



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

Legal Division

GASTON CAPERTON
Governor

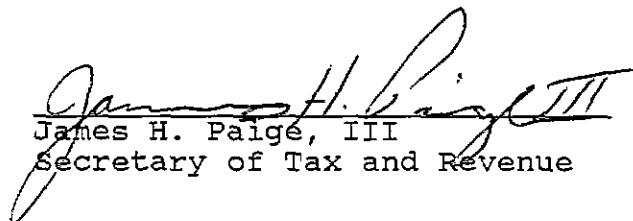
HANLEY C. CLARK
Insurance Commissioner

CONSENT TO FILING OF RULE

To Whom It May Concern:

Pursuant to West Virginia Code § 5F-2-2(a)(12), the undersigned hereby grants consent to the filing of the following rule proposed by the Insurance Commissioner of the State of West Virginia: Title 114, Series 6, relating to "Regulation of Credit Life Insurance and Credit Accident and Sickness Insurance".

Signed this 28th day of November, 1994.


James H. Paige, III
Secretary of Tax and Revenue

OFFICE OF THE
SECRETARY OF REVENUE

NOV 28 4 14 PM '94

FILED

PROMULGATION HISTORY

West Virginia Insurance Commission
Regulation of Credit Life Insurance
and Credit Accident and Sickness Insurance

Title 114 Series 6

7/8/94	Notice of Comment Period Filed on Proposed Rule
8/8/94	Last Date Comments Were Received
8/15/94	Notice of Agency Approval of a Proposed Rule Filed
11/01/94	Date Reviewed and Analysis prepared by Legislative Rule-Making Review Committee
11/28/94	Date Modified and Approved Rule Filed
4/13/95	Date of Final Filing of Legislative Rule
4/13/95	Effective Date of Rule

114CSR6

LEGISLATIVE RULE
INSURANCE COMMISSIONER

SERIES 6
REGULATION OF CREDIT LIFE INSURANCE AND
CREDIT ACCIDENT AND SICKNESS INSURANCE

Section	
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114-6-2.	Definitions.
114-6-3.	Amount of Credit Life Insurance and Credit Accident and Sickness Insurance.
114-6-4.	Term of Credit Life Insurance and Credit Accident and Sickness Insurance.
114-6-5.	Provisions of Policies, Certificates, Applications and Notices of Proposed Insurance.
114-6-6.	Rates and Refunds of Credit Life Insurance and Credit Accident and Sickness Insurance.
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LEGISLATIVE RULE
INSURANCE COMMISSIONERSERIES 6
REGULATION OF CREDIT LIFE INSURANCE AND
CREDIT ACCIDENT AND SICKNESS INSURANCE

§ 114-6-1. General.

1.1. Scope. -- The purpose of this ~~regulation rule~~ is to set forth requirements to be followed by insurers which are transacting credit life insurance and credit accident and sickness insurance in West Virginia for the protection of West Virginia debtors who are participating in such insurance.

~~Subsection (e), section nine, article six, chapter thirty-three of the West Virginia Code of 1931 West Virginia Code § 33-6-9(e) authorizes the Insurance Commissioner to disapprove any form ". . . if the benefits provided therein are unreasonable in relation to the premium charged."~~ After review of credit life and credit accident and sickness insurance transactions in West Virginia, and after careful analysis of the studies and recommendations of the National Association of Insurance Commissioners, it is hereby ruled that benefits are not unreasonable in relation to premiums as provided for in ~~subsection (e), section nine, article six, chapter thirty-three of the West Virginia Code § 33-6-9(e)~~, if a loss ratio of fifty percent (50%) can reasonably be expected to be developed. The insurer will use reporting forms, which are required to be filed annually, will be used to determine if this standard is being met. This ~~regulation rule~~ encompasses the rates, the coverages, and general practices of insurers transacting credit life insurance and credit accident and sickness insurance in the State of West Virginia. All life insurance and all accident and sickness insurance in connection with loans or other credit transactions ~~shall be is~~ subject to the provisions of this ~~regulation rule~~, except ~~such the~~ insurance in connection with a loan or other credit transaction of more than ten (10) years' duration; nor shall insurance be subject to the provisions of this ~~regulation rule~~ where the issuance of ~~such the~~ insurance is an isolated transaction on the part of the insurer not related to an agreement or a plan for insuring debtors of the creditor.

1.2. Authority. -- W. Va. Code §§ 33-2-10 and 46A-3-109(c).

1.3. Filing Date. --

1.4. Effective Date. --

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§ 114-6-2. Definitions.

2.1. "Credit Life Insurance" means insurance on the life of a debtor pursuant to or in connection with a specific loan or other credit transaction.

2.2. "Credit Accident and Sickness Insurance" means insurance on a debtor to provide indemnity for payments becoming due on a specific loan or other credit transaction while the debtor is disabled as defined in the policy.

2.3. "Creditor" means the lender of money or vendor or lessor of goods, services, or property, rights or privileges, for which payment is arranged through a credit transaction, or any successor to the right, title or interest of any such lender, vendor, or lessor, and an affiliate, associate or subsidiary of them or any director, officer, or employee of any of them or any other person in any way associated with any of them.

2.4. "Debtor" means a borrower of money or purchaser or lessee of goods, services, property, rights or privileges for which payment is arranged through a credit transaction.

2.5. "Indebtedness" means the total amount payable by a debtor to a creditor in connection with a loan or other credit transaction.

2.6. "Commissioner" means the Insurance Commissioner of West Virginia.

§ 114-6-3. Amount of Credit Life Insurance and Credit Accident and Sickness Insurance.

3.1.a. Amounts payable - Credit Life Insurance. -- The initial amount of credit life insurance shall not exceed the total amount repayable under the contract of indebtedness and, where an indebtedness is repayable in substantially equal installments, the amount of unpaid indebtedness, whichever is greater.

b. Notwithstanding the provisions of ~~the above~~ paragraph a of this subsection, insurance on agricultural credit transaction commitments, not exceeding two (2) years in duration may be written up to the amount of the loan commitment, on a nondecreasing or level term plan. Notwithstanding the provisions of ~~the above~~ paragraph a of this subsection or any other section of this rule, insurance on educational credit transaction commitments may be written for the amount of the portion of ~~such~~ the commitment that has not been advanced by the creditor.

3.2. Amounts payable - Credit accident and sickness insurance. -- The total amount of periodic indemnity payable by

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credit accident and sickness insurance in the event of disability, as defined in the policy, shall not exceed the aggregate of the periodic scheduled unpaid installments of the indebtedness; and the amount of each periodic indemnity payment shall not exceed the original indebtedness divided by the number of periodic installments.

§ 114-6-4. Term of Credit Life Insurance and Credit Accident and Sickness Insurance.

4.1. Commencement date. -- The term of any credit life insurance or credit accident and sickness insurance shall, subject to acceptance by the insurer, commence on the date when the debtor becomes obligated to the creditor, the date from which interest or finance charges accrued or the date the debtor applied for ~~such~~ the insurance, whichever is later, except that, where a group policy provides coverage with respect to existing obligations, the insurance on a debtor with respect to ~~such~~ the indebtedness shall commence on the effective date of the policy.

