

By: Kirby

To: Insurance

SENATE BILL NO. 2985

1 AN ACT TO AMEND SECTION 83-9-3, MISSISSIPPI CODE OF 1972, TO  
2 PROVIDE THAT NO ACCIDENT AND HEALTH INSURANCE POLICY SHALL BE  
3 ISSUED WHICH RESTRICTS THE INSURED'S ABILITY TO ASSIGN THE  
4 INSURED'S BENEFITS UNDER THE POLICY TO A LICENSED HEALTH CARE  
5 PROVIDER; TO AMEND SECTION 83-9-5, MISSISSIPPI CODE OF 1972, TO  
6 REQUIRE ACCIDENT AND HEALTH INSURANCE POLICIES TO CONTAIN A  
7 PROVISION REQUIRING INSURERS TO HONOR ASSIGNMENT OF BENEFITS; AND  
8 FOR RELATED PURPOSES.

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

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

12 83-9-3. (1) No policy of accident and sickness insurance  
13 shall be delivered or issued for delivery to any person in this  
14 state unless:

15 (a) The entire money and other considerations therefor  
16 are expressed therein; and

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

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

27 (d) The style, arrangement and overall appearance of  
28 the policy give no undue prominence to any portion of the text,  
29 and unless every printed portion of the text of the policy and of

30 any endorsements or attached papers is plainly printed in  
31 lightfaced type of a style in general use, the size of which shall  
32 be uniform and not less than ten-point with a lowercase unspaced  
33 alphabet length not less than one hundred and twenty-point (the  
34 "text" shall include all printed matter except the name and  
35 address of the insurer, name or title of the policy, the brief  
36 description if any, and captions and subcaptions); and

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

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

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

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

65 (3) No individual or group policy covering health and  
66 accident insurance (including experience-rated insurance

67 contracts, indemnity contracts, self-insured plans and self-funded  
68 plans), or any group combinations of these coverages, shall be  
69 issued by any commercial insurer doing business in this state  
70 which, by the terms of such policy, limits or restricts the  
71 insured's ability to assign the insured's benefits under the  
72 policy to a licensed health care provider that provides health  
73 care services to the insured. Any such policy provision in  
74 violation of this subsection shall be invalid.

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

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

	FORM	FEE
87 Each individual policy contract, including		
88 revisions.....		\$15.00
89 Each group master policy or contract including		
90 revisions.....		15.00
91 Each rider, endorsement or amendment, etc.....		10.00
92 Each insurance application where written		
93 application is required and is to be		
94 made a part of the policy or contract.....		10.00
95 Each questionnaire.....		7.00
96 Charge for resubmission where payment is		
97 not included with original submission.....		5.00
98 Additional charge for tentative approval same as above.		

99 SECTION 2. Section 83-9-5, Mississippi Code of 1972, is

100 amended as follows:

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

114           (a) A provision as follows:

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

122           (b) A provision as follows:

123           Time limit on certain defenses:

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

130           (The foregoing policy provision shall not be so  
131 construed as to effect any legal requirement for avoidance of a  
132 policy or denial of a claim during such initial two-year period,

133 nor to limit the application of subparagraphs (2)(a) and (2)(b) of  
134 this section in the event of misstatement with respect to age or  
135 occupation.)

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

143 "INCONTESTABLE":

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

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

155 (c) A provision as follows:

156 Grace period:

157 A grace period of seven (7) days for weekly premium  
158 policies, ten (10) days for monthly premium policies and  
159 thirty-one (31) days for all other policies will be granted for  
160 the payment of each premium falling due after the first premium,  
161 during which grace period the policy shall continue in force.

162 (A policy which contains a cancellation provision may  
163 add, at the end of the above provision, "subject to the right of  
164 the insurer to cancel in accordance with the cancellation  
165 provision hereof."

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

173           (d) A provision as follows:

174           Reinstatement:

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

199 insured has the right to continue in force subject to its terms by  
200 the timely payment of premiums (1) until at least age fifty (50)  
201 or, (2) in the case of a policy issued after age forty-four (44),  
202 for at least five (5) years from its date of issue.)

203 (e) A provision as follows:

204 Notice of claim:

205 Written notice of claim must be given to the insurer  
206 within thirty (30) days after the occurrence or commencement of  
207 any loss covered by the policy, or as soon thereafter as is  
208 reasonably possible. Notice given by or on behalf of the insured  
209 or the beneficiary to the insurer at \_\_, (insert the location of  
210 such office as the insurer may designate for the purpose) or to  
211 any authorized agent of the insurer, with information sufficient  
212 to identify the insured, shall be deemed notice to the insurer.

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

230 (f) A provision as follows:

231 Claim forms:

232           The insurer, upon receipt of a notice of claim, will  
233 furnish to the claimant such forms as are usually furnished by it  
234 for filing proofs of loss. If such forms are not furnished within  
235 fifteen (15) days after the giving of such notice, the claimant  
236 shall be deemed to have complied with the requirements of this  
237 policy as to proof of loss upon submitting, within the time fixed  
238 in the policy for filing proofs of loss, written proof covering  
239 the occurrence, the character and the extent of the loss for which  
240 claim is made.

241           (g) A provision as follows:

242           Proofs of loss:

243           Written proof of loss must be furnished to the insurer  
244 at its said office, in case of claim for loss for which this  
245 policy provides any periodic payment contingent upon continuing  
246 loss, within ninety (90) days after the termination of the period  
247 for which the insurer is liable, and in case of claim for any  
248 other loss, within ninety (90) days after the date of such loss.  
249 Failure to furnish such proof within the time required shall not  
250 invalidate or reduce any claim if it was not reasonably possible  
251 to give proof within such time, provided such proof is furnished  
252 as soon as reasonably possible and in no event, except in the  
253 absence of legal capacity, later than one (1) year from the time  
254 proof is otherwise required.

255           (h) A provision as follows:

256           Time of payment of claims:

257           1. All benefits payable under this policy for any  
258 loss, other than loss for which this policy provides any periodic  
259 payment, will be paid within forty-five (45) days after receipt of  
260 due written proof of such loss. Benefits due under the policies  
261 and claims are overdue if not paid within forty-five (45) days  
262 after the insurer receives proof of loss, necessary medical  
263 information and other information essential for the insurer to  
264 administer coordination of benefits and subrogation provisions.



265 If such information is not supplied as to the entire claim, the  
266 amount supported by reasonable proof is overdue if not paid within  
267 forty-five (45) days after such proof is received by the insurer.

268 Any part or all of the remainder of the claim that is later  
269 supported by such proof is overdue if not paid within forty-five  
270 (45) days after such proof is received by the insurer. To  
271 calculate the extent to which any benefits are overdue, payment  
272 shall be treated as made on the date a draft or other valid  
273 instrument was placed in the United States mail to the last known  
274 address of the claimant or beneficiary in a properly addressed,  
275 postpaid envelope, or, if not so posted, on the date of delivery.

276           2. Subject to due written proof of loss, all  
277 accrued benefits for loss for which this policy provides periodic  
278 payment will be paid \_\_\_ (insert period for payment which must not  
279 be less frequently than monthly) and any balance remaining unpaid  
280 upon the termination of liability will be paid within forty-five  
281 (45) days after receipt of due written proof.

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

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

292           (i) A provision as follows:

293           Payment of claims:

294           Indemnity for loss of life will be payable in accordance  
295 with the beneficiary designation and the provisions respecting  
296 such payment which may be prescribed herein and effective at the  
297 time of payment. If no such designation or provision is then

298 effective, such indemnity shall be payable to the estate of the  
299 insured. Any other accrued indemnities unpaid at the insured's  
300 death may, at the option of the insurer, be paid either to such  
301 beneficiary or to such estate. All other indemnities will be  
302 payable to the insured. When payments of benefits are made to an  
303 insured directly for medical care or services rendered by a health  
304 care provider, the health care provider shall be notified of such  
305 payment. The notification requirement shall not apply to a  
306 fixed-indemnity policy, a limited benefit health insurance policy,  
307 medical payment coverage or personal injury protection coverage in  
308 a motor vehicle policy, coverage issued as a supplement to  
309 liability insurance or workers' compensation. In the event the  
310 insured provides the insurer with written direction that all or a  
311 portion of any indemnities or benefits provided by this policy be  
312 paid to a licensed health care provider rendering hospital,  
313 nursing, medical or surgical services, then the insurer shall pay  
314 directly the licensed health care provider rendering such  
315 services.

316 (The following provision \* \* \* may be included with the  
317 foregoing provision at the option of the insurer: "If any  
318 indemnity of this policy shall be payable to the estate of the  
319 insured, or to an insured or beneficiary who is a minor or  
320 otherwise not competent to give a valid release, the insurer may  
321 pay such indemnity, up to an amount not exceeding \$\_\_\_, (insert an  
322 amount which must not exceed One Thousand Dollars (\$1,000.00)) to  
323 any relative by blood or connection by marriage of the insured or  
324 beneficiary who is deemed by the insurer to be equitably entitled  
325 thereto. Any payment made by the insurer in good faith pursuant  
326 to this provision shall fully discharge the insurer to the extent  
327 of such payment.

328 "Subject to any written direction of the insured in the  
329 application or otherwise, all or a portion of any indemnities  
330 provided by this policy on account of hospital, nursing, medical

331 or surgical services may, at the insurer's option and unless the  
332 insured requests otherwise in writing not later than the time of  
333 filing proofs of such loss, be paid directly to the hospital or  
334 person rendering such services; but it is not required that the  
335 service be rendered by a particular hospital or person.")

336 (j) A provision as follows:

337 Physical examinations:

338 The insurer at his own expense shall have the right and  
339 opportunity to examine the person of the insured when and as often  
340 as it may reasonably require during the pendency of a claim  
341 hereunder.

342 (k) A provision as follows:

343 Legal actions:

344 No action at law or in equity shall be brought to  
345 recover on this policy prior to the expiration of sixty (60) days  
346 after written proof of loss has been furnished in accordance with  
347 the requirements of this policy. No such action shall be brought  
348 after the expiration of three (3) years after the time written  
349 proof of loss is required to be furnished.

350 (l) A provision as follows:

351 Change of beneficiary:

352 Unless the insured makes an irrevocable designation of  
353 beneficiary, the right to change the beneficiary is reserved to  
354 the insured, and the consent of the beneficiary or beneficiaries  
355 shall not be requisite to surrender or assignment of this policy,  
356 or to any change of beneficiary or beneficiaries, or to any other  
357 changes in this policy.

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

361 (2) Other provisions. Except as provided in subsection (3)  
362 of this section, no such policy delivered or issued for delivery  
363 to any person in this state shall contain provisions respecting

364 the matters set forth below unless such provisions are in the  
365 words in which the same appear in this section. However, the  
366 insurer may, at its option, use in lieu of any such provision a  
367 corresponding provision of different wording approved by the  
368 commissioner which is not less favorable in any respect to the  
369 insured or the beneficiary. Any such provision contained in the  
370 policy shall be preceded individually by the appropriate caption  
371 appearing in this subsection or, at the option of the insurer, by  
372 such appropriate individual or group captions or subcaptions as  
373 the commissioner may approve.

374 (a) A provision as follows:

375 Change of occupation:

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

397 classification of occupational risk and the premium rates shall be  
398 those last made effective by the insurer in such state prior to  
399 the occurrence of the loss or prior to the date of proof of change  
400 in occupation.

401 (b) A provision as follows:

402 Misstatement of age:

403 If the age of the insured has been misstated, all  
404 amounts payable under this policy shall be such as the premium  
405 paid would have purchased at the correct age.

406 (c) A provision as follows:

407 Relation of earnings to issuance:

408 If the total monthly amount of loss of time benefits  
409 promised for the same loss under all valid loss of time coverage  
410 upon the insured, whether payable on a weekly or monthly basis,  
411 shall exceed the monthly earnings of the insured at the time  
412 disability commenced or his average monthly earnings for the  
413 period of two (2) years immediately preceding a disability for  
414 which claim is made, whichever is the greater, the insurer will be  
415 liable only for such proportionate amount of such benefits under  
416 this policy as the amount of such monthly earnings or such average  
417 monthly earnings of the insured bears to the total amount of  
418 monthly benefits for the same loss under all such coverage upon  
419 the insured at the time such disability commences and for the  
420 return of such part of the premiums paid during such two (2) years  
421 as shall exceed the pro rata amount of the premiums for the  
422 benefits actually paid hereunder; but this shall not operate to  
423 reduce the total monthly amount of benefits payable under all such  
424 coverage upon the insured below the sum of Two Hundred Dollars  
425 (\$200.00) or the sum of the monthly benefits specified in such  
426 coverages, whichever is the lesser, nor shall it operate to reduce  
427 benefits other than those payable for loss of time.

428 (The foregoing policy provision may be inserted only in  
429 a policy which the insured has the right to continue in force

430 subject to its terms by the timely payment of premiums (1) until  
431 at least age fifty (50) or, (2) in the case of a policy issued  
432 after age forty-four (44), for at least five (5) years from its  
433 date of issue. The insurer may, at its option, include in this  
434 provision a definition of "valid loss of time coverage," approved  
435 as to form by the commissioner, which definition shall be limited  
436 in subject matter to coverage provided by governmental agencies or  
437 by organizations subject to regulations by insurance law or by  
438 insurance authorities of this or any other state of the United  
439 States or any province of Canada, or to any other coverage the  
440 inclusion of which may be approved by the commissioner, or any  
441 combination of such coverages. In the absence of such definition,  
442 such term shall not include any coverage provided for such insured  
443 pursuant to any compulsory benefit statute (including any workers'  
444 compensation or employer's liability statute), or benefits  
445 provided by union welfare plans or by employer or employee benefit  
446 organizations.)

447 (d) A provision as follows:

448 Unpaid premium:

449 Upon the payment of a claim under this policy, any  
450 premium then due and unpaid or covered by any note or written  
451 order may be deducted therefrom.

452 (e) A provision as follows:

453 Cancellation:

454 The insurer may cancel this policy at any time by  
455 written notice delivered to the insured, or mailed to his last  
456 address as shown by the records of the insurer, stating when, not  
457 less than five (5) days thereafter, such cancellation shall be  
458 effective; and after the policy has been continued beyond its  
459 original term, the insured may cancel this policy at any time by  
460 written notice delivered or mailed to the insurer, effective upon  
461 receipt or on such later date as may be specified in such notice.

462 In the event of cancellation, the insurer will return promptly

463 the unearned portion of any premium paid. If the insured cancels,  
464 the earned premium shall be computed by the use of the short-rate  
465 table last filed with the state official having supervision of  
466 insurance in the state where the insured resided when the policy  
467 was issued. If the insurer cancels, the earned premium shall be  
468 computed pro rata. Cancellation shall be without prejudice to any  
469 claim originating prior to the effective date of cancellation.

470 (f) A provision as follows:

471 Conformity with state statutes:

472 Any provision of this policy which, on its effective  
473 date, is in conflict with the statutes of the state in which the  
474 insured resides on such date is hereby amended to conform to the  
475 minimum requirements of such statutes.

476 (g) A provision as follows:

477 Illegal occupation:

478 The insurer shall not be liable for any loss to which a  
479 contributing cause was the insured's commission of or attempt to  
480 commit a felony or to which a contributing cause was the insured's  
481 being engaged in an illegal occupation.

482 (h) A provision as follows:

483 Intoxicants and narcotics:

484 The insurer shall not be liable for any loss sustained  
485 or contracted in consequence of the insured's being intoxicated or  
486 under the influence of any narcotic unless administered on the  
487 advice of a physician.

488 (3) Inapplicable or inconsistent provisions. If any  
489 provision of this section is in whole or in part inapplicable to  
490 or inconsistent with the coverage provided by a particular form of  
491 policy, the insurer, with the approval of the commissioner, shall  
492 omit from such policy any inapplicable provision or part of a  
493 provision, and shall modify any inconsistent provision or part of  
494 the provision in such manner as to make the provision as contained  
495 in the policy consistent with the coverage provided by the policy.

496           (4) Order of certain policy provisions. The provisions  
497 which are the subject of subsections (1) and (2) of this section,  
498 or any corresponding provisions which are used in lieu thereof in  
499 accordance with such subsections, shall be printed in the  
500 consecutive order of the provisions in such subsections or, at the  
501 option of the insurer, any such provision may appear as a unit in  
502 any part of the policy, with other provisions to which it may be  
503 logically related, provided the resulting policy shall not be in  
504 whole or in part unintelligible, uncertain, ambiguous, abstruse or  
505 likely to mislead a person to whom the policy is offered,  
506 delivered or issued.

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

514           (6) Requirements of other jurisdictions.

515           (a) Any policy of a foreign or alien insurer, when  
516 delivered or issued for delivery to any person in this state, may  
517 contain any provision which is not less favorable to the insured  
518 or the beneficiary than the provisions of Sections 83-9-1 through  
519 83-9-21, Mississippi Code of 1972, and which is prescribed or  
520 required by the law of the state under which the insurer is  
521 organized.

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

525           (7) Filing procedure. The commissioner may make such  
526 reasonable rules and regulations concerning the procedure for the  
527 filing or submission of policies subject to the cited sections as  
528 are necessary, proper or advisable to the administration of said



529 sections. This provision shall not abridge any other authority  
530 granted the commissioner by law.

531 SECTION 3. This act shall take effect and be in force from  
532 and after July 1, 2000.