
A BILL FOR AN ACT

RELATING TO ANNUITIES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that it is necessary to
2 protect consumers who purchase annuity products. The purpose of
3 this Act is to ensure that the insurance needs and financial
4 objectives of consumers in a transaction involving annuity
5 products are appropriately addressed.

6 SECTION 2. Chapter 431:10D, Hawaii Revised Statutes, is
7 amended by adding a new part to be appropriately designated and
8 to read as follows:

9 **"PART . SUITABILITY IN ANNUITY TRANSACTIONS**

10 **§431:10D-A Definitions.** As used in this part, unless a
11 different meaning clearly appears from the context:

12 "Annuity" means a fixed annuity or variable annuity that is
13 individually solicited, whether the product is classified as an
14 individual or group annuity.

15 "Insurance producer" means a person required to be licensed
16 under the laws of the State to sell, solicit, or negotiate
17 insurance, including annuities.



1 "Insurer" means a company required to be licensed under the
2 laws of the State to provide insurance products, including
3 annuities.

4 "Recommendation" means advice provided by an insurance
5 producer, or an insurer where no producer is involved, to an
6 individual consumer that results in a purchase or exchange of an
7 annuity in accordance with that advice.

8 **§431:10D-B Applicability; exemptions.** (a) This part
9 shall apply to any recommendations to purchase or exchange an
10 annuity made to a consumer by an insurance producer, or an
11 insurer where no producer is involved, that results in the
12 purchase or exchange recommended.

13 (b) Unless otherwise specifically included, this part
14 shall not apply to recommendations involving:

15 (1) Direct response solicitations where there is no
16 recommendation based on information collected from the
17 consumer pursuant to this part; or

18 (2) Contracts used to fund:

19 (A) An employee pension or welfare benefit plan that
20 is covered by the Employee Retirement and Income
21 Security Act;



- 1 (B) A plan described by section 401(a), 401(k),
2 403(b), 408(k), or 408(p) of the Internal Revenue
3 Code of 1986, as amended, if established or
4 maintained by an employer;
- 5 (C) A government or church plan defined in section
6 414 of the Internal Revenue Code, a government or
7 church welfare benefit plan, or a deferred
8 compensation plan of a state or local government
9 or tax-exempt organization under section 457 of
10 the Internal Revenue Code;
- 11 (D) A nonqualified deferred compensation arrangement
12 established or maintained by an employer or plan
13 sponsor;
- 14 (E) Settlements of or assumptions of liabilities
15 associated with personal injury litigation or any
16 dispute or claim resolution process; or
- 17 (F) Formal prepaid funeral contracts.

18 **§431:10D-C Duties of insurers and insurance producers.**

- 19 (a) In recommending to a consumer the purchase of an annuity or
20 the exchange of an annuity that results in another insurance
21 transaction or series of insurance transactions, the insurance
22 producer, or the insurer where no producer is involved, shall



1 have reasonable grounds for believing that the recommendation is
2 suitable for the consumer on the basis of the facts disclosed by
3 the consumer about the consumer's investments, other insurance
4 products, financial situation, and needs.

5 (b) Prior to the execution of a purchase or exchange of an
6 annuity resulting from a recommendation, an insurance producer,
7 or an insurer where no producer is involved, shall make
8 reasonable efforts to obtain information concerning:

- 9 (1) The consumer's financial status;
10 (2) The consumer's tax status;
11 (3) The consumer's investment objectives; and
12 (4) Such other information used or considered to be
13 reasonable by the insurance producer, or the insurer
14 where no producer is involved, in making
15 recommendations to the consumer.

16 (c) Except as provided under subsection (d), no insurance
17 producer or insurer shall have any obligation to a consumer
18 relating to any recommendation if a consumer:

- 19 (1) Refuses to provide relevant information requested by
20 the insurer or insurance producer;



1 (2) Decides to enter into an insurance transaction that is
2 not based on a recommendation of the insurer or
3 insurance producer; or

4 (3) Fails to provide complete or accurate information.

5 (d) An insurer or insurance producer's recommendation that
6 is subject to subsection (c) shall be reasonable under all of
7 the circumstances actually known to the insurer or insurance
8 producer at the time of the recommendation.

