

[(3)](4) who has not had the most recent prior creditable coverage described in paragraph (1)(ii) of this subsection terminated for nonpayment of premiums or fraud by the individual; and

[(4)](5) who, if the individual has been offered the option of continuation coverage under a State or federal continuation provision:

- (i) has elected that coverage; and
- (ii) has exhausted that coverage.

15-1401.

(p) "Special enrollment period" means a period during which a group health plan shall permit [an employee] CERTAIN INDIVIDUALS who [is] ARE eligible for coverage, but not enrolled, to enroll for coverage under the terms of the group health benefit plan.

15-1406.

(a) A carrier may not establish rules for eligibility of an individual to enroll under a group health [benefits] BENEFIT plan based on any health status-related factor.

(b) Subsection (a) of this section does not:

(1) require a carrier to provide particular benefits other than those provided under the terms of the particular health benefit plan; or

(2) prevent a carrier from establishing limitations or restrictions on the amount, level, extent, or nature of the benefits or coverage for similarly situated individuals enrolled in the health benefit plan.

(c) Rules for eligibility to enroll under a plan includes rules defining any applicable waiting periods for enrollment.

(d) A carrier shall allow an employee or dependent who is eligible, but not enrolled, for coverage under the terms of a group health [benefits] BENEFIT plan to enroll for coverage under the terms of the plan if:

(1) the employee or dependent was covered under an employer-sponsored plan or group health [benefits] BENEFIT plan at the time coverage was previously offered to the employee or dependent;

(2) the employee states in writing, at the time coverage was previously offered, that coverage under an employer-sponsored plan or group health [benefits] BENEFIT plan was the reason for declining enrollment, but only if the plan sponsor or issuer requires the statement and provides the employee with notice of the requirement; and

(3) the employee's or dependent's coverage described in item (1) of this subsection: