Taxing Insurance Bad-Faith Recoveries

by Robert W. Wood


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In this article, Wood discusses the taxability of recoveries for bad-faith claims against insurance carriers, which are becoming common and can involve significant amounts.

Are insurance bad-faith litigation recoveries taxable? The annoying answer is that it depends. That answer may be a bit less annoying with a brief description of what those claims entail — they may be tort or contract claims, depending on the facts and the jurisdiction.

A bad-faith claim may be brought against one's own insurance carrier or sometimes even against someone else's carrier. A common scenario is that the insurance company defendant did not proceed appropriately to pay a claim and thus caused the plaintiff additional damages. Unlike a legal malpractice claim against a lawyer, one key question will precede the bad-faith case — what was the underlying issue (which may or may not have been litigated) that gave rise to the insurance claim?

Most tax professionals will start to imagine a physical injury accident in which the insurance company pays too little too late and must later pay more for the same injuries via a bad-faith claim. That is a useful (and common) example to bear in mind.

2009 IRS Ruling

The most important authority in this area is an IRS private letter ruling that technically is not authority because letter rulings are nonprecedential. It was a bombshell ruling when issued in 2009, and it suggests that some bad-faith recoveries are tax free. Some case law, on the other hand, suggests that taxpayers may be reading the ruling too broadly.

In LTR 200903073, a plaintiff had been employed as a construction worker and, in the course of his employment, was struck by a drunk driver. The drunk driver managed a tavern and had served himself liberally while on duty. The plaintiff was severely injured and sued the driver as well the tavern that employed him.

The plaintiff received a jury verdict consisting of compensatory damages for his personal physical injuries, medical expenses, pain and suffering, and lost earnings, plus punitive damages. After post-trial motions, the jury verdict was reduced to $X in compensatory damages and $Y in punitive damages. The defendants appealed.

Before the judgment, the insurer for the tavern (Insurance Co.) rejected an opportunity to settle for policy limits under the tavern's policy. Under state law, the tavern as policyholder had a cause of action against its insurance company if it acted in bad faith in failing to settle the claim. The tavern believed that it had a cause of action against Insurance Co.

Thus, as part of an agreement to stay the execution of the plaintiff's judgment, the tavern assigned to the plaintiff its rights to pursue a bad-faith claim against Insurance Co. The agreement between the tavern and the plaintiff provided for the assignment of all claims possessed by the tavern and the tavern manager against Insurance Co. regarding the bad-faith claims.

The assignment agreement provided that within 30 days of the termination of the litigation against Insurance Co. (whether by settlement or judgment), the judgment against the manager and the tavern (regarding the plaintiff's personal injury claims) would be marked "satisfied." Eventually, the plaintiff entered into a settlement agreement calling for Insurance Co. to pay $Z to the plaintiff and his attorneys. The settlement agreement provided that upon receipt of payment, the plaintiff would cause the bad-faith insurance litigation to be dismissed with prejudice and cause the personal injury judgment against the tavern manager and the tavern to be marked as satisfied.

Underlying Case Tax Free

The IRS starts its analysis in the letter ruling with the origin of the claim doctrine. Citing *Raytheon*,[1] the IRS states that the critical inquiry is determining what the damages were awarded in lieu of. The plaintiff may have recovered against Insurance Co., but the recovery had its origin in the settlement of the court cases against the tavern manager and the tavern.

Indeed, the plaintiff was merely trying to collect on the judgment against the manager and the tavern for damages awarded on his personal physical injury claim. ''But for'' the personal physical injury claim and his rights as an assignee, the plaintiff would have received nothing from the insurer for the tavern. Quite literally, the plaintiff received money from Insurance Co. only because he was injured.

Thus, the IRS concluded that the section 104 exclusion applied. Interestingly, the IRS noted that the exclusion would not apply to any amounts the plaintiff received that resulted from the punitive claims. Punitive damages are always taxable.[2] LTR 200903073 expresses no opinion on allocating between compensatory and punitive damages.

Contract vs. Tort?

In bad-faith insurance cases, there is an underlying cause of action for which the taxpayer is seeking redress. It might be a personal physical injury action or something else. It may be viewed as a contract claim regarding the insurance policy or as a tort claim regarding the insurance company's operations and its treatment of the plaintiff.

The IRS has usually viewed them as contract actions. Regardless, it is relevant to inquire into the treatment of damages that, at least in part, often concern the original act producing the underlying insurance claim. Not surprisingly, most bad-faith insurance cases concern the mishandling of insurance claims.

Recent Cases

Perhaps as a result of the 2009 letter ruling, some taxpayers may think ''tax free'' when they hear ''bad faith.'' For example, in *Ktsanes*,[3] the taxpayer worked for the Coast Community College District (CCCD) in Orange County, California. In connection with his employment, James Ktsanes participated in a group long-term disability insurance program managed by Union Security Insurance Co.

