

~~2. FOR WHOM A COPY OF THE APPROPRIATE INTERNAL REVENUE FORM OR FORMS AND SCHEDULE HAS BEEN FILED WITH THE PLAN.~~

~~(3) AN INDIVIDUAL IS ELIGIBLE FOR COVERAGE UNDER THE PLAN IF THE INDIVIDUAL IS A SELF EMPLOYED INDIVIDUAL WHO IS ENGAGED IN A LICENSED PROFESSION THROUGH A PROFESSIONAL CORPORATION ORGANIZED IN ACCORDANCE WITH TITLE 5, SUBTITLE 1 OF THE CORPORATIONS AND ASSOCIATIONS ARTICLE AND WHO RECEIVED HEALTH BENEFITS THROUGH A PROFESSIONAL ASSOCIATION ON OR BEFORE JUNE 30, 1994.~~

15-1201.

(a) In this subtitle the following words have the meanings indicated.

(e) (1) "Eligible employee" means:

(i) an individual who:

1. is an employee, [sole proprietor, self-employed individual,] partner of a partnership, or independent contractor who is included as an employee under a health benefit plan; and

2. works on a full-time basis and has a normal workweek of at least 30 hours; or

(ii) a sole employee of a nonprofit organization that has been determined by the Internal Revenue Service to be exempt from taxation under § 501(c)(3), (4), or (6) of the Internal Revenue Code who:

1. has a normal workweek of at least 20 hours; and

2. is not covered under a public or private plan for health insurance or other health benefit arrangement.

(2) "Eligible employee" does not include an individual who works:

(i) on a temporary or substitute basis; or

(ii) except for an individual described in paragraph (1)(ii) of this subsection, for less than 30 hours in a normal workweek.

(h) "Late enrollee" means[:

(1)] an eligible employee or dependent who requests enrollment in a health benefit plan after the initial enrollment period provided under the health benefit plan[; or

(2) a self-employed individual described in § 15-1203(c) or (d) of this subtitle or dependent who requests enrollment in a health benefit plan after an annual open enrollment period for self-employed individuals established by the carrier in accordance with regulations adopted by the Commissioner].