4.2. Commencement date where evidence of insurability required. -- Where evidence of insurability is required and ~~such~~ the evidence is furnished more than thirty (30) days after the date when the debtor becomes obligated to the creditor, the term of the insurance may commence on the date which the insurance company determines the evidence to be satisfactory and in ~~such~~ that event there shall be an appropriate refund or adjustment by the insurer of any charge to the debtor for insurance. The term of ~~such~~ the insurance shall not extend more than fifteen (15) days beyond the scheduled maturity date of the indebtedness except when extended by the insurer without additional cost to the debtor.

4.3. Termination date. -- All credit life and credit accident and sickness insurance shall be terminated by the insurer if the indebtedness is discharged due to prepayment by the debtor, renewal or refinancing prior to the scheduled maturity date: Provided, That where no new insurance is issued in connection with a renewed or refinanced indebtedness, insurance furnished under individual policies may be continued if the debtor so elects in a separate written instrument signed and delivered to the insurer at the time of ~~such~~ the renewal or refinancing. In all cases of termination prior to scheduled maturity, a refund shall be paid or credited by the insurer as provided in Section 6.8 of this ~~regulation~~ rule.

§ 114-6-5. Provisions of Policies, Certificates, Applications and Notices of Proposed Insurance.

5.1. Policy or certificate required. -- All credit life insurance and credit accident and sickness insurance shall be evidenced by an individual policy, or in the case of group insurance by a certificate of insurance, ~~which individual policy or~~

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group certificate of insurance shall be delivered to the debtor the insurer shall deliver the individual policy or group certificate of insurance to the debtor.

5.2. Certain information required on policy or certificate. -- Each individual policy or group certificate of credit life insurance and/or credit accident and sickness insurance shall, in addition to other requirements of law, set forth (i) the name and home office address of the insurer, (ii) the names of the debtor or in the case of a certificate under a group policy, the identity by name or otherwise of the debtor, (iii) the premium or amount of payment, if any, by the debtor separately for credit life insurance and credit accident and sickness insurance, (iv) a description of the coverage including the amount of term thereof and any exceptions, limitations and restrictions, and (v) shall state that the benefits shall be paid to the creditor to reduce or extinguish the unpaid indebtedness, and, ~~wherever~~ When the amount of insurance may exceeds the unpaid indebtedness, ~~that~~ any such excess shall be payable to a beneficiary, other than the creditor, named by the debtor or to his or her estate.

5.3. Delivery. -- ~~Said~~ The individual policy or group certificate of insurance shall be delivered by the insurer to the insured debtor at the time the indebtedness is incurred except as ~~hereinafter~~ provided in this section. If ~~said~~ the individual policy or group certificate of insurance is not a copy of the application for ~~such~~ the policy or a notice of proposed insurance, signed by the debtor setting forth the name and home office address of the insurer, the name or names of the debtor(s), the premium or amount of payment by the debtor, if any, separately for credit life insurance and credit accident and sickness insurance, the amount, term and brief description of the coverage provided, the policy shall be delivered by the insurer to the debtor at the time ~~such~~ the indebtedness is incurred. The copy of the application for, or notice of proposed insurance, shall also refer exclusively to insurance coverage, and shall be separate and apart from the loan, sale or other credit statement of account, instrument or agreement, unless set forth in a separate provision on the face or reverse side of the instrument thereof in type at least equal in size and prominence to the type used for the provisions of the instrument thereof: Provided, That the name of the debtor proposed for insurance, any figures relating to the amount of the coverage, and the rate or amount of payment for insurance by the debtor need not be contained in a separate provision of the instrument but may be set forth elsewhere in the instrument. Upon acceptance of the insurance by the insurer and within forty-five (45) days of the date upon which the indebtedness is incurred, the insurer shall cause the individual policy or group certificate of insurance to be delivered to the debtor. ~~Said~~ The application or notice of proposed insurance shall state that upon acceptance by the insurer,

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the insurance shall becomes effective as provided in Section 4 [§ 114-6-4] of this ~~regulation~~ rule.

5.4. Substituted insurer. -- If the named insurer does not accept the risk, then ~~and in such event~~ the debtor shall must receive from the substituted insurer a policy or certificate of insurance setting forth the name and home office address of the substituted insurer and the amount of the premium to be charged and if the amount of premium is less than that set forth in the notice of proposed insurance an appropriate refund shall be made.

§ 114-6-6. Rates and Refunds of Credit Life Insurance and Credit Accident and Sickness Insurance.

6.1.a. Credit life insurance. - Prima facie reasonable rates. -- ~~A West Virginia insurance statute (subsection (e), section nine, article six, chapter thirty-three of the West Virginia Code)~~ § 33-6-9(e) provides that the Commissioner shall disapprove any form of policy, application, rider or endorsement or withdraw any previous approval if the benefits provided therein are unreasonable in relation to the premium charged. A single premium rate of sixty-five cents (\$.65) per annum per one hundred dollars (\$100) of decreasing term life insurance discounted at three percent (3%) per annum for interest and mortality after the first twelve (12) months (or its actuarial equivalent if other than single premium) ~~shall be deemed is~~ prima facie reasonable and any rate in this amount or less will be approved without statistical justification. A premium payable monthly at a rate of one dollar (\$1.00) per one thousand dollars (\$1,000) of outstanding unpaid insured indebtedness or a single premium of one dollar and twenty cents (\$1.20) per annum per one hundred dollars (\$100) of level term credit life insurance, ~~shall be deemed is~~ the actuarial equivalent of the sixty-five cent (\$.65) rate.

b. A single premium rate of one dollar (\$1.00) per annum per one hundred dollars (\$100) of decreasing term joint life insurance discounted at three percent (3%) per annum for interest and mortality after the first twelve (12) months (or its actuarial equivalent if other than single premium) ~~shall be deemed is~~ prima facie reasonable and any rate in this amount or less will be approved without statistical justification.

c. For dismemberment benefit, the premium rate shall be not more than five cents (\$.05) per one hundred dollars (\$100) per annum.

6.2. Credit life insurance - Exceptions, exclusions and limitations on coverage. -- ~~Such~~ The rates as referred to in Section 6.1 of ~~these~~ this rules, ~~will be~~ are presumed reasonable only if the policies contain no exceptions, limitations or exclusions other than for suicide and ~~which~~ contain no age

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restrictions, or only age restrictions making ineligible for the coverage, debtors sixty-five (65) or older at the time the indebtedness is incurred, or debtors who will have attained age sixty-six (66) or over on the maturity date of the indebtedness.

6.3.a. Accident and sickness insurance - Prima facie reasonable rates. -- For credit accident and sickness insurance the following single premium rates per one hundred dollars (\$100) of initial insured indebtedness ~~shall be deemed~~ are prima facie reasonable: (See Table 114.6A found at the end of this regulation rule.)

b. Rates for policies of credit accident and sickness insurance on which premiums are paid other than on a single premium basis or for benefits on a basis other than illustrated ~~above~~ in this section shall be actuarially consistent with the rates specified ~~above~~ in this section.

6.4.a. Credit accident and sickness insurance - Exceptions, exclusions and limitations on coverage. -- The premium rates referred to in Table 114-6A, Schedule A, Section 6.3 of ~~these~~ this rules are for policies which contain no exclusion for preexisting conditions except for those conditions which manifested themselves to the insured by requiring medical diagnosis or treatment within the six (6) months preceding the taking of the application for insurance and which caused loss within six (6) months following the effective date of coverage: Provided, That disability commencing thereafter six months from the application date resulting from such preexisting conditions shall be covered.

b. The premium rates referred to in Table 114-6A, Schedule B, Section 6.3 of ~~these~~ this rules are for policies which contain no exclusions for preexisting conditions.

c. Any contract to which the foregoing rates apply may contain provisions excluding or restricting coverage in the event of total disability resulting from pregnancy, intentionally self-inflicted injuries, foreign travel or residence, flight in nonscheduled aircraft, war or military service. (Except in unusual cases ~~such~~ this insurance should not be sold to military persons, since their pay continues through periods of disability.) The policies may contain the same age limitation for eligibility as set forth for credit life policies.

