



Substitute House Bill No. 5206

Public Act No. 18-158

AN ACT CONCERNING INSURANCE ISSUES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) (a) Notwithstanding any provision of the general statutes, the Insurance Commissioner may require that any person required by any provision of title 38a of the general statutes to make a filing or submission to the commissioner make such filing or submission to the commissioner by electronic means.

(b) Any person required to make a filing or submission to the commissioner by electronic means pursuant to subsection (a) of this section may submit a request to the commissioner seeking an exception to the requirement.

(c) The commissioner shall grant a request submitted pursuant to subsection (b) of this section if the commissioner determines that compliance with the requirement imposed pursuant to subsection (a) of this section is impractical, would cause the person seeking the exception to suffer undue hardship or that good cause exists to grant the requested exception.

Sec. 2. Subsection (a) of section 38a-58a of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) Any insurer [which] that is organized under the laws of any other state and is admitted to do business in this state for the purpose of writing insurance may, upon approval of the commissioner in accordance with all applicable provisions of the general statutes, become a domestic insurer. [by complying] Such insurer shall comply with all of the requirements of law relative to the organization and licensing of a domestic insurer of the same type, [and by designating] designate its principal place of business at a location in this state [The domestic insurer shall be entitled to like certificates and licenses to transact business in this state] and provide to the commissioner such documents and information the commissioner may reasonably require. After such insurer demonstrates, to the satisfaction of the commissioner, that, upon becoming a domestic insurer, such insurer will be in compliance with all requirements of law and its business will be consistent with the interests of prospective insureds and the public, the commissioner may, in accordance with section 38a-41, issue a new license to such insurer to reflect the change in such insurer's domiciliary state and such insurer shall be subject to the authority and jurisdiction of this state. The articles of incorporation of the domestic insurer may be amended to provide that the corporation is a continuation of the corporate existence of the original foreign corporation through adoption of this state as its corporate domicile and that the original date of incorporation in its original domiciliary state is the date of incorporation of the domestic insurer.

Sec. 3. Subparagraph (A) of subdivision (2) of subsection (a) of section 38a-78 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(2) (A) The provisions of this subdivision shall apply to policies and

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contracts issued on or after the operative date of the Valuation Manual, as set forth in section 38a-78a. [The provisions of this subdivision shall not apply to a society subject to section 38a-614, unless such society elects to use the standards pursuant to subdivision (9) of subsection (a) of section 38a-614.]

Sec. 4. Subsection (a) of section 38a-440 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) This section shall not apply to any reinsurance, group annuity purchased under a retirement plan or plan of deferred compensation established or maintained by an employer, including a partnership or sole proprietorship, or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under Section 408 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, premium deposit fund, variable annuity, investment annuity, immediate annuity, contingent deferred annuity, any deferred annuity contract after annuity payments have commenced, or reversionary annuity, nor to any contract that is delivered outside this state through an agent or other representative of the company issuing the contract.

Sec. 5. Subsection (m) of section 38a-440 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(m) The commissioner may adopt regulations, in accordance with chapter 54, to (1) implement the provisions of this section, and (2) notwithstanding subsection (a) of this section, prescribe nonforfeiture benefits for contingent deferred annuities that are, in the opinion of the commissioner, (A) equitable to the holders of such annuities, (B) appropriate given the risks insured, and (C) to the extent possible,

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consistent with the general intent of this section.

Sec. 6. Subsection (a) of section 38a-11 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) The commissioner shall demand and receive the following fees: (1) For the annual fee for each license issued to a domestic insurance company, two hundred dollars; (2) for receiving and filing annual reports of domestic insurance companies, fifty dollars; (3) for filing all documents prerequisite to the issuance of a license to an insurance company, two hundred twenty dollars, except that the fee for such filings by any health care center, as defined in section 38a-175, shall be one thousand three hundred fifty dollars; (4) for filing any additional paper required by law, thirty dollars; (5) for each certificate of valuation, organization, reciprocity or compliance, forty dollars; (6) for each certified copy of a license to a company, forty dollars; (7) for each certified copy of a report or certificate of condition of a company to be filed in any other state, forty dollars; (8) for amending a certificate of authority, two hundred dollars; (9) for each license issued to a rating organization, two hundred dollars. In addition, insurance companies shall pay any fees imposed under section 12-211; (10) a filing fee of fifty dollars for each initial application for a license made pursuant to section 38a-769; (11) with respect to insurance agents' appointments: (A) A filing fee of fifty dollars for each request for any agent appointment, except that no filing fee shall be payable for a request for agent appointment by an insurance company domiciled in a state or foreign country which does not require any filing fee for a request for agent appointment for a Connecticut insurance company; (B) a fee of one hundred dollars for each appointment issued to an agent of a domestic insurance company or for each appointment continued; and (C) a fee of eighty dollars for each appointment issued to an agent of any other insurance company or for each appointment continued,

