Annualized Costs: | | Annualized Fiscal impact on State funds from: | |
|---|--|--|------------------------|
| | | Increased Costs | Decreased Costs |
| A. State Costs by Category | | | |
| State Operations - Salaries and Fringes | | \$ 0 | \$ -0 |
| (FTE Position Changes) | | (0 FTE) | (-0 FTE) |
| State Operations - Other Costs | | 0 | -0 |
| Local Assistance | | 0 | -0 |
| Aids to Individuals or Organizations | | 0 | -0 |
| TOTAL State Costs by Category | | \$ 0 | \$ -0 |
| B. State Costs by Source of Funds | | Increased Costs | Decreased Costs |
| GPR | | \$ 0 | \$ -0 |
| FED | | 0 | -0 |
| PRO/PRS | | 0 | -0 |
| SEG/SEG-S | | 0 | -0 |
| C. State Revenues | | Increased Rev. | Decreased Rev. |
| Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.) | | | |
| GPR Taxes | | \$ 0 | \$ -0 |
| GPR Earned | | 0 | -0 |
| FED | | 0 | -0 |
| PRO/PRS | | 0 | -0 |
| SEG/SEG-S | | 0 | -0 |
| TOTAL State Revenues | | \$ 0 None | \$ -0 None |

NET ANNUALIZED FISCAL IMPACT

STATE

LOCAL

NET CHANGE IN COSTS \$ None 0 \$ None 0
NET CHANGE IN REVENUES \$ None 0 \$ None 0

| | | |
|---------------------------------|---------------------------|---------------------|
| Prepared by: Stephen Mueller | Telephone No. 267-2833 | Agency Insurance |
| Authorized Signature: | Telephone No. | Date |

| | | |
|---|--|--|
| 1999 Session | | LRB Number |
| FISCAL ESTIMATE | | Bill Number |
| DOA-2048 N(R06/99) | <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATED <input type="checkbox"/> CORRECTED <input type="checkbox"/> SUPPLEMENTAL | |
| Subject standards for insurance marketed to fund prearranged funeral plans | | Amendment No. if Applicable |
| | | Administrative Rule Number INS 23 |
| Fiscal Effect | | |
| State: <input checked="" type="checkbox"/> No State Fiscal Effect Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation. | | |
| <input type="checkbox"/> Increase Existing Appropriation <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Appropriation <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Create New Appropriation | | <input type="checkbox"/> Increase Costs - May be possible to Absorb Within Agency's Budget <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs |
| Local: <input checked="" type="checkbox"/> No local government costs | | |
| 1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 3. <input type="checkbox"/> Increase Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 5. Types of Local Governmental Units Affected: <input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others _____ <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts |
| Fund Sources Affected | | Affected Chapter 20 Appropriations |
| <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S | | |
| Assumptions Used in Arriving at Fiscal Estimate | | |
| | | |
| Long-Range Fiscal Implications | | |
| None | | |
| Prepared by: Stephen Mueller | Telephone No. 267-2833 | Agency Insurance |
| Authorized Signature: | Telephone No. | Date |