

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #6

**FILED**

APR 13 2 14 PM '94

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Insurance Commissioner TITLE NUMBER: 114

AMENDMENT TO AN EXISTING RULE: YES , NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 36

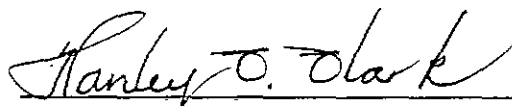
TITLE OF RULE BEING PROPOSED: West Virginia Life and Health  
Guaranty Association Act Notice Requirements

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SB 186

SECTION 64-7-2 (aa), PASSED ON March 12, 1994

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON  
THE FOLLOWING DATE: April 13, 1994



Authorized Signature  
(Insurance Commissioner)

3.80

## PROMULGATION HISTORY

West Virginia Insurance Commission

WV Life & Health Insurance Guaranty  
Association Act Notice Requirements  
Title 114 Series 36

7/13/93	Notice of Comment Period Filed
7/13/93	Emergency Rule Filed
8/13/93	Last Date Comments Were Received
8/16/93	Agency Approved Legislative Rule Filed
11/16/93	Date Reviewed by Legislative Rule-Making Review Committee
11/29/93	Date Modified and Approved Rule Filed
1/3/94	Date Modified Emergency Rule Filed
4/13/94	Date of Final Filing of Legislative Rule
4/13/94	Effective Date of Rule

114CSR36

WEST VIRGINIA LEGISLATIVE RULE  
INSURANCE COMMISSIONER

CHAPTER 33-26A  
SERIES 36

WEST VIRGINIA LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT NOTICE REQUIREMENTS

Section

- |             |   |
|-------------|---|
| § 114-36-1. | General.  |
| § 114-36-2. | Definitions.  |
| § 114-36-3. | Form and Content of Notice.   |
| Appendix A. | Notice Concerning Coverage Limitations and Exclusions Under The West Virginia Life and Health Insurance Guaranty Association Act. |

WEST VIRGINIA LEGISLATIVE RULE  
INSURANCE COMMISSIONER

CHAPTER 33-26A  
SERIES 36

WEST VIRGINIA LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT NOTICE REQUIREMENTS

§ 114-36-1. General.

1.1. Scope. -- This rule applies to Member Insurers and their agents that provide insurance coverage for direct, nongroup life, health, annuity and supplemental policies or contracts, for certificates under direct group policies and contracts, and for unallocated annuity contracts to those persons specified in West Virginia Code § 33-26A-3(a).

1.2. Authority. -- West Virginia Code §§ 33-26A-19(d); 33-2-10.

1.3. Filing Date. --

1.4. Effective Date. --

§ 114-36-2. Definitions.

As used in this legislative rule:

2.1. "Commissioner" means the Insurance Commissioner of the State of West Virginia.

2.2. "Disclaimer" means the disclaimer required to be placed on the face of the Summary Document pursuant to West Virginia Code § 33-26A-19(c).

2.3. "Member Insurer" means any insurer licensed or which holds a certificate of authority to transact in this state any kind of insurance for which coverage is provided under section three of this article, and includes any insurer whose license or certificate of authority in this state may have been suspended, revoked, not renewed or voluntarily withdrawn, and includes nonprofit service corporations as defined in article twenty-four of this chapter and health care corporations as defined in West Virginia Code §§ 33-25-1 et seq.: Provided, That the term "member insurer" does not include a health maintenance organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, any entity that

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operates on an assessment basis, an insurance exchange, or any other similar entity.

2.4. "Notice" means the two-sided single page document set forth in Appendix A of this rule entitled "NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE WEST VIRGINIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION. The Notice comprises the Summary Document, Disclaimer and the non-coverage notice of partial or non-coverage required by West Virginia Code § 33-26A-19(d).

