

Life Settlement Information Packet



**Kentucky Department of Insurance
Health and Life Division**





PUBLIC PROTECTION CABINET

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Governor

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June 25, 2009

Dear Life Settlement Provider or Broker:

The information contained in this packet has been developed for your convenience.

Any form that you will use including advertising in a life settlement transaction shall be filed with and approved by the Kentucky Department of Insurance Health and Life Division prior to use. Included in this packet are the required documents and instructions to complete a form filing.

806 KAR 15:050 Section 9 requires that on or before March 1 of each year, the licensed life settlement provider shall submit annual reports detailing their activity for the previous calendar year. These reports and instructions for completing the forms are included in this packet. A life settlement provider is required to submit forms LS1, LS2, LS3, and LS6.

A copy of the life settlement disclosure Form LS7 and the "Kentucky Consumer Guide to Understanding Life Settlements" is required to be given to an owner in accordance with 806 KAR 15:050 Section 8. Copies of both of these documents are included in this packet.

We hope this packet will be helpful. If you have any questions, please contact the Kentucky Department of Insurance Health and Life Division at 502-564-6088.

Kentucky Department of Insurance
Health and Life Division

Introduction

The Kentucky Department of Insurance, Health and Life Division, must approve all forms including advertising used by a life settlement provider or broker to effectuate a life settlement transaction. This approval must be received prior to use of the forms in the Commonwealth. KRS 304.14-120 (2) requires that filings shall be submitted not less than 60-days prior to use to allow for appropriate time for review.

Statutes and Regulations that apply to viatical settlement forms:

KRS 304.12-010

KRS 304.15-020

KRS 304.15-700 through KRS 304.15-725

KRS 304.47

KRS 417.050

806 KAR 4:010

806 KAR 12

806 KAR 14:005

806 KAR 15:050

Requirements for a filing:

- 1) Life, Annuity, Credit Transmittal Document (Revised 1/1/06) Form L-TD (1/1/06)
- 2) Filing fee
- 3) Cover letter explaining the forms that are being submitted for approval
- 4) Flesch score certification
- 5) Forms being submitted for approval
- 6) In order to have copies of any of the above forms returned to you include a self addressed stamped envelope and a duplicate copy of the form(s) you would like returned.

Effective: September 12, 2007

Kentucky Life, Annuity, and Credit Transmittal Document
INSTRUCTION SHEET

1. **Prepared for the State of:** _____ - Indicate filing is being submitted to Kentucky for review.
2. **Department Use Only** -
 - State Tracking ID - Kentucky assigns a DOI filing number to all filings. This number should be referenced for all communications concerning the filing.
 - This space is where Kentucky will place action stamps when the filing is completed.
3. **Insurer Name & Address** - Provide the insurance company name and address. This is the licensee name on the submitted forms.
 - State of Domicile - State of domicile for company.
 - Insurer License Type - The type of entity as listed on the Certificate of Authority or as licensed by the state to which the filing is being submitted. Examples include Life, HMO, Fraternal, Accident & Health, and Property & Casualty.
 - NAIC Group # - NAIC Group number (3 digits).
 - NAIC # - NAIC Company code number (5 digits).
 - FEIN # - Federal identification number.
 - State # - The company specific state code, if available or required by the filing jurisdiction.
4. **Contact Name and Address** - Compliance contact(s) for submission, company's name (if other than the insurer), and address for correspondence.
 - Telephone Number - Telephone number of the contact person.
 - Fax Number - Fax number of the contact person.
 - E-mail - E-mail address of the contact person.
 - If contact person is a third party filer, a letter of authorization must be submitted.
5. **Requested Filing Mode** - Indicate the type of filing review requested. Only one option may be selected. If Combination or Other is selected, an explanation is required.
6. **Company Tracking Number** - Company's internal filing number or identifier. (If applicable)
7. **New Submission or Resubmission** - If resubmission, provide the DOI tracking number for the prior submission. If no DOI tracking number is available, and the prior filing was made in SERFF, provide the prior filing's SERFF Tracking Number. If neither is available, provide the date the previous filing was approved.
8. **Market** - An identification of the targeted group or individuals. If Group, first select group size, then select one or more group types. If Other is selected, an explanation must be provided.
9. **Type of Insurance** - List all applicable types utilizing the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. Please insert both the code and the name.

10. Product Coding Matrix Filing Code - Refer to the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. (www.naic.org) Please insert both the code and the name.

11. Submitted Documents -

- Mark ALL applicable boxes. Advertising cannot be combined with other form types. They must be submitted in a separate filing.
- Provide explanation whenever Other is selected.
- If filing forms, complete the Form Filing Attachment.
- If filing rates, complete the Rate Filing Attachment.
- If Filing Other Than Form or Rate is selected, identify what is being submitted and provide any required documents according to state regulations.
- If Supporting Documentation is provided, check which document(s) and submit according to state specific requirements.
- Submit duplicate copies of forms if paper filing with a stamped return envelope to receive notification of final action.

