

PERIOD BEGINNING ON THE DATE OF THE APPLICABLE CHANGE IN STATUS AND ENDING ON THE EARLIEST OF ANY OF THE FOLLOWING:

(1) 18 MONTHS AFTER THE DATE OF THE APPLICABLE CHANGE IN STATUS;

(2) THE DATE ON WHICH THE INSURED FAILS TO MAKE TIMELY PAYMENT OF ANY AMOUNT REQUIRED UNDER SUBSECTION (E)(2) OF THIS SECTION;

(3) THE DATE ON WHICH THE INSURED BECOMES ELIGIBLE FOR HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER A GROUP AN INSURED OR SELF-INSURED GROUP HEALTH BENEFIT PROGRAM OR PLAN OTHER THAN THE GROUP CONTRACT WHICH IS:

(I) WRITTEN ON AN EXPENSE INCURRED BASIS; OR

(II) WITH A HEALTH MAINTENANCE ORGANIZATION;

(4) THE DATE ON WHICH THE INSURED BECOMES ENTITLED TO BENEFITS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT; -OR-

(5) THE DATE ON WHICH THE INSURED ACCEPTS HOSPITAL, MEDICAL, OR SURGICAL COVERAGE EITHER UNDER ANY NONGROUP CONTRACT OR POLICY:

(I) WRITTEN ON AN EXPENSE INCURRED BASIS; OR

(II) WITH A HEALTH MAINTENANCE ORGANIZATION;

(6) THE DATE ON WHICH THE INSURED ELECTS NO LONGER TO HAVE COVERAGE UNDER THE GROUP CONTRACT; OR

(7) THE DATE ON WHICH THE EMPLOYER CEASES TO PROVIDE BENEFITS TO ITS EMPLOYEES UNDER A GROUP CONTRACT.

(E) ANY CONTINUATION COVERAGE UNDER THIS SECTION:

(1) SHALL BE PROVIDED WITHOUT EVIDENCE OF INSURABILITY OR ADDITIONAL WAITING PERIODS;

(2) SHALL PROVIDE FOR THE PAYMENT TO THE EMPLOYER BY THE INSURED OF AN AMOUNT WHICH DOES NOT EXCEED:

(I) THE SUM OF THE EMPLOYER CONTRIBUTION AND ANY CONTRIBUTION WHICH WOULD HAVE BEEN REQUIRED TO BE PAID BY THE INSURED IF THERE HAD BEEN NO APPLICABLE CHANGE IN STATUS; AND

(II) A REASONABLE ADMINISTRATIVE FEE WHICH SHALL BE SUBJECT TO REVIEW AND APPROVAL BY THE COMMISSIONER;

(3) SHALL PERMIT THE PAYMENT OF ANY SUCH AMOUNT IN MONTHLY INSTALLMENTS IF SO ELECTED BY THE INSURED;