9 (e) An insurer either shall ensure that a system to
10 supervise recommendations that is reasonably designed to achieve
11 compliance with this part is established and maintained by
12 complying with subsections (f) through (h), or shall establish
13 and maintain such a system, which shall include but not be
14 limited to:

15 (1) Maintaining written procedures; and

16 (2) Conducting a periodic review of the insurer's records
17 that is reasonably designed to assist in detecting and
18 preventing violations of this part.

19 (f) A general agent and independent agency either shall
20 adopt a system established by an insurer to supervise
21 recommendations of its insurance producers that is reasonably
22 designed to achieve compliance with this part, or shall



1 establish and maintain such a system, which shall include but
2 not be limited to:

3 (1) Maintaining written procedures; and

4 (2) Conducting a periodic review of the insurer's records
5 that is reasonably designed to assist in detecting and
6 preventing violations of this part.

7 (g) An insurer may contract with a third party, including
8 a general agent or independent agency, to comply with the
9 requirements of subsection (e) and to establish and maintain a
10 system of supervision of insurance producers under contract with
11 or employed by the third party.

12 (h) An insurer shall make reasonable inquiry to ensure
13 that the third party contracting under subsection (g) is
14 performing the functions required under subsection (e) and shall
15 take such action as is reasonable under the circumstances to
16 enforce the contractual obligation to perform the functions. An
17 insurer may comply with its obligation to make reasonable
18 inquiry by:

19 (1) Annually obtaining a certification from a third party
20 senior manager who has responsibility for the
21 delegated functions, that the manager has a reasonable



1 basis to represent, and does represent, that the third
2 party is performing the required functions;

3 (2) Based on reasonable selection criteria, periodically
4 reviewing the performance of selected third parties
5 contracting under subsection (g) to determine whether
6 the third parties are performing the required
7 functions. The insurer shall perform those procedures
8 to conduct the review that are reasonable under the
9 circumstances.

10 (i) An insurer that contracts with a third party pursuant
11 to subsection (g) and that complies with the requirements to
12 supervise in subsection (h) shall have fulfilled its
13 responsibilities under subsection (e).

14 (j) An insurer, general agent, or independent agency is
15 not required by subsections (e) and (f) to:

16 (1) Review, or provide for review of, all insurance
17 producer-solicited transactions; or

18 (2) Include in its system of supervision an insurance
19 producer's recommendations to consumers of products
20 other than the annuities offered by the insurer,
21 general agent, or independent agency.



1 (k) A general agent or independent agency contracting with
2 the insurer pursuant to subsection (g) shall promptly, when
3 requested by the insurer under subsection (h), give
4 certification as described in subsection (h) or give a clear
5 statement that it is unable to satisfy the certification
6 criteria.

7 (1) No person may provide certification under subsection
8 (h) unless:

9 (1) The person is a senior manager with responsibility for
10 the delegated functions; and

11 (2) The person has a reasonable basis for making the
12 certification.

13 (m) Compliance with the National Association of Securities
14 Dealers Conduct Rules pertaining to suitability shall satisfy
15 the requirements under this section for recommending variable
16 annuities; provided that nothing in this section shall limit the
17 commissioner's ability to enforce the provisions of this part.

18 **§431:10D-D Mitigation of responsibility.** (a) The
19 commissioner may order:

20 (1) An insurer to take reasonably appropriate corrective
21 action for any consumer harmed by the insurer's, or by
22 its insurance producer's, violation of this part;



1 (2) An insurance producer to take reasonably appropriate
2 corrective action for any consumer harmed by the
3 insurance producer's violation of this part; and

4 (3) A general agent or independent agency that employs or
5 contracts with an insurance producer to sell, or
6 solicit the sale of annuities to consumers, to take
7 reasonably appropriate corrective action for any
8 consumer harmed by the insurance producer's violation
9 of this part.

10 (b) Any applicable penalty under article 13 for a
11 violation of section 431:10D-C(a), (b), (c), or (d) may be
12 reduced or eliminated if corrective action for the consumer was
13 taken promptly after a violation was discovered.

14 **§431:10D-E Recordkeeping.** Insurers, general agents,
15 independent agencies, and insurance producers shall maintain or
16 otherwise make available to the commissioner records of the
17 information collected from the consumer and other information
18 used in making the recommendations that were the basis for
19 insurance transactions for five years after the insurance
20 transaction is completed by the insurer. An insurer may
21 maintain documentation on behalf of an insurance producer."