12. Filing Submission Date - Date the filing is being submitted by the company.

13. Filing Fee (If required) - KRS 304.4-010 and 806 KAR 4:010 establish filing fees as follows: a) \$100.00 for credit insurance filings under KRS 304.19; or b) \$5.00 for other rate and form filings; or c) your company's domiciliary state fee. Pursuant to KRS 304.3-270 submit the greater of a), b), or c). Indicate the amount, whether retaliatory, check date, and check number.

14. Date of Domiciliary Approval - Date filing was approved in domicile. If not approved, provide clarification.

15. Filing Description - General description of the filing. This section replaces the body of the cover letter. Indicate the market for the product, how it will be marketed, and other information necessary for clarifying the filing.

16. Certification -

- A Certification indicating you have reviewed state filing requirements and complied with all applicable statutory and regulatory provisions for the state for which the filing is being prepared.
- Provide name, title, date, and signature.

17. Form Filing Attachment

- **This filing transmittal is part of company tracking number** - Insert company tracking number on transmittal document.
- **This filing corresponds to rate filing company tracking number** - Insert company tracking number of rates.
- **Document Name** - Identify the document name in the upper box of each section.
- **Description** - Give a brief description of the form in the lower box of each section.
- **Form Number** - Identify the form number. Include an edition date, if required. Each form must be listed separately. Kentucky does not accept et al.
- **Initial or Revised** -
 - **Initial** - Mark "X" to indicate the form is new.
 - **Revised** - Mark "X" to indicate the form is a revision of a previous submission. List the replaced form # and previous DOI filing #.

→ **Other** - Mark “X” and provide clarification.

• **Replaced form #, and previous DOI filing #** - Identify the replaced form number, and previous DOI filing number. Each form must be listed separately. Kentucky does not accept et al. Complete as many attachments as necessary for the submitted filing.

18. Rate Filing Attachment (Required for all Credit Filings & Long Term Care Rider filings)

• **This filing transmittal is part of company tracking number** - Insert company tracking number on transmittal document.

• **This filing corresponds to form filing for company tracking number** - Insert company tracking number on forms.

• **Overall percentage Rate Indication (when applicable)** - Complete this field only when an actuarial indication is included in the filing submission.

• **Overall percentage rate impact for this filing: _____%** - Company calculated impact.

• **Document Name** - Identify the component name in the top box of each component.

• **Description** - Brief description of the rates submitted in the lower box of each section.

• **Affected Form Numbers** - Identify the affected forms.

• **New, Revised, Other** -

→ Initial - Mark “X” to indicate the form is new.

→ Revised - Mark “X” to indicate the form is a revision of a previous submission. List the replaced form # and previous DOI filing #.

→ Other - Mark “X” and provide clarification.

• **Previous state filing number, if required by state** - Identify the replaced form number, and previous DOI filing number. Complete as many attachments as necessary for the submitted filing.

Life, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of					
2.	Department Use Only					
	State Tracking ID					
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____				
6.	Company Tracking Number					
7.	<input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____			
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____				
9.	Type of Insurance					
10.	Product Coding Matrix Filing Code					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____				

12.	Filing Submission Date	
13	Filing Fee (If required)	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	

15.	Filing Description:

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>	
<p>Print Name _____ Title _____</p>	
<p>Signature _____ Date _____</p>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

Kentucky Life Settlement Reporting Forms

Following are the reporting forms that must be used in Kentucky for Life Settlement business. Below are the instructions and examples of each form. Please remember that the reporting is due by March 1st of each year regardless of whether or not you did business. If you are licensed, you are required to complete the reporting process annually.

Reporting forms are:

LS1

LS2

LS3

LS6

Life Settlement Provider's Name _____

Life Settlement Provider Report

Kentucky Insureds Only

Calendar year
20__

1	2	3		4	5	6	7	8	9	10	11	12
List settlement, case or unique identifying number	Life Settlement Contract date	List any riders that are a part of the insurance policy being settled.		List the cash value of the policy being settled at time of contract.	List the net amount to be settled.	Age of insured (in years).	Life expectancy (in months) of insured at time of contract.	Annual premium.	List the net amount paid to owner.	List the amount of commission(s) paid to all life settlement brokers involved in the transaction.	List the net death benefit of the policy at time of contract.	List the name of the Life Settlement Broker(s) involved in the transaction. If none, leave blank.
		Type	Dollar Amount									

Life Settlement Provider's Name _____

Individual Mortality Report Kentucky Insureds Only

Calendar year
20__

1 List the settlement, case or unique identifying number.	2 Life settlement contract date.	3 List the life expectancy, in months, of the insured individual at time of contract.	4 Net Amount paid to owner.	5 Date of death of the insured.	6 List the total amount of premiums paid to the insurer to maintain policy.	7 Death Benefit collected.	8 List the number of months between the date of contract and the insured's date of death.	9 List the number of months between the life expectancy of the insured at the time of contract and the insured's date of death. This should be noted as a plus (+) figure if the insured died after the estimated life expectancy or a minus (-) if the insured died prior to the estimated life expectancy.