6.5. Premium payment. -- The amount charged to a debtor for credit life or credit accident and sickness insurance shall not exceed the premiums charged by the insurer as computed at the time the charge to the debtor is determined.

6.6. Restrictive coverage. -- Separate rate filings required. -- If credit life or credit accident and sickness coverage is

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offered which is more restrictive than provided in Sections 6.2 and 6.4 of this ~~regulation rule~~, the insurer shall, by a separate filing, demonstrate to the satisfaction of the Commissioner that the schedule of premium rates applicable to ~~such forms~~ the more restrictive forms will or can reasonably be expected to produce a loss ratio of fifty percent (50%).

6.7. Deviations from prima facie reasonable rates. -- An insurer may receive approval of a higher premium rate to be used, on a credible case, or a class of business, or in connection with a particular policy form, for insurance on debtors of creditors if the insurer demonstrates, to the satisfaction of the Commissioner, that the mortality or morbidity experience will or can reasonably be expected to produce a loss ratio of fifty percent (50%): Provided, That a loss ratio of less than sixty percent (60%) shall not be considered for purposes of an upward deviation.

6.8. Refunds. -- With respect to policies issued and certificates subject to this ~~regulation rule~~:

a. The refund of an unearned amount paid by or charged to the debtor for insurance in the case of reducing term credit life insurance or of credit accident sickness insurance, on which ~~such~~ the charges to the debtor are payable by other than a single sum and of level term credit life insurance shall be no less than the pro rata gross unearned amount charged-;

b. The refund of an unearned amount paid by or charged to the debtor for insurance in the case of reducing term credit life insurance or of credit accident and sickness insurance, on which the insurance charges to the debtor are paid in a single sum shall not be less than the amount computed by the "Sum of the Digits" formula, commonly known as the "Rule of 78-";

c. A premium refund or credit need not be made if the amount ~~thereof~~ the refund or credit is less than one dollar (\$1.00)-;

d. A creditor, such as a retailer, lending institution or other entity, that is a creditor in a consumer credit sale or consumer loan and the seller of credit insurance on that loan must automatically cancel ~~such~~ the insurance and refund unearned consumer credit insurance premiums when a consumer credit sale or consumer loan, refinancing, or consolidation is paid in full. If credit insurance is sold to a consumer/debtor, the creditor, such as a retailer, lending institution or other entity, that is the creditor in a consumer credit sale or consumer loan, but is not the seller of a credit insurance policy on ~~such~~ the sale or loan must notify a consumer debtor/insured of his or her right to cancel his or her credit insurance policy and to receive a refund for any unearned premiums paid when a consumer credit sale or loan,

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refinancing or consolidation is paid in full. The following forms shall be used by creditors:

A. The form incorporated into this ~~regulation rule~~ as Appendix A, which a retailer, lending institution or other entity that is the creditor on the loan and seller or provider of the consumer credit insurance policy shall ~~may~~ use to notify a consumer debtor/insured when his or her policy insurance coverage has been cancelled and the unearned premiums have been automatically refunded by deducting these premiums from the loan balance; provided, that such the retailer, lending institution or other entity may use an alternative notice form, which is consistent with the general course of business of the creditor and which advises the consumer debtor/insured of cancellation of his/her credit insurance and the application of a refund of his/her credit insurance;

B. The form incorporated into this ~~regulation rule~~ as Appendix B, which a retailer, lending institution or other entity that is the creditor on the loan and the seller of the insurance policy shall use to notify the insurer that the debtor/insured's policy has been cancelled and that the insurer must refund any unearned premiums to the consumer debtor/insured; and

C. The form incorporated into this ~~regulation rule~~ as Appendix C, which a retailer, lending institution or other entity that is the creditor on the loan but not the seller of the insurance policy must use to notify a consumer debtor/insured of his or her right to cancel any ~~such~~ credit insurance policy and to receive a refund of any unearned premiums paid for this insurance.

6.9. Responsibility for reviewing lender's accounts. -- It ~~shall be~~ is the responsibility of the insurer to review each lender's account at least every eighteen (18) months verifying the accuracy of premium payments, or other identifiable insurance charges, premium refunds, and claims incurred and to be prepared to exhibit the results of ~~such~~ the review upon request of the Commissioner.

6.10. Filing of experience information. -- ~~An insurer~~ insurers doing credit life and/or credit accident and sickness insurance business in this State shall annually file with the Insurance Department a report of ~~its~~ the insurer's credit life insurance experience and credit accident and sickness insurance experience separately on reporting forms prescribed by the Commissioner.

6.11. Separability. -- If any provision of this ~~regulation rule shall be~~ is held invalid, the remainder of the ~~regulation rule shall not be affected thereby~~ by that section's invalidity.

§ 114-6-7. Amendments.

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Amendments - Effective date. -- Amendments to this regulation rule were promulgated and filed in the office of the Secretary of State on May 20, 1971, and said these amendments shall become effective on August 1, 1971. All credit life and credit accident and sickness insurance rates and forms, delivered or issued for delivery on and after August 1, 1971, except as hereinafter provided, shall conform to the provisions of said the amendments as of that date. With regard to existing group credit life and credit accident and sickness insurance policies, the rates and forms shall be amended to conform to the requirements of said the amendments, or be terminated not later than the anniversary of the date of issue of the contract next following the effective date of said the amendments. Existing group credit life and credit accident and sickness insurance contracts that are renewed, reissued or replaced other than on their normal anniversary date of issue and all group credit life and credit accident and sickness insurance contracts newly issued to replace or supplement a creditor's existing insurance program on or after May 20, 1971, shall conform to the requirements of said the amendments on and after August 1, 1971. No replacement or amendment of group policies to postpone the effect of said the amendments will be recognized for the purpose of this section.

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Table 114.6A

Schedule A (6 months preexist)

No. of Months in which indebted- ness is repayable	Nonretroactive Benefits		Retroactive Benefits	
	14-day Nonretro	30-day Nonretro	14-day Retro	30-day Retro
1-6	\$1.30	\$.75	\$1.90	\$1.40
7-12	1.75	1.20	2.30	1.85
13-24	2.50	1.95	3.00	2.60
25-36	3.00	2.45	3.45	3.05
37-48	3.25	2.65	3.65	3.30
49-60	3.50	2.90	3.90	3.55
61-72	3.75	3.15	4.15	3.80
73-84	3.95	3.40	4.35	4.00
85-96	4.15	3.60	4.55	4.20
97-108	4.35	3.80	4.75	4.40
109-120	4.55	4.00	4.95	4.60

Schedule B (No preexist)

No. of Months in which indebted- ness is repayable	Nonretroactive Benefits		Retroactive Benefits	
	14-day Nonretro	30-day Nonretro	14-day Retro	30-day Retro
1-6	\$1.45	\$.90	\$2.15	\$1.55
7-12	1.95	1.40	2.65	2.15
13-24	2.80	2.20	3.35	2.85
25-36	3.45	2.80	4.00	3.50
37-48	3.75	3.05	4.30	3.80
49-60	4.05	3.35	4.55	4.05
61-72	4.35	3.60	4.80	4.35
73-84	4.65	3.90	5.05	4.60
85-96	4.90	4.20	5.30	4.85
97-108	5.10	4.40	5.55	5.10
109-120	5.30	4.60	5.75	5.35

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Appendix A

(Name and Address of Financial Institution, Retailer, or Company)

Re: Credit Insurance with (Name of Insurance Company)

Dear (Debtor/Insured):

As a result of your payment in full of account number _____, the credit insurance policy or certificate issued in conjunction with this account has been cancelled. Remaining unearned premiums (if any) from your policy or certificate have been deducted from your loan balance to arrive at your payoff amount.

