DEPENDENT CHILD OR GRANDCHILD FROM THE MOMENT OF BIRTH OR DATE OF ADOPTION OF THE CHILD OR GRANDCHILD.

(C) MARITAL STATUS IMMATERIAL.

ON REQUEST, AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT ISSUES AN INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY THAT PROVIDES COVERAGE ON AN EXPENSE-INCURRED BASIS SHALL OFFER FAMILY MEMBERS' COVERAGE TO AN INSURED OR SUBSCRIBER REGARDLESS OF THE MARITAL STATUS OF THE INSURED OR SUBSCRIBER.

(D) NOTICE TO POLICYHOLDERS WITHOUT FAMILY MEMBERS' COVERAGE.

EACH INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT ISSUES A POLICY THAT DOES NOT PROVIDE FAMILY MEMBERS' COVERAGE SHALL:

- (1) PROVIDE NOTICE TO THE POLICYHOLDER THAT COVERAGE FOR A NEWLY BORN OR NEWLY ADOPTED CHILD OR GRANDCHILD IS NOT PROVIDED UNDER THE POLICY; AND
- (2) INFORM THE INSURED OF THE RIGHT AND CONDITIONS TO PURCHASE FAMILY MEMBERS' COVERAGE UNDER THIS SECTION.
 - (E) ELIGIBILITY OF GRANDCHILDREN FOR COVERAGE.

TO BE ELIGIBLE FOR COVERAGE UNDER THIS SECTION, A GRANDCHILD MUST BE A DEPENDENT, AND IN THE COURT-ORDERED CUSTODY, OF THE INSURED.

(F) EXTENT OF COVERAGE.

COVERAGE FOR A NEWLY BORN OR NEWLY ADOPTED CHILD OR GRANDCHILD SHALL CONSIST OF COVERAGE FOR INJURY OR SICKNESS, INCLUDING THE NECESSARY CARE AND TREATMENT OF MEDICALLY DIAGNOSED CONGENITAL DEFECTS AND BIRTH ABNORMALITIES.

(G) PAYMENT OF PREMIUM OR FEE.

IF PAYMENT OF A SPECIFIC PREMIUM OR SUBSCRIPTION FEE IS REQUIRED TO PROVIDE COVERAGE FOR A CHILD OR GRANDCHILD, THE POLICY OR CONTRACT MAY REQUIRE NOTIFICATION OF A BIRTH OR ADOPTION AND PAYMENT OF THE REQUIRED PREMIUM OR FEE TO THE INSURER OR NONPROFIT HEALTH SERVICE PLAN WITHIN 31 DAYS AFTER THE DATE OF BIRTH OR DATE OF ADOPTION IN ORDER TO CONTINUE COVERAGE BEYOND THE 31-DAY PERIOD.

(H) REQUIRED PROOF.

- (1) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY REQUIRE PROOF THAT THE INSURED OR SUBSCRIBER IS THE PARENT OR GRANDPARENT OF A NEWLY BORN OR NEWLY ADOPTED CHILD OR GRANDCHILD.
- (2) IF THE INSURER OR NONPROFIT HEALTH SERVICE PLAN REQUIRES PROOF UNDER THIS SUBSECTION, THE INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PAY THE COST OF THE PROOF.