

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

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

(3) THE DATE ON WHICH THE QUALIFIED SECONDARY BENEFICIARY BECOMES ELIGIBLE FOR HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER -A- 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 QUALIFIED SECONDARY BENEFICIARY BECOMES ENTITLED TO BENEFITS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT;

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

(I) WRITTEN ON AN EXPENSE INCURRED BASIS; OR

(II) WITH A HEALTH MAINTENANCE ORGANIZATION;

(6) THE DATE ON WHICH THE QUALIFIED SECONDARY BENEFICIARY ELECTS NO LONGER TO HAVE COVERAGE UNDER THE GROUP CONTRACT;

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

(8) IN THE CASE OF ANY INDIVIDUAL WHO IS A QUALIFIED SECONDARY BENEFICIARY BY REASON OF HAVING BEEN A DEPENDENT CHILD, THE DATE ON WHICH THE INDIVIDUAL WOULD NO LONGER HAVE BEEN COVERED UNDER THE GROUP CONTRACT IF THERE HAS BEEN NO APPLICABLE CHANGE IN STATUS.

(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 A QUALIFIED SECONDARY BENEFICIARY 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;