Initials of preparer: _____

Life Settlement Provider's Name _____

Life Settlement Provider Report

All States and Territories

Calendar year
20__

States	1 Indicate the total number of policies reviewed for consideration.	2 Indicate the total number of policies where an offer was made.	3 Indicate the total number of policies purchased.	4 List the total aggregate face amount of the policies settled.	5 List the total aggregate amount paid to owners.	6 List the total number of policies purchased and/or sold in the secondary market.		States	1 Indicate the total number of policies reviewed for consideration.	2 Indicate the total number of policies where an offer was made.	3 Indicate the total number of policies purchased.	4 List the total aggregate face amount of the policies settled.	5 List the total aggregate amount paid to owners.	6 List the total number of policies purchased and/or sold in the secondary market.		
						pur	sold							pur	sold	
Alabama								New Jersey								
Alaska								New Mexico								
Arizona								New York								
Arkansas								North Carolina								
California								North Dakota								
Colorado								Ohio								
Connecticut								Oklahoma								
Delaware								Oregon								
Dist. of Columbia								Pennsylvania								
Florida								Rhode Island								
Georgia								South Carolina								
Hawaii								South Dakota								
Idaho								Tennessee								
Illinois								Texas								
Indiana								Utah								
Iowa								Vermont								
Kansas								Virginia								
Kentucky								Washington								
Louisiana								West Virginia								
Maine								Wisconsin								
Maryland								Wyoming								
Massachusetts								American Samoa								
Michigan								Guam								
Minnesota								Puerto Rico								
Mississippi								U.S Virgin Islands								
Missouri								Canada								
Montana																
Nebraska																
Nevada																
New Hampshire																

Life Settlement Provider Certification Form

This section shall be completed by Life Settlement Providers.

Please check all forms submitted:

Life Settlement Provider Reporting Form - *Kentucky Insureds Only* (LS 1)

Individual Mortality Report - Kentucky Insureds Only (LS 2)

Life Settlement Provider Reporting Form - All States and Territories (LS 3)

I hereby certify that the information contained in the report(s) indicated above is true and accurate. I acknowledge that providing false and misleading Information in the report(s), or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the Commissioner of the Kentucky Department of Insurance and potentially, applicable criminal penalties.

_____ Date: ___/___/___

Signature of individual that prepared report(s)

Print or type name

_____ Date: ___/___/___

Signature of Authorized Representative

Print or type name

**THE KENTUCKY LIFE SETTLEMENT DISCLOSURE FORM
NOTICE REGARDING LIFE SETTLEMENT CONTRACTS**

NOTE: SELLING YOUR LIFE INSURANCE POLICY could be a good decision or a bad one. Make sure you understand the facts. It is important that you read the following information.

- 1) Always check to see if there are possible alternatives to selling your policy. For example, check your insurance policy to see if you have an accelerated death benefit rider.
- 2) The life settlement proceeds may be subject to the claims of creditors.
- 3) Some or all of the proceeds of the life settlement may be taxable, and that assistance should be sought from a professional tax advisor.
- 4) Receipt of life settlement proceeds may affect your eligibility for Medicaid or other government benefits.
- 5) Your life insurance policy may have additional benefits such as coverage for long-term care, and may even be additional family members insured. Review your policy and be sure you are aware of all the benefits included before you decide to sell the policy and risk the loss of the additional benefits.
- 6) You have the option to cancel the life settlement contract within 30 days after the contract is signed by all parties, or within 15 days after you receive the proceeds.
- 7) You will receive the proceeds from the life settlement within 3 days after the change of ownership and beneficiary has been completed.
- 8) The insured may be contacted once every 3 months to verify the insured's health status and address.
- 9) The insured's private information may be provided to someone who buys the policy or provides the funds for the purchase.
- 10) Selling the life insurance policy of an insured may limit the amount of life insurance the insured will be able to purchase in the future.

KENTUCKY
CONSUMER GUIDE
TO UNDERSTANDING
LIFE SETTLEMENTS



Commonwealth of Kentucky
Public Protection Cabinet



Defining the Terms

A **life settlement** (which includes viatical settlements) occurs when a person sells his or her life insurance policy to a third party. The owner of the insurance policy sells the policy for a cash payment that is less than the full amount of the death benefit.

A **life settlement** provider is the person or company who buys the life insurance policy. The life settlement provider becomes the new owner and has control over the policy including naming a beneficiary.