The insurance premiums were paid by Ktsanes's employer, CCCD, and were not included in Ktsanes's income. Ktsanes developed Bell's palsy, which caused him to be unable to continue working for CCCD. He filed a claim for long-term disability with Union Security, which the insurance company denied, saying that Ktsanes was not sufficiently disabled.

Ktsanes filed a bad-faith claim against Union Security, which was settled for $65,000. Ktsanes claimed the settlement payment was received on account of a physical sickness (Bell's palsy) and therefore excluded it from his gross income under section 104(a)(2).

When the IRS disagreed, he argued that the group long-term disability insurance program was equivalent to a workers' compensation payment and was thus excludable under section 104(a)(1). The Tax Court rejected both arguments and found the settlement to be taxable. It concluded that Ktsanes's damages were received ''on account of'' the insurance company's refusal to pay the insurance claim and not the Bell's palsy that gave rise to the claim. The court reasoned:

> The relief that petitioner sought in his complaint was causally connected (and strongly so) to the denial by Union Security of his claim for long-term disability benefits. Although petitioner's complaint alleged that he became disabled as a result of physical injuries or sickness, this ''but for'' connection is insufficient to satisfy the ''on account of'' relationship discussed in *O'Gilvie* for the purposes of the exclusion under section 104(a)(2). Petitioner would not have filed his complaint if Union Security had not denied his claim but instead paid him the long-term disability payments that he sought. In other words, petitioner sought compensation ''on account of'' the denial of his long-term disability benefits, not for any physical injuries or physical sickness.[4]

On the surface, that reasoning might make it difficult for bad-faith recoveries to qualify under section 104(a)(2). Indeed, when taxpayers claim that bad-faith recoveries are excludable from gross income under that subsection, the personal physical injury or physical sickness almost always concerns the facts that gave rise to the insurance claim, rather than the denial of the claim itself. Put differently, relatively few bad-faith claimants can assert that the insurance company actually caused them physical harm.

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[1]*Raytheon Production Corp. v. Commissioner*, 144 F.2d 110 (1st Cir. 1944).

[2]*See O'Gilvie v. United States*, 519 U.S. 79 (1996); *see also* section 104.

[3]*Ktsanes v. Commissioner*, T.C. Summ. Op. 2014-85.

[4]*Ktsanes*, T.C. Summ. Op. 2014-85 at *8.

But some can claim that the insurance company's delays exacerbated their physical injuries and physical sickness. In that kind of case, the argument for excluding all or part of the eventual bad-faith recovery can be strong. In *Ktsanes*, however, the Tax Court concluded the opinion by stating:

> The $65,000 that [Ktsanes] received in settlement of his suit essentially represented a substitute for what he would have received had his claim been approved. Under these circumstances, no part of that payment is excludable under any subdivision of IRC section 104(a).[5]

That language, emphasized by its placement at the very end of the opinion, seems to contradict the court's previous language. It looks through the insurance claim to the facts that gave rise to it. Moreover, the court implicitly asks how the payment would have been taxed had the insurance claim been paid without dispute.

The taxation of an undisputed payment would surely depend on the facts that gave rise to the insurance claim. In *Ktsanes*, the court seems bothered by section 104(a)(3). Notably, Ktsanes did not raise that subsection as a basis for excluding the settlement payment from his income.

Under section 104(a)(3), amounts received through accident or health insurance for personal injuries or sickness are excludable from gross income. The key qualifier, of course, is that the premiums for the insurance must not have been paid by the insured's employer as a tax-free benefit to the insured. Ktsanes's long-term disability premiums were paid by his employer and were not included in his income. Thus, he clearly did not qualify for tax-free treatment under section 104(a)(3). Had his insurance claim been paid without dispute, it would presumably have been taxable.

Read in that light, *Ktsanes* is much more easily reconciled with the other authorities on bad-faith litigation. The Tax Court may have been preventing insurance payments that were income from being made tax exempt merely because the insurance company agreed to pay the insurance claim only after litigation. Another case decided shortly after the 2009 letter ruling is more troubling.

In *Watts*,[6] the taxpayer sued her automobile insurer, claiming breach of contract, after she sustained physical injuries in a collision with an uninsured motorist. The parties settled for an amount in excess of Watts's $50,000 policy limit. Watts excluded the settlement under section 104(a)(2).

The IRS disallowed the exclusion, asserting that the breach-of-contract action was not based on tort or tort-type rights. Of course, that requirement (from *Schleier*[7]) is now obsolete. Showing a bit of prescience, the taxpayer and the government agreed that the settlement should be analyzed under section 104(a)(2).