1 SECTION 3. Section 431:13-103, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:

3 "(a) The following are defined as unfair methods of
4 competition and unfair or deceptive acts or practices in the
5 business of insurance:

6 (1) Misrepresentations and false advertising of insurance
7 policies. Making, issuing, circulating, or causing to
8 be made, issued, or circulated, any estimate,
9 illustration, circular, statement, sales presentation,
10 omission, or comparison which:

11 (A) Misrepresents the benefits, advantages,
12 conditions, or terms of any insurance policy;

13 (B) Misrepresents the dividends or share of the
14 surplus to be received on any insurance policy;

15 (C) Makes any false or misleading statement as to the
16 dividends or share of surplus previously paid on
17 any insurance policy;

18 (D) Is misleading or is a misrepresentation as to the
19 financial condition of any insurer, or as to the
20 legal reserve system upon which any life insurer
21 operates;



1 (E) Uses any name or title of any insurance policy or
2 class of insurance policies misrepresenting the
3 true nature thereof;

4 (F) Is a misrepresentation for the purpose of
5 inducing or tending to induce the lapse,
6 forfeiture, exchange, conversion, or surrender of
7 any insurance policy;

8 (G) Is a misrepresentation for the purpose of
9 effecting a pledge or assignment of or effecting
10 a loan against any insurance policy;

11 (H) Misrepresents any insurance policy as being
12 shares of stock;

13 (I) Publishes or advertises the assets of any insurer
14 without publishing or advertising with equal
15 conspicuousness the liabilities of the insurer,
16 both as shown by its last annual statement; or

17 (J) Publishes or advertises the capital of any
18 insurer without stating specifically the amount
19 of paid-in and subscribed capital;

20 (2) False information and advertising generally. Making,
21 publishing, disseminating, circulating, or placing
22 before the public, or causing, directly or indirectly,



1 to be made, published, disseminated, circulated, or
2 placed before the public, in a newspaper, magazine, or
3 other publication, or in the form of a notice,
4 circular, pamphlet, letter, or poster, or over any
5 radio or television station, or in any other way, an
6 advertisement, announcement, or statement containing
7 any assertion, representation, or statement with
8 respect to the business of insurance or with respect
9 to any person in the conduct of the person's insurance
10 business, which is untrue, deceptive, or misleading;

11 (3) Defamation. Making, publishing, disseminating, or
12 circulating, directly or indirectly, or aiding,
13 abetting, or encouraging the making, publishing,
14 disseminating, or circulating of any oral or written
15 statement or any pamphlet, circular, article, or
16 literature which is false, or maliciously critical of
17 or derogatory to the financial condition of an
18 insurer, and which is calculated to injure any person
19 engaged in the business of insurance;

20 (4) Boycott, coercion, and intimidation.

21 (A) Entering into any agreement to commit, or by any
22 action committing, any act of boycott, coercion,



1 or intimidation resulting in or tending to result
2 in unreasonable restraint of, or monopoly in, the
3 business of insurance; or

4 (B) Entering into any agreement on the condition,
5 agreement, or understanding that a policy will
6 not be issued or renewed unless the prospective
7 insured contracts for another class or an
8 additional policy of the same class of insurance
9 with the same insurer;

10 (5) False financial statements.

11 (A) Knowingly filing with any supervisory or other
12 public official, or knowingly making, publishing,
13 disseminating, circulating, or delivering to any
14 person, or placing before the public, or
15 knowingly causing, directly or indirectly, to be
16 made, published, disseminated, circulated,
17 delivered to any person, or placed before the
18 public, any false statement of a material fact as
19 to the financial condition of an insurer; or

20 (B) Knowingly making any false entry of a material
21 fact in any book, report, or statement of any
22 insurer with intent to deceive any agent or



1 examiner lawfully appointed to examine into its
2 condition or into any of its affairs, or any
3 public official to whom the insurer is required
4 by law to report, or who has authority by law to
5 examine into its condition or into any of its
6 affairs, or, with like intent, knowingly omitting
7 to make a true entry of any material fact
8 pertaining to the business of the insurer in any
9 book, report, or statement of the insurer;

10 (6) Stock operations and advisory board contracts.