If you have other credit insurance policies in effect on this account, you must notify the insurer(s) that you have paid off this account and request that the insurer refund you any unearned insurance premiums.

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Appendix B

(Name and Address of Institution, Retailer, or Company)

Re: (Name and Address, Account #, & Insurance Policy #)

Dear (Name of Insurance Company):

As a result of the payment in full of the above account, the credit insurance policy or certificate issued in conjunction with this account is cancelled. You are obligated, by law, to pay to the insured any refund of unearned premiums within 45 days of receipt of this notice of cancellation.

Appendix C

(Name and Address of Institution, Retailer or Company)

Dear (Debtor/Insured):

As a result of your payment in full of account number _____, you have the right to cancel any credit insurance policy or certificate issued in conjunction with that account and receive a refund of any unearned insurance premiums.

To cancel the credit insurance policy or certificate, please notify, in writing, the seller(s) of this insurance listed below:

Seller:
(Address)

Insurer:
(Address)

114-6
Bill-Insurance, Credit Life

HLI

H. B. 2174

(By Delegates Gallagher, Douglas, Compton,
Linch, Faircloth and Riggs)

(Introduced January 23, 1995 ; referred to the
Committee on Banking and Insurance then the Judiciary .)

A BILL to amend and reenact section two, article seven, chapter sixty-four of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to authorizing the insurance commissioner to promulgate legislative rules relating to the regulation of credit life insurance and credit accident and sickness insurance.

Be it enacted by the Legislature of West Virginia:

That section two, article seven, chapter sixty-four of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted, to read as follows:

ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO PROMULGATE LEGISLATIVE RULES.

§64-7-2. Insurance commissioner.

(a) The legislative rules filed in the state register on the eighteenth day of October, one thousand nine hundred

1 eighty-three, relating to the insurance commissioner (excess line
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the
4 eighteenth day of August, one thousand nine hundred eighty-six,
5 modified by the insurance commissioner to meet the objections of
6 the legislative rule-making review committee and refiled in the
7 state register on the twelfth day of December, one thousand nine
8 hundred eighty-six, relating to the insurance commissioner
9 (examiners' compensation, qualification and classification), are
10 authorized.

11 (c) The legislative rules filed in the state register on the
12 twentieth day of February, one thousand nine hundred
13 eighty-seven, relating to the insurance commissioner (West
14 Virginia essential property insurance association), are
15 authorized.

16 (d) The legislative rules filed in the state register on the
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,
18 relating to the insurance commissioner (medical malpractice
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the
21 thirty-first day of July, one thousand nine hundred eighty-seven,
22 modified by the insurance commissioner to meet the objections of
23 the legislative rule-making review committee and refiled in the
24 state register on the seventh day of November, one thousand nine
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the
4 thirtieth day of November, one thousand nine hundred
5 eighty-eight, modified by the insurance commissioner to meet the
6 objections of the legislative rule-making review committee and
7 refiled in the state register on the twenty-first day of
8 February, one thousand nine hundred eighty-nine, relating to the
9 insurance commissioner (transitional requirements for the
10 conversion of Medicare supplement insurance benefits and premiums
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,
14 modified by the insurance commissioner to meet the objections of
15 the legislative rule-making review committee and refiled in the
16 state register on the twenty-eighth day of September, one
17 thousand nine hundred eighty-nine, relating to the insurance
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the
20 second day of February, one thousand nine hundred ninety,
21 modified by the insurance commissioner to meet the objections of
22 the legislative rule-making review committee and refiled in the
23 state register on the twenty-ninth day of May, one thousand nine
24 hundred ninety, relating to the insurance commissioner (accident
25 and sickness rate filing), are authorized.

1 (i) The legislative rules filed in the state register on the
2 tenth day of August, one thousand nine hundred ninety, modified
3 by the insurance commissioner to meet the objections of the
4 legislative rule-making review committee and refiled in the state
5 register on the ninth day of October, one thousand nine hundred
6 ninety, relating to the insurance commissioner (group
7 coordination of benefits), are authorized.

8 (j) The legislative rules filed in the state register on the
9 tenth day of August, one thousand nine hundred ninety, modified
10 by the insurance commissioner to meet the objections of the
11 legislative rule-making review committee and refiled in the state
12 register on the seventeenth day of January, one thousand nine
13 hundred ninety-one, relating to the insurance commissioner (AIDS
14 regulations), are authorized.

15 (k) The legislative rules filed in the state register on the
16 third day of December, one thousand nine hundred ninety, relating
17 to the insurance commissioner (health insurance benefits for
18 temporomandibular and craniomandibular disorders), are
19 authorized.

20 (l) The legislative rules filed in the state register on the
21 twelfth day of August, one thousand nine hundred ninety-one,
22 modified by the insurance commissioner to meet the objections of
23 the legislative rule-making review committee and refiled in the
24 state register on the thirteenth day of January, one thousand
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the
4 ninth day of August, one thousand nine hundred ninety-one,
5 modified by the insurance commissioner to meet the objections of
6 the legislative rule-making review committee and refiled in the
7 state register on the thirteenth day of January, one thousand
8 nine hundred ninety-two, relating to the insurance commissioner
9 (examiners' compensation, qualifications and classification), are
10 authorized.

11 (n) The legislative rules filed in the state register on the
12 seventeenth day of July, one thousand nine hundred ninety-one,
13 modified by the insurance commissioner to meet the objections of
14 the legislative rule-making review committee and refiled in the
15 state register on the thirteenth day of January, one thousand
16 nine hundred ninety-two, relating to the insurance commissioner
17 (permanent regulations on Medicare supplement insurance), are
18 authorized.

19 (o) The legislative rules filed in the state register on the
20 twelfth day of August, one thousand nine hundred ninety-one,
21 modified by the insurance commissioner to meet the objections of
22 the legislative rule-making review committee and refiled in the
23 state register on the thirteenth day of January, one thousand
24 nine hundred ninety-two, relating to the insurance commissioner

1 ("tail" malpractice insurance covering certain medical and allied
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the
4 eighteenth day of September, one thousand nine hundred
5 ninety-two, relating to the insurance commissioner (regulation of
6 credit life insurance and credit accident and sickness
7 insurance), are authorized.

8 (q) The legislative rules filed in the state register on the
9 eighteenth day of September, one thousand nine hundred
10 ninety-two, modified by the insurance commissioner to meet the
11 objections of the legislative rule-making review committee and
12 refiled in the state register on the tenth day of December, one
13 thousand nine hundred ninety-two, relating to the insurance
14 commissioner (filing fees for purchasing groups and for risk
15 retention groups not chartered in this state), are authorized.