2.5. "Policy or Contract" means the following types of policies or contracts issued by a Member Insurer to persons described in West Virginia Code § 33-26A-3(a):

2.5.1. Direct nongroup life insurance, health insurance, annuities and supplemental policies or contracts;

2.5.2. Certificates under direct group life insurance policies, health insurance policies, or annuity contracts; or

2.5.3. Unallocated annuity contracts.

2.6. "Summary Document" means the document describing the general purposes, limitations and exclusions under the West Virginia Life and Health Insurance Guaranty Association Act, West Virginia Code § 33-26A-1 et seq., as adopted by the West Virginia Life and Health Insurance Guaranty Association and approved by the Commissioner and required to be given to Policy or Contract Holders by Member Insurers or their agents pursuant to West Virginia Code § 33-26A-19(b).

§ 114-36-3. Form and Content of Notice.

3.1. On or after January 1, 1994, no Member Insurer or its agent may deliver a Policy or Contract to a Policy or Contract Holder, unless the Notice as set forth is delivered to the Policy or Contract Holder prior to or at the time of delivery of the Policy or Contract.

3.2. The insurer or agent making the delivery of the Notice shall maintain a record of the delivery.

3.3. The Notice shall be printed on a separate sheet of paper. The Notice may not include the name and address of the

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Member Insurer issuing the Policy or Contract or the name and address of the agent who procured the Policy or Contract.

3.4. The Notice shall be identical to that prescribed by the Commissioner in Appendix A of this rule.

3.5. Delivery of the Notice as set forth in Appendix A of this rule shall satisfy the delivery of a separate written notice of partial or total non-coverage to Policy or Contract Holders of Policies or Contracts where any portion of the Policy or Contract is not guaranteed by the Member Insurer, or under which the risk is borne by the Policy or Contract Holder.

3.6. A form filing is not required for the Notice.

3.7. Member Insurers and their agents that provide the following types of excluded coverages or services excluded from coverage under the West Virginia Life and Health Insurance Guaranty Act are not required to provide the Notice required by this rule to the contract or policy holders receiving the excluded coverages or services:

3.7.1. Any policy or contract of reinsurance, unless assumption certificates have been issued;

3.7.2. Any plan or program of an employer, association or similar entity to provide life, health or annuity benefits to its employees or members to the extent that the plan or program is self-funded or uninsured, including, but not limited to, benefits payable by an employer, association or similar entity under:

3.7.2.1. A multiple employer welfare arrangement as defined in section 514 of the Employee Retirement Income Security Act of 1974, as amended;

3.7.2.2. A minimum premium group insurance plan;

3.7.2.3. A stop-loss group insurance plan;

3.7.2.4. An administrative services only contract;

3.7.3. Any policy or contract issued in this state by a Member Insurer at a time when the member insurer was not licensed or did not have a certificate of authority to issue the policy or contract in West Virginia;

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3.7.4. Any unallocated annuity contract issued to an employee benefit plan protected under the federal pension benefit guaranty corporation.

APPENDIX A  
attached

**NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER THE WEST VIRGINIA  
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of West Virginia who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the West Virginia Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policy holders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The West Virginia Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in West Virginia. You should not rely on coverage by the West Virginia Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. For a complete description of coverage, consult Article 26A, Chapter 33 of the West Virginia Code.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The Guaranty Association or the West Virginia Insurance Commission will respond to questions you may have which are not answered by this document. Policyholders with additional questions may contact:

West Virginia Life and Health Insurance Guaranty Association  
P. O. Box 816  
Huntington, West Virginia 25712

West Virginia Insurance Commissioner  
Consumer Services Division  
2019 Washington Street, East  
P. O. Box 50540  
Charleston, West Virginia 25305-0540  
(304) 558-3386  
Toll Free 1-800-642-9004  
TDD 1-800-435-7381

The state law that provides for this safety-net coverage is called the West Virginia Life and Health Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

## COVERAGE

Generally, individuals will be protected by the West Virginia Life and Health Insurance Guaranty Association if they live in West Virginia and hold a life or health insurance contract, annuity contract, unallocated annuity contract, or if they are insured under a group life, health or annuity insurance contract, issued by a member insurer. Member insurer also includes non-profit service corporations (W. Va. Code §33-24) and health care corporations (W. Va. Code § 33-25). The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- the policy was issued at a time when the insurer was not licensed or authorized to do business in the state;
- their policy was issued by an HMO, a fraternal benefit society, mandatory state pooling plan, a mutual protective association or similar plan in which the policy holder is subject to future assessments, an insurance exchange, or any entity similar to the above.

