

By: Representative Chism

To: Insurance

HOUSE BILL NO. 94

1 AN ACT TO AMEND SECTIONS 83-9-3 AND 83-9-5, MISSISSIPPI CODE
2 OF 1972, TO PROVIDE FOR THE ASSIGNMENT OF INSURANCE BENEFITS BY
3 THE INSURED TO A LICENSED HEALTH CARE PROVIDER; AND FOR RELATED
4 PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 SECTION 1. Section 83-9-3, Mississippi Code of 1972, is
7 amended as follows:

8 83-9-3. (1) No policy of accident and sickness insurance
9 shall be delivered or issued for delivery to any person in this
10 state unless:

11 (a) The entire money and other considerations therefor
12 are expressed therein; and

13 (b) The time at which the insurance takes effect and
14 terminates is expressed therein; and

15 (c) It purports to insure only one (1) person, except
16 that a policy may insure, originally or by subsequent amendment,
17 upon the application of an adult member of a family who shall be
18 deemed the policyholder, any two (2) or more eligible members of
19 that family, including husband, wife, dependent children or any
20 children under a specified age which shall not exceed nineteen
21 (19) years, and any other person dependent upon the policyholder;
22 and

23 (d) The style, arrangement and overall appearance of
24 the policy give no undue prominence to any portion of the text,
25 and unless every printed portion of the text of the policy and of
26 any endorsements or attached papers is plainly printed in
27 lightfaced type of a style in general use, the size of which shall
28 be uniform and not less than ten-point with a lowercase unspaced



29 alphabet length not less than one hundred and twenty-point (the
30 "text" shall include all printed matter except the name and
31 address of the insurer, name or title of the policy, the brief
32 description if any, and captions and subcaptions); and

33 (e) The exceptions and reductions of indemnity are set
34 forth in the policy and, except those which are set forth in
35 Section 83-9-5, are printed, at the insurer's option, either with
36 the benefit provision to which they apply, or under an appropriate
37 caption such as "Exceptions," or "Exceptions and Reductions,"
38 provided that if an exception or reduction specifically applies
39 only to a particular benefit of the policy, a statement of such
40 exception or reduction shall be included with the benefit
41 provision to which it applies; and

42 (f) Each such form, including riders and endorsements,
43 shall be identified by a form number in the lower left-hand corner
44 of the first page thereof; and

45 (g) It contains no provision purporting to make any
46 portion of the charter, rules, constitution or bylaws of the
47 insurer a part of the policy unless such portion is set forth in
48 full in the policy, except in the case of the incorporation of, or
49 reference to, a statement of rates or classification of risks, or
50 short-rate table filed with the commissioner.

51 (2) No individual or group policy covering health and
52 accident insurance (including experience-rated insurance
53 contracts, indemnity contracts, self-insured plans and self-funded
54 plans), or any group combinations of these coverages, shall be
55 issued by any commercial insurer doing business in this state
56 which, by the terms of such policy, limits or excludes payment
57 because the individual or group insured is eligible for or is
58 being provided medical assistance under the Mississippi Medicaid
59 Law. Any such policy provision in violation of this section shall
60 be invalid.



61 (3) No individual or group policy covering health and
62 accident insurance (including experience-rated insurance
63 contracts, indemnity contracts, self-insured plans and self-funded
64 plans), or any group combinations of these coverages, shall be
65 issued by any commercial insurer doing business in this state
66 which, by the terms of such policy, limits or restricts the
67 insured's ability to assign the insured's benefits under the
68 policy to a licensed health care provider that provides health
69 care services to the insured. Any such policy provision in
70 violation of this section shall be invalid.

71 (4) If any policy is issued by an insurer domiciled in this
72 state for delivery to a person residing in another state, and if
73 the official having responsibility for the administration of the
74 insurance laws of such other state shall have advised the
75 commissioner that any such policy is not subject to approval or
76 disapproval by such official, the commissioner may, by ruling,
77 require that such policy meet the standards set forth in
78 subsection (1) of this section and in Section 83-9-5.

