

~~signed by the policyholder or insured and a copy of the statement is given to the policyholder, insured, or beneficiary of the insured.]~~

~~(1) EACH POLICY OF GROUP HEALTH INSURANCE SHALL CONTAIN A PROVISION THAT WRITTEN NOTICE OF SICKNESS OR INJURY MUST BE GIVEN TO THE INSURER WITHIN 20 DAYS AFTER THE DATE ON WHICH THE SICKNESS OR INJURY OCCURS.~~

~~(2) FAILURE TO GIVE NOTICE WITHIN 20 DAYS AFTER THE DATE ON WHICH THE SICKNESS OR INJURY OCCURS DOES NOT INVALIDATE OR REDUCE A CLAIM IF IT IS SHOWN THAT:~~

~~(I) IT WAS NOT REASONABLY POSSIBLE TO GIVE NOTICE WITHIN 20 DAYS; AND~~

~~(II) NOTICE WAS GIVEN AS SOON AS WAS REASONABLY POSSIBLE.~~

~~(d) (1) Each policy of group health insurance shall contain a provision that the insurer will provide to the policyholder for delivery to each employee or member of the insured group, a statement that summarizes the essential features of the insurance coverage of the employee or member and that indicates to whom benefits under the policy are payable.~~

~~(2) If dependents are included in the coverage, only one statement need be issued for each family unit.~~

~~(e) Each policy of group health insurance shall contain a provision that eligible new employees, members, or dependents may be added periodically to the group originally insured in accordance with the terms of the policy.~~

~~(F) (1) EACH POLICY OF GROUP HEALTH INSURANCE SHALL REQUIRE THE INSURER TO PROVIDE TO EACH POLICYHOLDER FORMS FOR FILING PROOF OF LOSS.~~

~~(2) IF THE INSURER DOES NOT PROVIDE THE FORMS WITHIN 15 DAYS AFTER NOTICE OF SICKNESS OR INJURY IS GIVEN, THE CLAIMANT IS DEEMED TO HAVE COMPLIED WITH THE REQUIREMENTS OF THE POLICY ON PROOF OF LOSS IF THE CLAIMANT SUBMITS, WITHIN THE TIME FIXED IN THE POLICY FOR FILING PROOF OF LOSS, WRITTEN PROOF OF THE OCCURRENCE, CHARACTER, AND EXTENT OF THE LOSS FOR WHICH THE CLAIM IS MADE.~~

~~(G) (1) EACH POLICY OF GROUP HEALTH INSURANCE SHALL CONTAIN A PROVISION THAT:~~

~~(I) IF A CLAIM IS FOR LOSS OF TIME BECAUSE OF DISABILITY, WRITTEN PROOF OF LOSS MUST BE SUBMITTED TO THE INSURER WITHIN 30 DAYS AFTER THE BEGINNING OF THE PERIOD FOR WHICH THE INSURER IS LIABLE, AND SUBSEQUENT WRITTEN PROOF THAT THE DISABILITY CONTINUES MUST BE SUBMITTED TO THE INSURER AT THE INTERVALS THAT THE INSURER REASONABLY REQUIRES; AND~~