

- (1) FOR NONPAYMENT OF THE REQUIRED PREMIUMS;
- (2) WHERE THE INDIVIDUAL HAS PERFORMED AN ACT OR PRACTICE THAT CONSTITUTES FRAUD;
- (3) WHERE THE INDIVIDUAL HAS MADE AN INTENTIONAL MISREPRESENTATION OF MATERIAL FACT UNDER THE TERMS OF THE COVERAGE;
- (4) WHERE THE CARRIER ELECTS NOT TO RENEW ALL OF ITS INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE;
- (5) WHERE THE ELIGIBLE INDIVIDUAL NO LONGER RESIDES, LIVES, OR WORKS IN THE SERVICE AREA, PROVIDED THAT THE COVERAGE IS TERMINATED UNDER THIS PROVISION UNIFORMLY WITHOUT REGARD TO ANY HEALTH STATUS-RELATED FACTOR OF COVERED INDIVIDUALS; OR
- (6) WHERE, IN THE CASE OF HEALTH INSURANCE COVERAGE THAT IS MADE AVAILABLE IN THE INDIVIDUAL MARKET ONLY THROUGH ONE OR MORE BONA FIDE ASSOCIATIONS, THE MEMBERSHIP OF THE ELIGIBLE INDIVIDUAL IN THE ASSOCIATION CEASES BUT ONLY IF SUCH COVERAGE IS TERMINATED UNDER THIS PARAGRAPH UNIFORMLY WITHOUT REGARD TO ANY HEALTH STATUS-RELATED FACTOR OF COVERED INDIVIDUALS.

15-1310.

(A) A CARRIER SHALL PROVIDE WRITTEN CERTIFICATION OF CREDITABLE COVERAGE.

(B) THE CERTIFICATION OF CREDITABLE COVERAGE DESCRIBED IN SUBSECTION (A) OF THIS SECTION SHALL BE PROVIDED:

~~(1) AUTOMATICALLY AT THE TIME AN INDIVIDUAL CEASES TO BE COVERED UNDER THE HEALTH BENEFITS PLAN AND WITHIN A REASONABLE PERIOD AFTER CESSATION OF COVERAGE; AND~~

~~(2) AT THE REQUEST OF THE INDIVIDUAL, IN NO EVENT LATER THAN 24 MONTHS AFTER THE DATE OF CESSATION OF THE COVERAGE.~~

(1) AUTOMATICALLY AT THE TIME AN INDIVIDUAL CEASES TO BE COVERED UNDER THE HEALTH BENEFITS PLAN OR OTHERWISE BECOMES COVERED UNDER A COBRA CONTINUATION PROVISION;

(2) IN THE CASE OF AN INDIVIDUAL WHO BECOMES COVERED UNDER A COBRA CONTINUATION PROVISION, AT THE TIME THE INDIVIDUAL CEASES TO BE COVERED UNDER THE PROVISION; AND

(3) ON THE REQUEST ON BEHALF OF AN INDIVIDUAL MADE NOT LATER THAN 24 MONTHS AFTER THE DATE OF CESSATION OF THE COVERAGE DESCRIBED IN ITEM (1) OR (2) OF THIS SUBSECTION, WHICHEVER IS LATER.

(C) THE CERTIFICATION MAY BE PROVIDED AT A TIME CONSISTENT WITH NOTICES REQUIRED UNDER ANY APPLICABLE STATE OR FEDERAL CONTINUATION PROVISION.