

(i) Any insurance contract or policy issued or delivered in this State to the employer of the insured by a nonprofit health service insurance plan or an insurance company which provides group hospital, medical, or surgical benefits to the insured on an expense-incurred basis; or

(ii) Any contract between the employer of the insured and a health maintenance organization certified under Title 19, Subtitle 7 of the Health - General Article which provides group hospital, medical, or surgical benefits offered to the insured.

(5) "Insured" means an employee who is a resident of this State and covered under a group insurance contract.

(6) "Qualified secondary beneficiary" means, with respect to the insured, an individual other than the insured who is:

(i) A beneficiary under the group contract as the spouse of the insured for at least the 30-day period immediately preceding the applicable change in status; or

(ii) A dependent child.

(7) "Termination statement" means a written notice of an event specified in subsection (c) of this section provided to the employer on a form prescribed by the Commissioner which is:

(i) Signed by the insured and a qualified secondary beneficiary as defined in subsection (a)(6)(i) of this section; or

(ii) Accompanied by the insured's signed and sworn affidavit verifying all facts therein.

(b) (1) Subject to subsection (c) of this section, a qualified secondary beneficiary shall be entitled to benefits under a group contract after an applicable change in status.

(2) Paragraph (1) of this subsection shall not apply to any period the insured is not covered by a group contract.

(c) Any coverage under this section shall be for a period beginning on the date of an applicable change in status and ending on the earliest of any 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, which is:

(i) Written on an expense-incurred basis; or

(ii) 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;