

(2) BENEFITS MAY NOT BE PAID BY AN INSURER UNDER
PARAGRAPH (1) OF THIS SUBSECTION TO ANY PERSON WHO IS IN
VIOLATION OF § 17-103 OF THE TRANSPORTATION ARTICLE.

(c) As to any person insured under a policy providing the coverage [required by] DESCRIBED UNDER §§ 539 and 541 of this [article] SUBTITLE who is injured in an accident while occupying a motor vehicle for which the coverage [required by] DESCRIBED UNDER §§ 539 and 541 OF THIS SUBTITLE is not in effect, or struck as a pedestrian or injured while in, on, or alighting from any other vehicle powered by animal or muscular power or on or alighting from an animal by a motor vehicle for which the coverage [required by] DESCRIBED UNDER §§ 539 and 541 OF THIS SUBTITLE is not in effect, the benefits shall be payable by the injured party's insurer providing such coverage; provided, however, that such benefits shall be reduced to the extent of any medical or disability benefits coverage applicable to the motor vehicle and [collectable] COLLECTIBLE from the insurer of such motor vehicle.

(d) Benefits payable under the coverages [required in] DESCRIBED UNDER §§ 539 and 541 of this [article] SUBTITLE shall be reduced to the extent that the recipient has recovered benefits under workmen's compensation laws of any state or the federal government.

(e) Nothing herein shall prohibit a nonprofit health service plan or an authorized insurer, with the approval of the Commissioner, from providing medical, hospital, and disability benefits in connection with motor vehicle accidents.

544.

(a) All payments of benefits [prescribed] DESCRIBED under § 539 of this subtitle shall be made periodically as the claims therefor arise and within 30 days after satisfactory proof thereof is received by the insurer subject to the following limitations:

(1) The coverages described in § 539 of this subtitle may prescribe a period of not less than 12 months after the date of accident within which the original claim for benefits must be presented to the insurer.

(2) The coverages described in § 539 of this subtitle may provide that in any instance where a lapse occurs in the period of total disability or in the medical treatment of an injured person who has received benefits under such coverage or coverages and such person subsequently claims additional benefits based upon an alleged recurrence of the injury for which the original claim for benefits was made, the insurer may require reasonable medical proof of such alleged recurrence; provided,