11 Issuing or delivering or permitting agents, officers,
12 or employees to issue or deliver, agency company stock
13 or other capital stock, or benefit certificates or
14 shares in any common-law corporation, or securities or
15 any special or advisory board contracts or other
16 contracts of any kind promising returns and profits as
17 an inducement to insurance;

18 (7) Unfair discrimination.

19 (A) Making or permitting any unfair discrimination
20 between individuals of the same class and equal
21 expectation of life in the rates charged for any
22 ~~[contract]~~ policy of life insurance or ~~[of life]~~



1 annuity contract or in the dividends or other
2 benefits payable thereon, or in any other of the
3 terms and conditions of the contract;

4 (B) Making or permitting any unfair discrimination in
5 favor of particular individuals or persons, or
6 between insureds or subjects of insurance having
7 substantially like insuring, risk, and exposure
8 factors, or expense elements, in the terms or
9 conditions of any insurance contract, or in the
10 rate or amount of premium charge therefor, or in
11 the benefits payable or in any other rights or
12 privilege accruing thereunder;

13 (C) Making or permitting any unfair discrimination
14 between individuals or risks of the same class
15 and of essentially the same hazards by refusing
16 to issue, refusing to renew, canceling, or
17 limiting the amount of insurance coverage on a
18 property or casualty risk because of the
19 geographic location of the risk, unless:

20 (i) The refusal, cancellation, or limitation is
21 for a business purpose which is not a mere
22 pretext for unfair discrimination; or



- 1 (ii) The refusal, cancellation, or limitation is
- 2 required by law or regulatory mandate;
- 3 (D) Making or permitting any unfair discrimination
- 4 between individuals or risks of the same class
- 5 and of essentially the same hazards by refusing
- 6 to issue, refusing to renew, canceling, or
- 7 limiting the amount of insurance coverage on a
- 8 residential property risk, or the personal
- 9 property contained therein, because of the age of
- 10 the residential property, unless:
- 11 (i) The refusal, cancellation, or limitation is
- 12 for a business purpose which is not a mere
- 13 pretext for unfair discrimination; or
- 14 (ii) The refusal, cancellation, or limitation is
- 15 required by law or regulatory mandate;
- 16 (E) Refusing to insure, refusing to continue to
- 17 insure, or limiting the amount of coverage
- 18 available to an individual because of the sex or
- 19 marital status of the individual; however,
- 20 nothing in this subsection shall prohibit an
- 21 insurer from taking marital status into account



1 for the purpose of defining persons eligible for
2 dependent benefits;

3 (F) Terminating or modifying coverage, or refusing to
4 issue or renew any property or casualty policy or
5 contract of insurance solely because the
6 applicant or insured or any employee of either is
7 mentally or physically impaired; provided that
8 this subparagraph shall not apply to accident and
9 health or sickness insurance sold by a casualty
10 insurer; provided further that this subparagraph
11 shall not be interpreted to modify any other
12 provision of law relating to the termination,
13 modification, issuance, or renewal of any
14 insurance policy or contract;

15 (G) Refusing to insure, refusing to continue to
16 insure, or limiting the amount of coverage
17 available to an individual based solely upon the
18 individual's having taken a human
19 immunodeficiency virus (HIV) test prior to
20 applying for insurance; or

21 (H) Refusing to insure, refusing to continue to
22 insure, or limiting the amount of coverage



1 available to an individual because the individual
2 refuses to consent to the release of information
3 which is confidential as provided in section 325-
4 101; provided that nothing in this subparagraph
5 shall prohibit an insurer from obtaining and
6 using the results of a test satisfying the
7 requirements of the commissioner, which was taken
8 with the consent of an applicant for insurance;
9 provided further that any applicant for insurance
10 who is tested for HIV infection shall be afforded
11 the opportunity to obtain the test results,
12 within a reasonable time after being tested, and
13 that the confidentiality of the test results
14 shall be maintained as provided by section 325-
15 101;

16 (8) Rebates. Except as otherwise expressly provided by
17 law:

18 (A) Knowingly permitting or offering to make or
19 making any contract of insurance, or agreement as
20 to the contract other than as plainly expressed
21 in the contract, or paying or allowing, or giving
22 or offering to pay, allow, or give, directly or