The **life settlement contract** is the agreement in which the life settlement provider agrees to purchase all or a portion of the life insurance policy and the owner agrees to sell all or a portion of the life insurance policy.

The **life settlement broker** can assist an owner of a life insurance policy in searching for the right life settlement provider to purchase the policy. The life settlement broker then will receive a commission for helping with the sale. The life settlement broker has a legal obligation to find the best deal for the owner of the life insurance policy.

The person selling the life insurance policy is the **owner** of the life insurance policy. The owner will receive a settlement payment for the sale of the policy, which will be an amount that is less than the face amount of the life insurance policy.

Understanding Life Settlements

A viatical settlement is the sale of a life insurance policy to a third party. The owner of the life insurance policy sells it for a payment that is less than the full amount of the death benefit. The buyer becomes the new owner and has the right to make any changes to the life insurance policy including naming the beneficiary.

People decide to sell their life insurance policies for many reasons. Some of those reasons may be changing needs of dependents, wanting to reduce insurance premiums or needing to raise cash for expenses. People with a terminal or chronic illness may want to sell their policy in order to pay medical bills. Before making the decision to sell a life insurance policy, always check for alternatives. There may be an option in the life insurance policy to accelerate death benefits.

Be sure you fully understand life settlements before you make any decisions.

A life settlement may or may not be the right choice for you. The Kentucky Department of Insurance, along with the National Association of Insurance Commissioners (NAIC), is concerned that many consumers may not fully understand life settlements. In addition, some or all of the proceeds of a life settlement may be taxable, and receipt of life settlement proceeds may affect your eligibility for Medicaid or other government benefits. Please be sure to check with a financial professional before making any decision.

Consumer Tips

- Understand how the process works and read all documents carefully.
- Decide whether to sell your policy directly to a life settlement provider or go through a life settlement broker who will do the comparison shopping for you.
- If you do not use a life settlement broker, comparison shop on your own.
- You do not have to accept any life settlement offer.
- Be sure to read through the life settlement application for accuracy, especially information about your medical history.
- Understand that you have the ability to cancel the contract within the first 30 days after you have signed a contract or 15 days after you have received the settlement money.
- Understand that buyers will have access to your medical information and they have the right to contact you as often as every 3 months to discuss any changes in your medical information.

Consumer Alert

Be cautious if you are:

- * asked to invest in or buy a life settlement contract;
- * interested in selling your life insurance policy and want more information; or
- * contacted by someone who wants you to buy a life insurance policy then immediately sell that policy as a life settlement transaction.

Additional Questions to Consider

- ? Do I still need life insurance protection?
- ? How does the life settlement provider decide how much cash my policy is worth?
- ? Do different life settlement providers make different offers?
- ? What costs including commissions will I have to pay if I sell my policy?
- ? Are the life settlement provider and/or broker licensed in Kentucky?
- ? Who will become the legal owner of the policy if I sell it?
- ? How often will I be contacted to determine my continuing health condition?
- ? After I sell my policy, can it be resold?
- ? Will I always know who owns the policy?

Steps in the Life Settlement Process

1. A written statement from a licensed attending physician that you are of sound mind to sell your policy.
2. Sign a contract in which you:
 - a. consent to the life settlement contract
 - b. verify any catastrophic or life threatening illness was diagnosed after the policy was issued
 - c. confirm that you fully understand the life settlement contract
 - d. release your medical records
 - e. acknowledge that you entered into the life settlement contract freely and voluntarily

Explore All Your Options: A Checklist

Before you enter into any life settlement transaction, you should:

- Contact your life insurer to learn about all of your possible options under your policy, such as accelerated benefits. It could pay you a substantial portion of your policy's death benefit without selling your policy to a third party. Also ask if there is any cash value in your policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries. You also may be able to use the cash value as security for a loan from a financial institution.
- Contact a licensed life settlement broker or licensed life settlement provider for information about life settlements.
- Consult with your own financial adviser who knows your personal financial needs. Be sure to ask about tax and other financial consequences if you sell your policy. Contact a professional tax adviser to find out the tax implications. Proceeds are only tax-free under certain circumstances.
- Contact the Kentucky Department of Insurance at 800-595-6053 for information about current laws that may protect you.

Other Things to Consider

- Know that your creditors could claim the proceeds.
- Find out if you will lose any Medicaid benefits.
- Find out if you will lose any public assistance benefits.
- Know that you must provide certain medical and personal information to third parties who will receive the proceeds from your policy upon your death. These third parties may sell your policy and pass along your medical and personal information to other individuals.



Kentucky Public Protection Cabinet
Department of Insurance
P.O. Box 517, Frankfort, KY 40602-0517
Toll free: 800-595-6053 TDD: 800-648-6056
<http://insurance.ky.gov/>

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funds on recycled
paper



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August 2008