The association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual or contract holder has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employer or association plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured, including:
  - i. multiple employer welfare arrangement;
  - ii. minimum premium group insurance plan;
  - iii. stop loss group insurance plan; or
  - iv. administrative services only contract.
- any unallocated annuity contract issued to an employee benefit plan protected under the federal pension guaranty corporation;
- any portion of any unallocated contract which is not issued to or in connection with a specific employee, union or association's benefit plan or a governmental lottery.

## LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out: The association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the act: for unallocated annuities that fund governmental retirement plans under §§ 401(k), 403(b) or 457 of the Internal Revenue Code, the limit is \$150,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the association be liable to spend more than \$300,000 in the aggregate per individual; for covered unallocated annuities that fund other plans, a special limit of \$1,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.

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H. B. 4273

(By ~~Delegates Gallagher, Douglas, Compton,~~  
~~Huntwork, Burk and Faircloth~~)  
(Introduced ~~January 31, 1994~~; 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 West Virginia life and health insurance guaranty association act notice requirements.

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 amendments 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 amendments 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 (West Virginia life and health insurance guaranty association act  
23 notice requirements), are authorized.

24

25 NOTE: The purpose of this bill is to authorize the Insurance  
26 Commissioner to promulgate legislative rules relating to the West

1 Virginia Life and Health Insurance Guaranty Association Act  
2 notice requirements.

3

4       Strike-throughs indicate language that would be stricken from  
5 the present law, and underscoring indicates new language that  
6 would be added.

SENATE BILL NO. 190

1 (By Senators Manchin, Anderson, Grubb, Macnaughtan  
2 and Minard)

3 [Introduced January 31, 1994; referred to the  
4 Committee on

5 BANKING AND INSURANCE;

6 Judiciary  
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8  
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 the West Virginia life and health insurance  
15 guaranty association act notice requirements.

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 amendments 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 amendments 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 (West Virginia Life and Health Insurance Guaranty Association Act  
23 notice requirements), are authorized.

24

25 NOTE: The purpose of this bill is to authorize the Insurance  
26 Commissioner to promulgate legislative rules relating to the West

1 Virginia Life and Health Insurance Guaranty Association Act  
2 notice requirements.

3

4       Strike-throughs indicate language that would be stricken from  
5 the present law, and underscoring indicates new language that  
6 would be added.



KEN HECHLER  
Secretary of State

MARY P. RATLIFF  
Deputy Secretary of State

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(Plus all the volunteer  
help we can get)

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STATE OF WEST VIRGINIA

SECRETARY OF STATE

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

RECEIVED

APR 25 1994

LEGAL DIVISION  
W. VA. INS. DEPT.

TO: Jeff VanGilder

AGENCY: Insurance

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: April 21, 1994

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: 36 TITLE: 114 Insurance

\* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: \_\_\_\_\_

TITLE OF PERSON SIGNING: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

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

SIGNED: Jeff Wilkes

TITLE OF PERSON SIGNING: Associate Counsel

DATE: 5/3/94

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

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## STATE OF WEST VIRGINIA

### SECRETARY OF STATE

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(Plus all the volunteer  
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FAX: (304) 558-0900

March 15, 1994

Jeffery VanGilder  
Insurance Commission  
State Capitol Complex  
2019 Washington St. East  
Charleston, WV 25305

**SB 186** authorizing, Title 114, Series 36, The WV Life & Health Guaranty Association Act Notice Requirements, passed the Legislature on March 12, 1994. It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs SB 186, 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 186** section 64-7-2(aa). 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: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A WORD PERFECT OR WORD PERFECT COMPATIBLE COMPUTER SYSTEM THAT USES A 3 1/2" OR 5 1/4" DISK, YOU MUST SUBMIT A CLEAN COPY, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, TO OUR OFFICE WHEN FINAL FILING THE RULE. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL MAKE IT QUICKER FOR 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 AND STRIKE-THROUGHS 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