16 (r) The legislative rules filed in the state register on the
17 fourteenth day of October, one thousand nine hundred ninety-two,
18 relating to the insurance commissioner (group coordination of
19 benefits), are authorized with the amendment set forth below:

20 "On page six, subsection 2.1.9., after the words 'If a person
21 is covered by more than one employer group minimum benefits plan,
22 the order of benefits determination rules of this regulation
23 decide the order in which their benefits are determined in
24 relation to each other' by inserting a colon and the words
25 'Provided, That under the provisions of West Virginia Code

1 §5-16-12(a), coverage issued pursuant to the Public Employees
2 Insurance Act is secondary to an employer group minimum benefits
3 plan and any other applicable health insurance coverage.' "

4 (s) The legislative rules filed in the state register on the
5 eighteenth day of September, one thousand nine hundred
6 ninety-two, modified by the insurance commissioner to meet the
7 objections of the legislative rule-making review committee and
8 refiled in the state register on the fifteenth day of January,
9 one thousand nine hundred ninety-three, relating to the insurance
10 commissioner (permanent regulations on medicare supplement
11 insurance), are authorized.

12 (t) The legislative rules filed in the state register on the
13 eighteenth day of September, one thousand nine hundred
14 ninety-two, modified by the insurance commissioner to meet the
15 objections of the legislative rule-making review committee and
16 refiled in the state register on the fifteenth day of January,
17 one thousand nine hundred ninety-three, relating to the insurance
18 commissioner (individual and employer group minimum benefits,
19 accident and sickness insurance policies), are authorized with
20 the amendment set forth below:

21 "On page two, subsection 3.2 by striking out the period and
22 inserting the following: 'other than coverage issued pursuant to
23 the Public Employees Insurance Act, as provided in West Virginia
24 Code §5-16-12(a).' "

1 (u) The legislative rules filed in the state register on the
2 eighteenth day of September, one thousand nine hundred
3 ninety-two, modified by the insurance commissioner to meet the
4 objections of the legislative rule-making review committee and
5 refiled in the state register on the fifteenth day of January,
6 one thousand nine hundred ninety-three, relating to the insurance
7 commissioner (long-term care insurance), are authorized.

8 (v) The legislative rules filed in the state register on the
9 eighteenth day of September, one thousand nine hundred
10 ninety-two, modified by the insurance commissioner to meet the
11 objections of the legislative rule-making review committee and
12 refiled in the state register on the fifteenth day of January,
13 one thousand nine hundred ninety-three, relating to the insurance
14 commissioner (standards for uniform health care administration),
15 are authorized.

16 (w) The legislative rules filed in the state register on the
17 sixteenth day of August, one thousand nine hundred ninety-three,
18 modified by the insurance commissioner to meet the objections of
19 the legislative rule-making review committee and refiled in the
20 state register on the twenty-ninth day of November, one thousand
21 nine hundred ninety-three, relating to the insurance commissioner
22 (insurance holding company systems reporting forms), are
23 authorized.

24 (x) The legislative rules filed in the state register on the
25 sixteenth day of August, one thousand nine hundred ninety-three,

1 modified by the insurance commissioner to meet the objections of
2 the legislative rule-making review committee and refiled in the
3 state register on the twenty-ninth day of November, one thousand
4 nine hundred ninety-three, relating to the insurance commissioner
5 (substandard motor vehicle insurance notice requirements), are
6 authorized.

7 (y) The legislative rules filed in the state register on the
8 sixteenth day of August, one thousand nine hundred ninety-three,
9 modified by the insurance commissioner to meet the objections of
10 the legislative rule-making review committee and refiled in the
11 state register on the twenty-ninth day of November, one thousand
12 nine hundred ninety-three, relating to the insurance commissioner
13 (filing fees for purchasing groups and for risk retention groups
14 not chartered in this state), are authorized.

15 (z) The legislative rules filed in the state register on the
16 sixteenth day of August, one thousand nine hundred ninety-three,
17 modified by the insurance commissioner to meet the objections of
18 the legislative rule-making review committee and refiled in the
19 state register on the twenty-ninth day of November, one thousand
20 nine hundred ninety-three, relating to the insurance commissioner
21 (continuation of coverage under automobile liability policies),
22 are authorized.

23 (aa) The legislative rules filed in the state register on the
24 sixteenth day of August, one thousand nine hundred ninety-three,
25 modified by the insurance commissioner to meet the objections of

1 the legislative rule-making review committee and refiled in the
2 state register on the twenty-ninth day of November, one thousand
3 nine hundred ninety-three, relating to the insurance commissioner
4 (West Virginia life and health insurance guaranty association act
5 notice requirements), are authorized.

6 (bb) The legislative rules filed in the state register on the
7 sixteenth day of August, one thousand nine hundred ninety-three,
8 modified by the insurance commissioner to meet the objections of
9 the legislative rule-making review committee and refiled in the
10 state register on the twenty-ninth day of November, one thousand
11 nine hundred ninety-three, relating to the insurance commissioner
12 (group accident and sickness insurance minimum policy coverage
13 standards), are authorized with the amendments set forth below:

14 On page two, section one, by inserting five new subsections
15 to read as follows:

16 "1.2.j. Coverage under a managed care program.

17 1.2.k. Bona Fide Associations.

18 1.2.l. Basic Hospital and Medical-Surgical Expense Coverage.

19 1.2.m. Coverage under policies issued to groups of 61 or
20 more under which the coverage is negotiated by the policy holder.

21 1.2.n. Individual limited benefits policies subject to the
22 requirements of West Virginia Code §§ 33-16E-1, et. seq."

23 And,

1 On page two, section two, by inserting two new subsections,
2 designated subsections 2.2 and 2.3, to read as follows, and
3 renumbering the remaining subsections:

4 "2.2 Basic Hospital and Medical Surgical Expense Coverage"
5 means policies designed to provide coverage for hospital and
6 medical surgical expenses only incurred as a result of a covered
7 accident or sickness. Coverage is provided for daily hospital
8 room and board, miscellaneous hospital services, hospital
9 out-patient services, surgical services, anesthesia services,
10 and in-hospital medical services, subject to any limitations,
11 deductibles and copayment requirements set forth in the policy.
12 Coverage is not provided for unlimited hospital or medical
13 surgical expenses.

14 2.3 'Bona Fide Association' means plans with a minimum of one
15 hundred members which shall have been organized in good faith for
16 purposes other than that of obtaining or providing insurance:
17 Provided, however, That the association shall also have been in
18 active existence for at least two years and shall have a
19 constitution and bylaws which provide that: (1) The Association
20 holds annual meetings to further purposes of its members; (2)
21 except in the case of credit unions, the association collects
22 dues or solicits contributions from members; (3) the members have
23 voting privileges and representation on the governing board and
24 committees that exist under the authority of the association.";

25 And,

1 On page four, subsection 3.1, by deleting references to "or
2 certificate" and "or certificate holder" and by adding to the end
3 of the subsection the following:

4 "Certificates issued under a policy subject to this rule and
5 the terms used therein shall be consistent with this section.";

6 And,

7 On page nine, subsection 5.1, by deleting the following "on
8 certificates" and by adding the following at the end thereof:

9 "The benefits described in a certificate issued under a policy
10 subject to this rule shall be consistent with the benefits
11 contained in the policy and shall be no less than those required
12 under this section.";

13 And,

14 On page nine, subsection 5.1.b by striking out subsection
15 5.1.b in its entirety and inserting in lieu thereof the
16 following:

17 "5.1.b If an insurer terminates coverage under a policy
18 providing pregnancy coverage, such policy shall provide for an
19 extension of benefits as to pregnancy commencing while the policy
20 is in force and for which benefits would have been payable had
21 the policy remained in force, provided that this subsection shall
22 not apply when termination of coverage is due to fraud,
23 nonpayment of premium or any breach of the terms of the policy
24 for which termination is authorized under chapter thirty-three of
25 the code.";

1 And,

2 On page ten, subsection 5.1.3, by adding at the end of such
3 subsection the following:

4 "provided such benefits may be limited to those expenses
5 directly relating to the organ donation.";

6 And,

7 On page ten, subsection 5.1.i, by striking said subsection
8 in its entirety and inserting in lieu thereof the following:

9 "5.1.i. Termination of coverage under a policy shall be
10 without prejudice to any continuous loss which commenced while
11 the policy was in force, but the extension of benefits beyond the
12 period the policy was in force may be predicated upon the
13 continuous disability of the insured or limited to the duration
14 of the policy benefit period if any: Provided, That this
15 subsection shall not apply when termination of coverage is due
16 to fraud, nonpayment of premium or any breach of the terms of
17 the policy for which termination is authorized under chapter
18 thirty-three of the code.";

19 And,

20 On page nineteen, subsection 6.1, by deleting the references
21 to "or certificate" and "or certificate holder";

22 And,

23 On page twenty, subsection 6.9, by adding at the end of the
24 section the following:

1 "The notice shall also state that in the event the policy
2 holder exercises this right, the insurer shall not be obligated
3 to pay any benefits under the policy for claims submitted to the
4 insurer during such ten (10) day period."

5 (cc) The legislative rules filed in the state register on the
6 fifteenth day of August, one thousand nine hundred ninety-four,
7 modified by the insurance commissioner to meet the objections of
8 the legislative rule-making review committee and refiled in the
9 state register on the twenty-eighth day of November, one thousand
10 nine hundred ninety-four, relating to the insurance commissioner
11 (regulation of credit life insurance and credit accident and
12 sickness insurance), are authorized.

13

14 NOTE: The purpose of this bill is to authorize the Insurance
15 Commissioner to promulgate legislative rules relating to the
16 regulation of credit life insurance and credit accident and
17 sickness insurance.

18

19 Strike-throughs indicate language that would be stricken from
20 the present law, and underscoring indicates new language that
21 would be added.

108

SENATE BILL NO. 108

(By Senators Manchin, Anderson, Boley, Grubb and Macnaughtan)

1 [Introduced January 20 , 1995; referred to the
2 Committee on Banking and Insurance; and then
to the Committee on the Judiciary]

114-6

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9
10 A BILL to amend and reenact section two, article seven, chapter
11 sixty-four of the code of West Virginia, one thousand nine
12 hundred thirty-one, as amended, relating to authorizing the
13 insurance commissioner to promulgate legislative rules
14 relating to individual accident and sickness insurance
15 minimum standards.

16 Be it enacted by the Legislature of West Virginia:

17 That section two, article seven, chapter sixty-four of the
18 code of West Virginia, one thousand nine hundred thirty-one, as
19 amended, be amended and reenacted, to read as follows:

20 ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO
21 PROMULGATE LEGISLATIVE RULES.

22 §64-7-2. Insurance commissioner.

23 (a) The legislative rules filed in the state register on the
24 eighteenth day of October, one thousand nine hundred

1 eighty-three, relating to the insurance commissioner (excess line
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the
4 eighteenth day of August, one thousand nine hundred eighty-six,
5 modified by the insurance commissioner to meet the objections of
6 the legislative rule-making review committee and refiled in the
7 state register on the twelfth day of December, one thousand nine
8 hundred eighty-six, relating to the insurance commissioner
9 (examiners' compensation, qualification and classification), are
10 authorized.

11 (c) The legislative rules filed in the state register on the
12 twentieth day of February, one thousand nine hundred
13 eighty-seven, relating to the insurance commissioner (West
14 Virginia essential property insurance association), are
15 authorized.

16 (d) The legislative rules filed in the state register on the
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,
18 relating to the insurance commissioner (medical malpractice
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the
21 thirty-first day of July, one thousand nine hundred eighty-seven,
22 modified by the insurance commissioner to meet the objections of
23 the legislative rule-making review committee and refiled in the
24 state register on the seventh day of November, one thousand nine
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the
4 thirtieth day of November, one thousand nine hundred
5 eighty-eight, modified by the insurance commissioner to meet the
6 objections of the legislative rule-making review committee and
7 refiled in the state register on the twenty-first day of
8 February, one thousand nine hundred eighty-nine, relating to the
9 insurance commissioner (transitional requirements for the
10 conversion of Medicare supplement insurance benefits and premiums
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,
14 modified by the insurance commissioner to meet the objections of
15 the legislative rule-making review committee and refiled in the
16 state register on the twenty-eighth day of September, one
17 thousand nine hundred eighty-nine, relating to the insurance
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the
20 second day of February, one thousand nine hundred ninety,
21 modified by the insurance commissioner to meet the objections of
22 the legislative rule-making review committee and refiled in the
23 state register on the twenty-ninth day of May, one thousand nine
24 hundred ninety, relating to the insurance commissioner (accident
25 and sickness rate filing), are authorized.

1 (i) The legislative rules filed in the state register on the
2 tenth day of August, one thousand nine hundred ninety, modified
3 by the insurance commissioner to meet the objections of the
4 legislative rule-making review committee and refiled in the state
5 register on the ninth day of October, one thousand nine hundred
6 ninety, relating to the insurance commissioner (group
7 coordination of benefits), are authorized.

8 (j) The legislative rules filed in the state register on the
9 tenth day of August, one thousand nine hundred ninety, modified
10 by the insurance commissioner to meet the objections of the
11 legislative rule-making review committee and refiled in the state
12 register on the seventeenth day of January, one thousand nine
13 hundred ninety-one, relating to the insurance commissioner (AIDS
14 regulations), are authorized.

15 (k) The legislative rules filed in the state register on the
16 third day of December, one thousand nine hundred ninety, relating
17 to the insurance commissioner (health insurance benefits for
18 temporomandibular and craniomandibular disorders), are
19 authorized.

20 (l) The legislative rules filed in the state register on the
21 twelfth day of August, one thousand nine hundred ninety-one,
22 modified by the insurance commissioner to meet the objections of
23 the legislative rule-making review committee and refiled in the
24 state register on the thirteenth day of January, one thousand
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the
4 ninth day of August, one thousand nine hundred ninety-one,
5 modified by the insurance commissioner to meet the objections of
6 the legislative rule-making review committee and refiled in the
7 state register on the thirteenth day of January, one thousand
8 nine hundred ninety-two, relating to the insurance commissioner
9 (examiners' compensation, qualifications and classification), are
10 authorized.

11 (n) The legislative rules filed in the state register on the
12 seventeenth day of July, one thousand nine hundred ninety-one,
13 modified by the insurance commissioner to meet the objections of
14 the legislative rule-making review committee and refiled in the
15 state register on the thirteenth day of January, one thousand
16 nine hundred ninety-two, relating to the insurance commissioner
17 (permanent regulations on Medicare supplement insurance), are
18 authorized.

