

[agent] INSURANCE PRODUCER duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy; provided, however, that if the insurer or such [agent] INSURANCE PRODUCER requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application. The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten days after such date. In all other respects the insured and insurer shall have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement."

15-211.

(a) Each policy of health insurance shall contain the following provision: "Notice of claim: Written notice of claim must be given to the insurer within twenty (20) days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at (insert the location of such office as the insurer may designate for the purpose), or to any authorized [agent] INSURANCE PRODUCER of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer."

15-916.

(d) The carrier or [agent] INSURANCE PRODUCER of the carrier shall deliver to the prospective buyer a Medicare supplement buyer's guide that is printed in at least 12-point type:

- (1) before accepting an application;
 - (2) when an existing policy is converted to a Medicare supplement policy;
- and
- (3) at any other time required by the Commissioner by regulation.

15-919.

(a) (1) Under any circumstance stated in this section, a carrier or [agent] INSURANCE PRODUCER of a carrier shall give to a prospective buyer eligible for Medicare by reason of age a written statement as required, for each circumstance, by this section.

(2) The written statement shall be given before the carrier or [agent] INSURANCE PRODUCER accepts an application.