79 (5) The commissioner shall collect and pay into the Special
80 Fund in the State Treasury designated as the "Insurance Department
81 Fund" the following fees for services provided under this section:

	FORM	FEE
83 Each individual policy contract, including		
84 revisions.....		\$15.00
85 Each group master policy or contract including		
86 revisions.....		15.00
87 Each rider, endorsement or amendment, etc.....		10.00
88 Each insurance application where written		
89 application is required and is to be		
90 made a part of the policy or contract.....		10.00
91 Each questionnaire.....		7.00
92 Charge for resubmission where payment is		
93 not included with original submission.....		5.00



94 Additional charge for tentative approval same as above.

95 SECTION 2. Section 83-9-5, Mississippi Code of 1972, is
96 amended as follows:

97 83-9-5. (1) Required provisions. Except as provided in
98 subsection (3) of this section, each such policy delivered or
99 issued for delivery to any person in this state shall contain the
100 provisions specified in this subsection in the words in which the
101 same appear in this section. However, the insurer may, at its
102 option, substitute for one or more of such provisions,
103 corresponding provisions of different wording approved by the
104 commissioner which are in each instance not less favorable in any
105 respect to the insured or the beneficiary. Such provisions shall
106 be preceded individually by the caption appearing in this
107 subsection or, at the option of the insurer, by such appropriate
108 individual or group captions or subcaptions as the commissioner
109 may approve.

110 (a) A provision as follows:

111 Entire contract; changes: This policy, including the
112 endorsements and the attached papers, if any, constitutes the
113 entire contract of insurance. No change in this policy shall be
114 valid until approved by an executive officer of the insurer and
115 unless such approval be endorsed hereon or attached hereto. No
116 agent has authority to change this policy or to waive any of its
117 provisions.

118 (b) A provision as follows:

119 Time limit on certain defenses:

120 1. After two (2) years from the date of issue of
121 this policy, no misstatements, except fraudulent misstatements,
122 made by the applicant in the application for such policy shall be
123 used to void the policy or to deny a claim for loss incurred or
124 disability (as defined in the policy) commencing after the
125 expiration of such two-year period.



126 (The foregoing policy provision shall not be so construed as
127 to effect any legal requirement for avoidance of a policy or
128 denial of a claim during such initial two-year period, nor to
129 limit the application of subparagraphs (2) (a) and (2) (b) of this
130 section in the event of misstatement with respect to age or
131 occupation.)

132 (A policy which the insured has the right to continue in
133 force subject to its terms by the timely payment of premium (1)
134 until at least age fifty (50) or, (2) in the case of a policy
135 issued after age forty-four (44), for at least five (5) years from
136 its date of issue, may contain in lieu of the foregoing the
137 following provision (from which the clause in parentheses may be
138 omitted at the insurer's option) under the caption
139 "INCONTESTABLE":

140 After this policy has been in force for a period of two (2)
141 years during the lifetime of the insured (excluding any period
142 during which the insured is disabled), it shall become
143 incontestable as to the statements in the application.)

144 2. No claim for loss incurred or disability (as
145 defined in the policy) commencing after two (2) years from the
146 date of issue of this policy shall be reduced or denied on the
147 ground that a disease or physical condition not excluded from
148 coverage by name or specific description effective on the date of
149 loss had existed prior to the effective date of coverage of this
150 policy.

151 (c) A provision as follows:

152 Grace period: A grace period of seven (7) days for weekly
153 premium policies, ten (10) days for monthly premium policies and
154 thirty-one (31) days for all other policies will be granted for
155 the payment of each premium falling due after the first premium,
156 during which grace period the policy shall continue in force.

157 (A policy which contains a cancellation provision may add, at
158 the end of the above provision, "subject to the right of the



159 insurer to cancel in accordance with the cancellation provision
160 hereof."

161 A policy in which the insurer reserves the right to refuse
162 any renewal shall have, at the beginning of the above provision,
163 "unless not less than five (5) days prior to the premium due date
164 the insurer has delivered to the insured or has mailed to his last
165 address as shown by the records of the insurer written notice of
166 its intention not to renew this policy beyond the period for which
167 the premium has been accepted.")

168 (d) A provision as follows:

169 Reinstatement: If any renewal premium be not paid within the
170 time granted the insured for payment, a subsequent acceptance of
171 premium by the insurer or by any agent duly authorized by the
172 insurer to accept such premium, without requiring in connection
173 therewith an application for reinstatement, shall reinstate the
174 policy. However, if the insurer or such agent requires an
175 application for reinstatement and issues a conditional receipt for
176 the premium tendered, the policy will be reinstated upon approval
177 of such application by the insurer or, lacking such approval, upon
178 the forty-fifth day following the date of such conditional receipt
179 unless the insurer has previously notified the insured in writing
180 of its disapproval of such application. The reinstated policy
181 shall cover only loss resulting from such accidental injury as may
182 be sustained after the date of reinstatement and loss due to such
183 sickness as may begin more than ten (10) days after such date. In
184 all other respects the insured and insurer shall have the same
185 rights thereunder as they had under the policy immediately before
186 the due date of the defaulted premium, subject to any provisions
187 endorsed hereon or attached hereto in connection with the
188 reinstatement. Any premium accepted in connection with a
189 reinstatement shall be applied to a period for which premium has
190 not been previously paid, but not to any period more than sixty
191 (60) days prior to the date of reinstatement. (The last sentence



192 of the above provision may be omitted from any policy which the
193 insured has the right to continue in force subject to its terms by
194 the timely payment of premiums (1) until at least age fifty (50)
195 or, (2) in the case of a policy issued after age forty-four (44),
196 for at least five (5) years from its date of issue.)

197 (e) A provision as follows:

198 Notice of claim: Written notice of claim must be given to
199 the insurer within thirty (30) days after the occurrence or
200 commencement of any loss covered by the policy, or as soon
201 thereafter as is reasonably possible. Notice given by or on
202 behalf of the insured or the beneficiary to the insurer at
203 _____, (insert the location of such office as the insurer may
204 designate for the purpose) or to any authorized agent of the
205 insurer, with information sufficient to identify the insured,
206 shall be deemed notice to the insurer.

207 (In a policy providing a loss-of-time benefit which may be
208 payable for at least two (2) years, an insurer may, at its option,
209 insert the following between the first and second sentences of the
210 above provision: "Subject to the qualifications set forth below,
211 if the insured suffers loss of time on account of disability for
212 which indemnity may be payable for at least two (2) years, he
213 shall, at least once in every six (6) months after having given
214 notice of claim, give to the insurer notice of continuance of said
215 disability, except in the event of legal incapacity. The period
216 of six (6) months following any filing of proof by the insured or
217 any payment by the insurer on account of such claim or any denial
218 of liability in whole or in part by the insurer shall be excluded
219 in applying this provision. Delay in the giving of such notice
220 shall not impair the insured's right to any indemnity which would
221 otherwise have accrued during the period of six (6) months
222 preceding the date on which such notice is actually given.")

223 (f) A provision as follows:



224 Claim forms: The insurer, upon receipt of a notice of claim,
225 will furnish to the claimant such forms as are usually furnished
226 by it for filing proofs of loss. If such forms are not furnished
227 within fifteen (15) days after the giving of such notice, the
228 claimant shall be deemed to have complied with the requirements of
229 this policy as to proof of loss upon submitting, within the time
230 fixed in the policy for filing proofs of loss, written proof
231 covering the occurrence, the character and the extent of the loss
232 for which claim is made.

233 (g) A provision as follows:

234 Proofs of loss: Written proof of loss must be furnished to
235 the insurer at its said office, in case of claim for loss for
236 which this policy provides any periodic payment contingent upon
237 continuing loss, within ninety (90) days after the termination of
238 the period for which the insurer is liable, and in case of claim
239 for any other loss, within ninety (90) days after the date of such
240 loss. Failure to furnish such proof within the time required
241 shall not invalidate or reduce any claim if it was not reasonably
242 possible to give proof within such time, provided such proof is
243 furnished as soon as reasonably possible and in no event, except
244 in the absence of legal capacity, later than one (1) year from the
245 time proof is otherwise required.

246 (h) A provision as follows:

247 Time of payment of claims:

248 1. All benefits payable under this policy for any
249 loss, other than loss for which this policy provides any periodic
250 payment, will be paid within forty-five (45) days after receipt of
251 due written proof of such loss. Benefits due under the policies
252 and claims are overdue if not paid within forty-five (45) days
253 after the insurer receives proof of loss, necessary medical
254 information and other information essential for the insurer to
255 administer coordination of benefits and subrogation provisions.
256 If such information is not supplied as to the entire claim, the



257 amount supported by reasonable proof is overdue if not paid within
258 forty-five (45) days after such proof is received by the insurer.
259 Any part or all of the remainder of the claim that is later
260 supported by such proof is overdue if not paid within forty-five
261 (45) days after such proof is received by the insurer. To
262 calculate the extent to which any benefits are overdue, payment
263 shall be treated as made on the date a draft or other valid
264 instrument was placed in the United States mail to the last known
265 address of the claimant or beneficiary in a properly addressed,
266 postpaid envelope, or, if not so posted, on the date of delivery.

267 2. Subject to due written proof of loss, all
268 accrued benefits for loss for which this policy provides periodic
269 payment will be paid _____ (insert period for payment which
270 must not be less frequently than monthly) and any balance
271 remaining unpaid upon the termination of liability will be paid
272 within forty-five (45) days after receipt of due written proof.

273 3. If the claim is not denied for valid and proper
274 reasons by the end of such period of forty-five (45) days, the
275 insurer must pay the insured interest on accrued benefits at the
276 rate of one and one-half percent (1-1/2%) per month on the amount
277 of such claim until it is finally settled or adjudicated.

278 4. In the event the insurer fails to pay benefits
279 when due, the person entitled to such benefits may bring action to
280 recover such benefits, any interest which may accrue as provided
281 in subsection (1)(h)3. of this section and any other damages as
282 may be allowable by law.

283 (i) A provision as follows:

284 Payment of claims: Indemnity for loss of life will be
285 payable in accordance with the beneficiary designation and the
286 provisions respecting such payment which may be prescribed herein
287 and effective at the time of payment. If no such designation or
288 provision is then effective, such indemnity shall be payable to
289 the estate of the insured. Any other accrued indemnities unpaid



290 at the insured's death may, at the option of the insurer, be paid
291 either to such beneficiary or to such estate. All other
292 indemnities will be payable to the insured. When payments of
293 benefits are made to an insured directly for medical care or
294 services rendered by a health care provider, the health care
295 provider shall be notified of such payment. The notification
296 requirement shall not apply to a fixed-indemnity policy, a limited
297 benefit health insurance policy, medical payment coverage or
298 personal injury protection coverage in a motor vehicle policy,
299 coverage issued as a supplement to liability insurance or workers'
300 compensation. If the insured provides the insurer with written
301 direction that all or a portion of any indemnities or benefits
302 provided by this policy shall be paid to a licensed health care
303 provider rendering hospital, nursing, medical or surgical
304 services, then the insurer shall pay directly the licensed health
305 care provider rendering such services.

306 (The following provisions, or either of them, may be included
307 with the foregoing provision at the option of the insurer: "If
308 any indemnity of this policy shall be payable to the estate of the
309 insured, or to an insured or beneficiary who is a minor or
310 otherwise not competent to give a valid release, the insurer may
311 pay such indemnity, up to an amount not exceeding \$_____,
312 (insert an amount which must not exceed One Thousand Dollars
313 (\$1,000.00)) to any relative by blood or connection by marriage of
314 the insured or beneficiary who is deemed by the insurer to be
315 equitably entitled thereto. Any payment made by the insurer in
316 good faith pursuant to this provision shall fully discharge the
317 insurer to the extent of such payment.

318 "Subject to any written direction of the insured in the
319 application or otherwise, all or a portion of any indemnities
320 provided by this policy on account of hospital, nursing, medical
321 or surgical services may, at the insurer's option and unless the
322 insured requests otherwise in writing not later than the time of



323 filing proofs of such loss, be paid directly to the hospital or
324 person rendering such services; but it is not required that the
325 service be rendered by a particular hospital or person.")

326 (j) A provision as follows:

327 Physical examinations: The insurer at his own expense shall
328 have the right and opportunity to examine the person of the
329 insured when and as often as it may reasonably require during the
330 pendency of a claim hereunder.

331 (k) A provision as follows:

332 Legal actions: No action at law or in equity shall be
333 brought to recover on this policy prior to the expiration of sixty
334 (60) days after written proof of loss has been furnished in
335 accordance with the requirements of this policy. No such action
336 shall be brought after the expiration of three (3) years after the
337 time written proof of loss is required to be furnished.

338 (l) A provision as follows:

339 Change of beneficiary: Unless the insured makes an
340 irrevocable designation of beneficiary, the right to change the
341 beneficiary is reserved to the insured, and the consent of the
342 beneficiary or beneficiaries shall not be requisite to surrender
343 or assignment of this policy, or to any change of beneficiary or
344 beneficiaries, or to any other changes in this policy.