1 indirectly, as inducement to the insurance, any
2 rebate of premiums payable on the contract, or
3 any special favor or advantage in the dividends
4 or other benefits, or any valuable consideration
5 or inducement not specified in the contract; or

6 (B) Giving, selling, or purchasing, or offering to
7 give, sell, or purchase as inducement to the
8 insurance or in connection therewith, any stocks,
9 bonds, or other securities of any insurance
10 company or other corporation, association, or
11 partnership, or any dividends or profits accrued
12 thereon, or anything of value not specified in
13 the contract;

14 (9) Nothing in paragraph (7) or (8) shall be construed as
15 including within the definition of discrimination or
16 rebates any of the following practices:

17 (A) In the case of any [~~contract of~~] life insurance
18 policy or [~~life~~] annuity[~~7~~] contract, paying
19 bonuses to policyholders or otherwise abating
20 their premiums in whole or in part out of surplus
21 accumulated from nonparticipating insurance;
22 provided that any bonus or abatement of premiums



- 1 shall be fair and equitable to policyholders and
2 in the best interests of the insurer and its
3 policyholders;
- 4 (B) In the case of life insurance policies issued on
5 the industrial debit plan, making allowance to
6 policyholders who have continuously for a
7 specified period made premium payments directly
8 to an office of the insurer in an amount which
9 fairly represents the saving in collection
10 expense;
- 11 (C) Readjustment of the rate of premium for a group
12 insurance policy based on the loss or expense
13 experience thereunder, at the end of the first or
14 any subsequent policy year of insurance
15 thereunder, which may be made retroactive only
16 for the policy year; and
- 17 (D) In the case of any contract of insurance, the
18 distribution of savings, earnings, or surplus
19 equitably among a class of policyholders, all in
20 accordance with this article;



- 1 (10) Refusing to provide or limiting coverage available to
- 2 an individual because the individual may have a third-
- 3 party claim for recovery of damages; provided that:
- 4 (A) Where damages are recovered by judgment or
- 5 settlement of a third-party claim, reimbursement
- 6 of past benefits paid shall be allowed pursuant
- 7 to section 663-10;
- 8 (B) This paragraph shall not apply to entities
- 9 licensed under chapter 386 or 431:10C; and
- 10 (C) For entities licensed under chapter 432 or 432D:
- 11 (i) It shall not be a violation of this section
- 12 to refuse to provide or limit coverage
- 13 available to an individual because the
- 14 entity determines that the individual
- 15 reasonably appears to have coverage
- 16 available under chapter 386 or 431:10C; and
- 17 (ii) Payment of claims to an individual who may
- 18 have a third-party claim for recovery of
- 19 damages may be conditioned upon the
- 20 individual first signing and submitting to
- 21 the entity documents to secure the lien and
- 22 reimbursement rights of the entity and



1 providing information reasonably related to
2 the entity's investigation of its liability
3 for coverage.

4 Any individual who knows or reasonably should
5 know that the individual may have a third-party
6 claim for recovery of damages and who fails to
7 provide timely notice of the potential claim to
8 the entity, shall be deemed to have waived the
9 prohibition of this paragraph against refusal or
10 limitation of coverage. "Third-party claim" for
11 purposes of this paragraph means any tort claim
12 for monetary recovery or damages that the
13 individual has against any person, entity, or
14 insurer, other than the entity licensed under
15 chapter 432 or 432D;

16 (11) Unfair claim settlement practices. Committing or
17 performing with such frequency as to indicate a
18 general business practice any of the following:

- 19 (A) Misrepresenting pertinent facts or insurance
20 policy provisions relating to coverages at issue;
- 21 (B) With respect to claims arising under its
22 policies, failing to respond with reasonable



1 promptness, in no case more than fifteen working

2 days, to communications received from:

3 (i) The insurer's policyholder;

4 (ii) Any other persons, including the

5 commissioner; or

6 (iii) The insurer of a person involved in an

7 incident in which the insurer's policyholder

8 is also involved.

9 The response shall be more than an acknowledgment

10 that [~~such~~] the person's communication has been

11 received, and shall adequately address the

12 concerns stated in the communication;

13 (C) Failing to adopt and implement reasonable

14 standards for the prompt investigation of claims

15 arising under insurance policies;

16 (D) Refusing to pay claims without conducting a

17 reasonable investigation based upon all available

18 information;

19 (E) Failing to affirm or deny coverage of claims

20 within a reasonable time after proof of loss

21 statements have been completed;



- 1 (F) Failing to offer payment within thirty calendar
- 2 days of affirmation of liability, if the amount
- 3 of the claim has been determined and is not in
- 4 dispute;
- 5 (G) Failing to provide the insured, or when
- 6 applicable the insured's beneficiary, with a
- 7 reasonable written explanation for any delay, on
- 8 every claim remaining unresolved for thirty
- 9 calendar days from the date it was reported;
- 10 (H) Not attempting in good faith to effectuate
- 11 prompt, fair, and equitable settlements of claims
- 12 in which liability has become reasonably clear;
- 13 (I) Compelling insureds to institute litigation to
- 14 recover amounts due under an insurance policy by
- 15 offering substantially less than the amounts
- 16 ultimately recovered in actions brought by the
- 17 insureds;
- 18 (J) Attempting to settle a claim for less than the
- 19 amount to which a reasonable person would have
- 20 believed the person was entitled by reference to
- 21 written or printed advertising material
- 22 accompanying or made part of an application;



- 1 (K) Attempting to settle claims on the basis of an
- 2 application which was altered without notice,
- 3 knowledge, or consent of the insured;
- 4 (L) Making claims payments to insureds or
- 5 beneficiaries not accompanied by a statement
- 6 setting forth the coverage under which the
- 7 payments are being made;
- 8 (M) Making known to insureds or claimants a policy of
- 9 appealing from arbitration awards in favor of
- 10 insureds or claimants for the purpose of
- 11 compelling them to accept settlements or
- 12 compromises less than the amount awarded in
- 13 arbitration;
- 14 (N) Delaying the investigation or payment of claims
- 15 by requiring an insured, claimant, or the
- 16 physician of either to submit a preliminary claim
- 17 report and then requiring the subsequent
- 18 submission of formal proof of loss forms, both of
- 19 which submissions contain substantially the same
- 20 information;
- 21 (O) Failing to promptly settle claims, where
- 22 liability has become reasonably clear, under one



1 portion of the insurance policy coverage to
2 influence settlements under other portions of the
3 insurance policy coverage;

4 (P) Failing to promptly provide a reasonable
5 explanation of the basis in the insurance policy
6 in relation to the facts or applicable law for
7 denial of a claim or for the offer of a
8 compromise settlement; and

9 (Q) Indicating to the insured on any payment draft,
10 check, or in any accompanying letter that the
11 payment is "final" or is "a release" of any claim
12 if additional benefits relating to the claim are
13 probable under coverages afforded by the policy;
14 unless the policy limit has been paid or there is
15 a bona fide dispute over either the coverage or
16 the amount payable under the policy;

17 (12) Failure to maintain complaint handling procedures.

18 Failure of any insurer to maintain a complete record
19 of all the complaints which it has received since the
20 date of its last examination under section 431:2-302.

21 This record shall indicate the total number of

22 complaints, their classification by line of insurance,



1 the nature of each complaint, the disposition of these
2 complaints, and the time it took to process each
3 complaint. For purposes of this section, "complaint"
4 means any written communication primarily expressing a
5 grievance; [~~and~~]

6 (13) Misrepresentation in insurance applications. Making
7 false or fraudulent statements or representations on
8 or relative to an application for an insurance policy,
9 for the purpose of obtaining a fee, commission, money,
10 or other benefit from any insurer, producer, or
11 individual[~~[-]~~]; and

12 (14) Failure to obtain information. Failure of any
13 insurance producer, or an insurer where no producer is
14 involved, to comply with section 431:10D-C(a), (b),
15 (c), or (d) by making reasonable efforts to obtain
16 information about a consumer before making a
17 recommendation to a consumer to purchase or exchange
18 an annuity."

19 SECTION 4. In codifying the new sections added by section
20 2 of this Act, the revisor of statutes shall substitute
21 appropriate section numbers for the letters used in designating
22 the new sections in this Act.



Report Title:

Protection in Annuity Transactions

Description:

Establishes standards and procedures to be followed by insurers or insurance producers when making recommendations to consumers who are considering the purchase or exchange of any annuity.