19 (o) The legislative rules filed in the state register on the
20 twelfth day of August, one thousand nine hundred ninety-one,
21 modified by the insurance commissioner to meet the objections of
22 the legislative rule-making review committee and refiled in the
23 state register on the thirteenth day of January, one thousand
24 nine hundred ninety-two, relating to the insurance commissioner

1 ("tail" malpractice insurance covering certain medical and allied
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the
4 eighteenth day of September, one thousand nine hundred
5 ninety-two, relating to the insurance commissioner (regulation of
6 credit life insurance and credit accident and sickness
7 insurance), are authorized.

8 (q) The legislative rules filed in the state register on the
9 eighteenth day of September, one thousand nine hundred
10 ninety-two, modified by the insurance commissioner to meet the
11 objections of the legislative rule-making review committee and
12 refiled in the state register on the tenth day of December, one
13 thousand nine hundred ninety-two, relating to the insurance
14 commissioner (filing fees for purchasing groups and for risk
15 retention groups not chartered in this state), are authorized.

16 (r) The legislative rules filed in the state register on the
17 fourteenth day of October, one thousand nine hundred ninety-two,
18 relating to the insurance commissioner (group coordination of
19 benefits), are authorized with the amendment set forth below:

20 "On page six, subsection 2.1.9., after the words 'If a person
21 is covered by more than one employer group minimum benefits plan,
22 the order of benefits determination rules of this regulation
23 decide the order in which their benefits are determined in
24 relation to each other' by inserting a colon and the words
25 'Provided, That under the provisions of West Virginia Code

1 §5-16-12(a), coverage issued pursuant to the Public Employees
2 Insurance Act is secondary to an employer group minimum benefits
3 plan and any other applicable health insurance coverage.' "

4 (s) The legislative rules filed in the state register on the
5 eighteenth day of September, one thousand nine hundred
6 ninety-two, modified by the insurance commissioner to meet the
7 objections of the legislative rule-making review committee and
8 refiled in the state register on the fifteenth day of January,
9 one thousand nine hundred ninety-three, relating to the insurance
10 commissioner (permanent regulations on medicare supplement
11 insurance), are authorized.

12 (t) The legislative rules filed in the state register on the
13 eighteenth day of September, one thousand nine hundred
14 ninety-two, modified by the insurance commissioner to meet the
15 objections of the legislative rule-making review committee and
16 refiled in the state register on the fifteenth day of January,
17 one thousand nine hundred ninety-three, relating to the insurance
18 commissioner (individual and employer group minimum benefits,
19 accident and sickness insurance policies), are authorized with
20 the amendment set forth below:

21 "On page two, subsection 3.2 by striking out the period and
22 inserting the following: 'other than coverage issued pursuant to
23 the Public Employees Insurance Act, as provided in West Virginia
24 Code §5-16-12(a).' "

1 (u) The legislative rules filed in the state register on the
2 eighteenth day of September, one thousand nine hundred
3 ninety-two, modified by the insurance commissioner to meet the
4 objections of the legislative rule-making review committee and
5 refiled in the state register on the fifteenth day of January,
6 one thousand nine hundred ninety-three, relating to the insurance
7 commissioner (long-term care insurance), are authorized.

8 (v) The legislative rules filed in the state register on the
9 eighteenth day of September, one thousand nine hundred
10 ninety-two, modified by the insurance commissioner to meet the
11 objections of the legislative rule-making review committee and
12 refiled in the state register on the fifteenth day of January,
13 one thousand nine hundred ninety-three, relating to the insurance
14 commissioner (standards for uniform health care administration),
15 are authorized.

16 (w) The legislative rules filed in the state register on the
17 sixteenth day of August, one thousand nine hundred ninety-three,
18 modified by the insurance commissioner to meet the objections of
19 the legislative rule-making review committee and refiled in the
20 state register on the twenty-ninth day of November, one thousand
21 nine hundred ninety-three, relating to the insurance commissioner
22 (insurance holding company systems reporting forms), are
23 authorized.

24 (x) The legislative rules filed in the state register on the
25 sixteenth day of August, one thousand nine hundred ninety-three,

1 modified by the insurance commissioner to meet the objections of
2 the legislative rule-making review committee and refiled in the
3 state register on the twenty-ninth day of November, one thousand
4 nine hundred ninety-three, relating to the insurance commissioner
5 (substandard motor vehicle insurance notice requirements), are
6 authorized.

7 (y) The legislative rules filed in the state register on the
8 sixteenth day of August, one thousand nine hundred ninety-three,
9 modified by the insurance commissioner to meet the objections of
10 the legislative rule-making review committee and refiled in the
11 state register on the twenty-ninth day of November, one thousand
12 nine hundred ninety-three, relating to the insurance commissioner
13 (filing fees for purchasing groups and for risk retention groups
14 not chartered in this state), are authorized.

15 (z) The legislative rules filed in the state register on the
16 sixteenth day of August, one thousand nine hundred ninety-three,
17 modified by the insurance commissioner to meet the objections of
18 the legislative rule-making review committee and refiled in the
19 state register on the twenty-ninth day of November, one thousand
20 nine hundred ninety-three, relating to the insurance commissioner
21 (continuation of coverage under automobile liability policies),
22 are authorized.

23 (aa) The legislative rules filed in the state register on the
24 sixteenth day of August, one thousand nine hundred ninety-three,
25 modified by the insurance commissioner to meet the objections of

1 the legislative rule-making review committee and refiled in the
2 state register on the twenty-ninth day of November, one thousand
3 nine hundred ninety-three, relating to the insurance commissioner
4 (West Virginia life and health insurance guaranty association act
5 notice requirements), are authorized.

6 (bb) The legislative rules filed in the state register on the
7 sixteenth day of August, one thousand nine hundred ninety-three,
8 modified by the insurance commissioner to meet the objections of
9 the legislative rule-making review committee and refiled in the
10 state register on the twenty-ninth day of November, one thousand
11 nine hundred ninety-three, relating to the insurance commissioner
12 (group accident and sickness insurance minimum policy coverage
13 standards), are authorized with the amendments set forth below:

14 On page two, section one, by inserting five new subsections
15 to read as follows:

16 "1.2.j. Coverage under a managed care program.

17 1.2.k. Bona Fide Associations.

18 1.2.l. Basic Hospital and Medical-Surgical Expense Coverage.

19 1.2.m. Coverage under policies issued to groups of 61 or
20 more under which the coverage is negotiated by the policy holder.

21 1.2.n. Individual limited benefits policies subject to the
22 requirements of West Virginia Code §§ 33-16E-1, et. seq."

23 And,

1 On page two, section two, by inserting two new subsections,
2 designated subsections 2.2 and 2.3, to read as follows, and
3 renumbering the remaining subsections:

4 "2.2 Basic Hospital and Medical Surgical Expense Coverage"
5 means policies designed to provide coverage for hospital and
6 medical surgical expenses only incurred as a result of a covered
7 accident or sickness. Coverage is provided for daily hospital
8 room and board, miscellaneous hospital services, hospital
9 out-patient services, surgical services, anesthesia services,
10 and in-hospital medical services, subject to any limitations,
11 deductibles and copayment requirements set forth in the policy.
12 Coverage is not provided for unlimited hospital or medical
13 surgical expenses.

