

(6) "QUALIFIED SECONDARY BENEFICIARY" MEANS AN INDIVIDUAL WHO IS:

(I) A BENEFICIARY UNDER THE GROUP CONTRACT AS THE SPOUSE OF THE INSURED FOR AT LEAST 30 DAYS IMMEDIATELY PRECEDING THE CHANGE IN STATUS; OR

(II) A DEPENDENT CHILD OF THE INSURED.

(7) "TERMINATION STATEMENT" MEANS WRITTEN NOTICE OF AN EVENT SPECIFIED IN SUBSECTION (C) OF THIS SECTION THAT IS:

(I) PROVIDED TO THE EMPLOYER ON A FORM THAT THE COMMISSIONER PRESCRIBES; AND

(II) 1. SIGNED BY THE INSURED AND A QUALIFIED SECONDARY BENEFICIARY DEFINED IN PARAGRAPH (6)(I) OF THIS SUBSECTION; OR

2. ACCOMPANIED BY THE INSURED'S SIGNED AND SWORN AFFIDAVIT THAT VERIFIES ALL FACTS IN THE TERMINATION STATEMENT.

(B) REQUIRED.

(1) EACH GROUP CONTRACT IN FORCE ON THE DATE OF THE CHANGE IN STATUS SHALL PROVIDE CONTINUATION COVERAGE IN ACCORDANCE WITH THIS SECTION.

(2) SUBJECT TO SUBSECTION (C) OF THIS SECTION, A QUALIFIED SECONDARY BENEFICIARY IS ENTITLED TO CONTINUATION COVERAGE UNDER A GROUP CONTRACT AFTER A CHANGE IN STATUS.

(3) PARAGRAPH (2) OF THIS SUBSECTION DOES NOT APPLY WHILE THE INSURED IS NOT COVERED BY A GROUP CONTRACT.

(C) PERIOD OF CONTINUATION COVERAGE.

CONTINUATION COVERAGE UNDER THIS SECTION SHALL BEGIN ON THE DATE OF THE CHANGE IN STATUS AND END ON THE EARLIEST OF THE FOLLOWING:

(1) THE DATE ON WHICH THE QUALIFIED SECONDARY BENEFICIARY BECOMES ELIGIBLE FOR HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER AN INSURED OR SELF-INSURED GROUP HEALTH BENEFIT PROGRAM OR PLAN, OTHER THAN THE GROUP CONTRACT, THAT IS WRITTEN ON AN EXPENSE-INCURRED BASIS OR IS WITH A HEALTH MAINTENANCE ORGANIZATION;

(2) THE DATE ON WHICH THE QUALIFIED SECONDARY BENEFICIARY BECOMES ENTITLED TO BENEFITS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT;

(3) THE DATE ON WHICH THE QUALIFIED SECONDARY BENEFICIARY ACCEPTS HOSPITAL, MEDICAL, OR SURGICAL COVERAGE UNDER A NONGROUP CONTRACT OR POLICY THAT IS WRITTEN ON AN EXPENSE-INCURRED BASIS OR IS WITH A HEALTH MAINTENANCE ORGANIZATION;