345 (The first clause of this provision, relating to the
346 irrevocable designation of beneficiary, may be omitted at the
347 insurer's option.)

348 (2) Other provisions. Except as provided in subsection (3)
349 of this section, no such policy delivered or issued for delivery
350 to any person in this state shall contain provisions respecting
351 the matters set forth below unless such provisions are in the
352 words in which the same appear in this section. However, the
353 insurer may, at its option, use in lieu of any such provision a
354 corresponding provision of different wording approved by the
355 commissioner which is not less favorable in any respect to the



356 insured or the beneficiary. Any such provision contained in the
357 policy shall be preceded individually by the appropriate caption
358 appearing in this subsection or, at the option of the insurer, by
359 such appropriate individual or group captions or subcaptions as
360 the commissioner may approve.

361 (a) A provision as follows:

362 Change of occupation: If the insured be injured or contract
363 sickness after having changed his occupation to one classified by
364 the insurer as more hazardous than that stated in this policy or
365 while doing for compensation anything pertaining to an occupation
366 so classified, the insurer will pay only such portion of the
367 indemnities provided in this policy as the premium paid would have
368 purchased at the rates and within the limits fixed by the insurer
369 for such more hazardous occupation. If the insured changes his
370 occupation to one classified by the insurer as less hazardous than
371 that stated in this policy, the insurer, upon receipt of proof of
372 such change of occupation, will reduce the premium rate
373 accordingly, and will return the excess pro rata unearned premium
374 from the date of change of occupation or from the policy
375 anniversary date immediately preceding receipt of such proof,
376 whichever is the most recent. In applying this provision, the
377 classification of occupational risk and the premium rates shall be
378 such as have been last filed by the insurer prior to the
379 occurrence of the loss for which the insurer is liable, or prior
380 to date of proof of change in occupation, with the state official
381 having supervision of insurance in the state where the insured
382 resided at the time this policy was issued; but if such filing was
383 not required, then the classification of occupational risk and the
384 premium rates shall be those last made effective by the insurer in
385 such state prior to the occurrence of the loss or prior to the
386 date of proof of change in occupation.

387 (b) A provision as follows:



388 Misstatement of age: If the age of the insured has been
389 misstated, all amounts payable under this policy shall be such as
390 the premium paid would have purchased at the correct age.

391 (c) A provision as follows:

392 Relation of earnings to issuance: If the total monthly
393 amount of loss of time benefits promised for the same loss under
394 all valid loss of time coverage upon the insured, whether payable
395 on a weekly or monthly basis, shall exceed the monthly earnings of
396 the insured at the time disability commenced or his average
397 monthly earnings for the period of two (2) years immediately
398 preceding a disability for which claim is made, whichever is the
399 greater, the insurer will be liable only for such proportionate
400 amount of such benefits under this policy as the amount of such
401 monthly earnings or such average monthly earnings of the insured
402 bears to the total amount of monthly benefits for the same loss
403 under all such coverage upon the insured at the time such
404 disability commences and for the return of such part of the
405 premiums paid during such two (2) years as shall exceed the pro
406 rata amount of the premiums for the benefits actually paid
407 hereunder; but this shall not operate to reduce the total monthly
408 amount of benefits payable under all such coverage upon the
409 insured below the sum of Two Hundred Dollars (\$200.00) or the sum
410 of the monthly benefits specified in such coverages, whichever is
411 the lesser, nor shall it operate to reduce benefits other than
412 those payable for loss of time.

413 (The foregoing policy provision may be inserted only in a
414 policy which the insured has the right to continue in force
415 subject to its terms by the timely payment of premiums (1) until
416 at least age fifty (50) or, (2) in the case of a policy issued
417 after age forty-four (44), for at least five (5) years from its
418 date of issue. The insurer may, at its option, include in this
419 provision a definition of "valid loss of time coverage," approved
420 as to form by the commissioner, which definition shall be limited



421 in subject matter to coverage provided by governmental agencies or
422 by organizations subject to regulations by insurance law or by
423 insurance authorities of this or any other state of the United
424 States or any province of Canada, or to any other coverage the
425 inclusion of which may be approved by the commissioner, or any
426 combination of such coverages. In the absence of such definition,
427 such term shall not include any coverage provided for such insured
428 pursuant to any compulsory benefit statute (including any
429 workmen's compensation or employer's liability statute), or
430 benefits provided by union welfare plans or by employer or
431 employee benefit organizations.)