14 2.3 'Bona Fide Association' means plans with a minimum of one
15 hundred members which shall have been organized in good faith for
16 purposes other than that of obtaining or providing insurance:
17 **Provided, however,** That the association shall also have been in
18 active existence for at least two years and shall have a
19 constitution and bylaws which provide that: (1) The Association
20 holds annual meetings to further purposes of its members; (2)
21 except in the case of credit unions, the association collects
22 dues or solicits contributions from members; (3) the members have
23 voting privileges and representation on the governing board and
24 committees that exist under the authority of the association.";

25 And,

1 On page four, subsection 3.1, by deleting references to "or
2 certificate" and "or certificate holder" and by adding to the end
3 of the subsection the following:

4 "Certificates issued under a policy subject to this rule and
5 the terms used therein shall be consistent with this section.";

6 And,

7 On page nine, subsection 5.1, by deleting the following "on
8 certificates" and by adding the following at the end thereof:

9 "The benefits described in a certificate issued under a policy
10 subject to this rule shall be consistent with the benefits
11 contained in the policy and shall be no less than those required
12 under this section.";

13 And,

14 On page nine, subsection 5.1.b by striking out subsection
15 5.1.b in its entirety and inserting in lieu thereof the
16 following:

17 "5.1.b If an insurer terminates coverage under a policy
18 providing pregnancy coverage, such policy shall provide for an
19 extension of benefits as to pregnancy commencing while the policy
20 is in force and for which benefits would have been payable had
21 the policy remained in force, provided that this subsection shall
22 not apply when termination of coverage is due to fraud,
23 nonpayment of premium or any breach of the terms of the policy
24 for which termination is authorized under chapter thirty-three of
25 the code.";

1 And,

2 On page ten, subsection 5.1.3, by adding at the end of such
3 subsection the following:

4 "provided such benefits may be limited to those expenses
5 directly relating to the organ donation.";

6 And,

7 On page ten, subsection 5.1.i, by striking said subsection
8 in its entirety and inserting in lieu thereof the following:

9 "5.1.i. Termination of coverage under a policy shall be
10 without prejudice to any continuous loss which commenced while
11 the policy was in force, but the extension of benefits beyond the
12 period the policy was in force may be predicated upon the
13 continuous disability of the insured or limited to the duration
14 of the policy benefit period if any: Provided, That this
15 subsection shall not apply when termination of coverage is due
16 to fraud, nonpayment of premium or any breach of the terms of
17 the policy for which termination is authorized under chapter
18 thirty-three of the code.";

19 And,

20 On page nineteen, subsection 6.1, by deleting the references
21 to "or certificate" and "or certificate holder";

22 And,

23 On page twenty, subsection 6.9, by adding at the end of the
24 section the following:

1 "The notice shall also state that in the event the policy
2 holder exercises this right, the insurer shall not be obligated
3 to pay any benefits under the policy for claims submitted to the
4 insurer during such ten (10) day period."

5 (cc) The legislative rules filed in the state register on the
6 seventeenth day of August, one thousand nine hundred ninety-
7 three, modified by the insurance commissioner to meet the
8 objections of the legislative rule-making review committee and
9 refiled in the state register on the seventeenth day of June, one
10 thousand nine hundred ninety-four, relating to the insurance
11 commissioner (individual accident and sickness insurance minimum
12 standards), are authorized.

13

14 NOTE: The purpose of this bill is to authorize the Insurance
15 Commissioner to promulgate legislative rules relating to
16 individual accident and sickness insurance minimum standards.

17

18 Strike-throughs indicate language that would be stricken from
19 the present law, and underscoring indicates new language that
20 would be added.



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

Legal Division

GASTON CAPERTON
Governor

HANLEY C. CLARK
Insurance Commissioner

April 13, 1995

HAND DELIVERED

Ms. Judy Cooper, Director
Administrative Law Division
Office of Secretary of State
State Capitol
Charleston, WV 25305

Dear Ms. Cooper:

Attached for filing with your office is the "final filing" form for the rule Series 6 titled "Regulation of Credit Life Insurance and Credit Accident and Sickness Insurance." This rule was authorized in Senate Bill 131 and passed by the Legislature on March 11, 1995.

We are also providing your office with a computer disc containing the aforementioned rule and a hard copy of the promulgation history of that rule. The filing date and effective date have already been inserted onto the computer disc.

If you have any questions about the enclosed forms or the computer disc, please do not hesitate to call me or my secretary, Carla Savage.

Sincerely,

A handwritten signature in cursive script that reads "B. Keith Huffman".

B. Keith Huffman
General Counsel

BKH/cjs
Attachment



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

Legal Division

GASTON CAPERTON
Governor

HANLEY C. CLARK
Insurance Commissioner

November 28, 1994

HAND DELIVERED

Ms. Judy Cooper, Director
Administrative Law Division
Office of Secretary of State
State Capitol
Charleston, WV 25305

Dear Ms. Cooper:

Enclosed please find for filing one (1) copy of the following:

- 1) Notice of Rule Modification of a Proposed Rule;
- 2) Consent of Tax and Revenue Cabinet Secretary to filing of proposed rule; and
- 3) The proposed rule entitled "Regulation of Credit Life Insurance and Credit Accident and Sickness Insurance" (Series 6).

Please contact me if further information is required.

Sincerely,

A handwritten signature in cursive script that reads "B. Keith Huffman".

B. Keith Huffman
General Counsel

BKH/cjs
Enclosures



KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

Telephone: (304) 558-6000
Corporations: (304) 558-8000

WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Director, Administrative Law

DONALD R. WILKES
Director, Corporations

(Plus all the volunteer
help we can get)

FAX: (304) 558-0900

STATE OF WEST VIRGINIA

SECRETARY OF STATE

Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

RECEIVED

JUN 19 1995

LEGAL DIVISION
W. VA. INS. DEPT.

TO: B. Keith Huffman

AGENCY: Insurance

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: June 19, 1995

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 6 TITLE: 114 Insurance

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE
JUN 17 11 11 AM '95

FILED

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: BKH B Keith Huffman

TITLE OF PERSON SIGNING: _____

DATE: July 7, 1995

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
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FAX: (304) 558-0900

March 27, 1995

B. Keith Huffman
Insurance
2019 Washington St. E.
Charleston, WV 25305-0540

SB 131 authorizing, Title 114, Series 6, Regulation of Credit Life Insurance and Credit Accident and Sickness Insurance, passed the Legislature on March 11, 1995. It is signed by the Governor on March 23, 1995.

You have sixty (60) days after the Governor signs SB 131, to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office with a promulgation history of the rule. Authorization for your legislative rule is cited in **SB 131** section 64-7-4(b). The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

*****IMPORTANT: YOUR AGENCY MUST SUBMIT A CLEAN COPY OF THE LEGISLATIVE RULE ON DISK, WITH ALL UNDERLINING, STRIKE-THROUGHS AND HEADERS/FOOTERS TAKEN OUT, TO OUR OFFICE WHEN FINAL FILING THE RULE. THE DISK MUST BE ON A WORD PERFECT (5.1 OR 5.2 VERSION) OR WORD PERFECT COMPATIBLE COMPUTER SYSTEM 3 1/2" DOUBLE DENSITY DISK. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL ENABLE US TO ENTER YOUR RULES ON THE LEGISLATIVE DATA BASE. REMEMBER THE TEXT OF THE COMPUTER FILED RULE MUST BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, WITH ALL UNDERLINING, STRIKE-THROUGHS AND HEADERS/FOOTERS TAKEN OUT, AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE.**

After the final rule is entered into the legislative data base, the rule will be sent to the agency for review and proofing. Following confirmation or corrections, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to call our office.

Thank You
Administrative Law Division