But the Tax Court took a dim view:

> The parties apparently believe that the interposing of a lawsuit between the insured and the insurer in this case causes the payment petitioner received from State Farm to constitute "damages" that may be excluded from income only by satisfying the requirements of [section 104(a)(2)]. We disagree.[8]

Instead, the Tax Court analyzed the settlement payment under section 104(a)(3), concerning amounts received "through" accident or health insurance "for" personal injuries or sickness. The Tax Court concluded that the settlement payment could be excluded under section 104(a)(3) up to the policy limits and constituted taxable interest or other taxable income to the extent the settlement payment exceeded the $50,000 policy limit.

In *Watts*, as in *Ktsanes*, the Tax Court seemed focused on making sure that in bad-faith and breach-of-contract cases involving insurers, section 104(a)(2) does not override section 104(a)(3). When the proceeds of bad-faith or breach-of-contract cases would cause payments from insurers to be taxed differently from how the same payments would be taxed if paid by the insurer without dispute, taxpayers might expect the Tax Court to either refuse to apply section 104(a)(2) altogether (as in *Watts*) or to construe its "on account of" language narrowly to render the subsection inapplicable (as in *Ktsanes*).

Notably, however, LTR 200403046 ruled that legal fees allocable to disability benefits were excludable under section 104(a)(3). The ruling involved a taxpayer who purchased disability insurance with after-tax dollars. The taxpayer was disabled on the job, but his claim was denied. The taxpayer thereafter filed suit against the insurance company, alleging bad faith and contract damages.

The taxpayer prevailed, but the insurance company appealed. The matter settled on appeal, and the taxpayer recovered attorney fees and costs. The IRS ruled that because the underlying recovery was excludable under section 104(a)(3), the recovered attorney fees and costs were also excludable.

Hauff v. Petterson[9] is not a tax case, but it is worth reading even if one is focused solely on the taxes.

[5]*Id.* at *11.
[6]*Watts v. Commissioner*, T.C. Memo. 2009-103.
[7]*Commissioner v. Schleier*, 515 U.S. 323 (1995).
[8]*Watts*, T.C. Memo. 2009-103 at *5.
[9]*Hauff v. Petterson*, 755 F. Supp.2d 1138 (D.N.M. 2010).

Instead of analyzing a bad-faith recovery to ascertain how it should be taxed, the court uses the taxability of a recovery to determine whether the insurance company acted in bad faith. David Hauff filed a claim with his automobile insurer after he was involved in a collision with an uninsured motorist and sustained physical injuries.

Among other things, he requested compensation for lost wages. Hauff's insurance carrier agreed to pay him an amount of lost wages based on Hauff's wages *net* of the income tax that he would normally have to pay on them. Hauff demanded that his lost wages be calculated based on his *gross* lost wages and filed suit against his insurer alleging bad faith.

The court determined that amounts received by Hauff for lost wages would be excludable from his income under section 104(a)(2) as amounts received on account of a personal physical injury or physical sickness. Because Hauff would not have to pay tax on the amounts received from his insurer, the court found that the insurer was acting in good faith by paying Hauff only his *net* lost wages. As a result, the court found for the insurer on summary judgment.

Braden[10] predates the 2009 letter ruling but is interesting nonetheless. Charles Braden received $30,000 from a class action settlement with his automobile insurance company. The action was a breach-of-contract bad-faith claim but concerned the underlying physical injury claims Braden had made against the insurance company.

Braden excluded the $30,000 from his gross income under section 104. The IRS disagreed, and the matter went to Tax Court. The IRS moved for summary judgment, arguing that the underlying cause of action was not based on a tort or tort-like rights.

Therefore, the IRS said, it could not be excludable under section 104. The Tax Court, however, denied the motion, stating that the nature of the taxpayer's claim controlled. The fact that the lawsuit was for breach of contract did not foreclose the possibility that the taxpayer's claim was for personal physical injuries.

Conclusion

Given the number of claims insurance companies face for putatively bad-faith behavior, it is surprising that there are not more tax cases considering the treatment to the plaintiff. Some bad-faith plaintiff's lawyers report that they routinely see clients pay tax on the recoveries without complaint. Some plaintiffs may exclude them from income without much thought, and perhaps there are few disputes.

Despite the relative paucity of cases, it seems reasonable to believe that there are an increasing number of bad-faith settlements and judgments. Not all involve good arguments for exclusion, but some do. And sometimes getting to that position requires some creativity.

Indeed, LTR 200903073 involved a bad-faith claim that was originally owned by the tavern policyholder. The claim was later pursued by an injured plaintiff who recovered "on account of" his injuries.

The assigned bad-faith claim enabled the plaintiff to sue the carrier. However, it was the nature of the underlying injury and the plaintiff's claim against the tavern and tavern manager that sparked the assignment. And it was the underlying injury that ultimately led to the recovery. ■

[10]*Braden v. Commissioner*, T.C. Summ. Op. 2006-78.