432 (d) A provision as follows:

433 Unpaid premium: Upon the payment of a claim under this
434 policy, any premium then due and unpaid or covered by any note or
435 written order may be deducted therefrom.

436 (e) A provision as follows:

437 Cancellation: The insurer may cancel this policy at any time
438 by written notice delivered to the insured, or mailed to his last
439 address as shown by the records of the insurer, stating when, not
440 less than five (5) days thereafter, such cancellation shall be
441 effective; and after the policy has been continued beyond its
442 original term, the insured may cancel this policy at any time by
443 written notice delivered or mailed to the insurer, effective upon
444 receipt or on such later date as may be specified in such notice.
445 In the event of cancellation, the insurer will return promptly the
446 unearned portion of any premium paid. If the insured cancels, the
447 earned premium shall be computed by the use of the short-rate
448 table last filed with the state official having supervision of
449 insurance in the state where the insured resided when the policy
450 was issued. If the insurer cancels, the earned premium shall be
451 computed pro rata. Cancellation shall be without prejudice to any
452 claim originating prior to the effective date of cancellation.

453 (f) A provision as follows:



454 Conformity with state statutes: Any provision of this policy
455 which, on its effective date, is in conflict with the statutes of
456 the state in which the insured resides on such date is hereby
457 amended to conform to the minimum requirements of such statutes.

458 (g) A provision as follows:

459 Illegal occupation: The insurer shall not be liable for any
460 loss to which a contributing cause was the insured's commission of
461 or attempt to commit a felony or to which a contributing cause was
462 the insured's being engaged in an illegal occupation.

463 (h) A provision as follows:

464 Intoxicants and narcotics: The insurer shall not be liable
465 for any loss sustained or contracted in consequence of the
466 insured's being intoxicated or under the influence of any narcotic
467 unless administered on the advice of a physician.

468 (3) Inapplicable or inconsistent provisions. If any
469 provision of this section is in whole or in part inapplicable to
470 or inconsistent with the coverage provided by a particular form of
471 policy, the insurer, with the approval of the commissioner, shall
472 omit from such policy any inapplicable provision or part of a
473 provision, and shall modify any inconsistent provision or part of
474 the provision in such manner as to make the provision as contained
475 in the policy consistent with the coverage provided by the policy.

476 (4) Order of certain policy provisions. The provisions
477 which are the subject of subsections (1) and (2) of this section,
478 or any corresponding provisions which are used in lieu thereof in
479 accordance with such subsections, shall be printed in the
480 consecutive order of the provisions in such subsections or, at the
481 option of the insurer, any such provision may appear as a unit in
482 any part of the policy, with other provisions to which it may be
483 logically related, provided the resulting policy shall not be in
484 whole or in part unintelligible, uncertain, ambiguous, abstruse or
485 likely to mislead a person to whom the policy is offered,
486 delivered or issued.



487 (5) Third-party ownership. The word "insured," as used in
488 Sections 83-9-1 through 83-9-21, Mississippi Code of 1972, shall
489 not be construed as preventing a person other than the insured
490 with a proper insurable interest from making application for and
491 owning a policy covering the insured, or from being entitled under
492 such a policy to any indemnities, benefits and rights provided
493 therein.

494 (6) Requirements of other jurisdictions.

495 (a) Any policy of a foreign or alien insurer, when
496 delivered or issued for delivery to any person in this state, may
497 contain any provision which is not less favorable to the insured
498 or the beneficiary than the provisions of Sections 83-9-1 through
499 83-9-21, Mississippi Code of 1972, and which is prescribed or
500 required by the law of the state under which the insurer is
501 organized.

502 (b) Any policy of a domestic insurer may, when issued
503 for delivery in any other state or country, contain any provision
504 permitted or required by the laws of such other state or country.

505 (7) Filing procedure. The commissioner may make such
506 reasonable rules and regulations concerning the procedure for the
507 filing or submission of policies subject to the cited sections as
508 are necessary, proper or advisable to the administration of said
509 sections. This provision shall not abridge any other authority
510 granted the commissioner by law.

511 SECTION 3. This act shall take effect and be in force from
512 and after July 1, 2001.