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except that (i) no fee shall be payable for an appointment issued to an agent of an insurance company domiciled in a state or foreign country which does not require any fee for an appointment issued to an agent of a Connecticut insurance company, and (ii) the fee shall be twenty dollars for each appointment issued or continued to an agent of an insurance company domiciled in a state or foreign country with a premium tax rate below Connecticut's premium tax rate; (12) with respect to insurance producers: (A) An examination fee of fifteen dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of fifteen dollars to the commissioner for each examination taken by an applicant; (B) a fee of eighty dollars for each license issued; (C) a fee of eighty dollars per year, or any portion thereof, for each license renewed; and (D) a fee of eighty dollars for any license renewed under the transitional process established in section 38a-784; (13) with respect to public adjusters: (A) An examination fee of fifteen dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of fifteen dollars to the commissioner for each examination taken by an applicant; and (B) a fee of two hundred fifty dollars for each license issued or renewed; (14) with respect to casualty claims adjusters: (A) An examination fee of twenty dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of twenty dollars to the commissioner for each examination taken by an applicant; (B) a fee of eighty dollars for each license issued or renewed; and (C) the expense of any examination administered outside the state shall be the responsibility of the entity making the request and such entity shall pay to the commissioner two hundred dollars for such examination and the actual traveling expenses of the examination administrator to administer such examination; (15) with respect to motor vehicle physical damage appraisers: (A) An examination fee of eighty dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of eighty dollars to the commissioner for each examination taken by an

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applicant; (B) a fee of eighty dollars for each license issued or renewed; and (C) the expense of any examination administered outside the state shall be the responsibility of the entity making the request and such entity shall pay to the commissioner two hundred dollars for such examination and the actual traveling expenses of the examination administrator to administer such examination; (16) with respect to certified insurance consultants: (A) An examination fee of twenty-six dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of twenty-six dollars to the commissioner for each examination taken by an applicant; (B) a fee of two hundred fifty dollars for each license issued; and (C) a fee of two hundred fifty dollars for each license renewed; (17) with respect to surplus lines brokers: (A) An examination fee of twenty dollars for each examination taken, except when a testing service is used, the testing service shall pay a fee of twenty dollars to the commissioner for each examination taken by an applicant; and (B) a fee of six hundred twenty-five dollars for each license issued or renewed; (18) with respect to fraternal agents, a fee of eighty dollars for each license issued or renewed; (19) a fee of twenty-six dollars for each license certificate requested, whether or not a license has been issued; (20) with respect to domestic and foreign benefit societies shall pay: (A) For service of process, fifty dollars for each person or insurer to be served; (B) for filing a certified copy of its charter or articles of association, fifteen dollars; (C) for filing [the] an annual statement or report, twenty dollars; and (D) for filing any additional paper required by law, fifteen dollars; (21) with respect to foreign benefit societies: (A) For each certificate of organization or compliance, fifteen dollars; (B) for each certified copy of permit, fifteen dollars; and (C) for each copy of a report or certificate of condition of a society to be filed in any other state, fifteen dollars; (22) with respect to reinsurance intermediaries, a fee of six hundred twenty-five dollars for each license issued or renewed; (23) with respect to life settlement providers: (A) A filing fee of twenty-six dollars for each initial application for a license made

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pursuant to section 38a-465a; and (B) a fee of forty dollars for each license issued or renewed; (24) with respect to life settlement brokers: (A) A filing fee of twenty-six dollars for each initial application for a license made pursuant to section 38a-465a; and (B) a fee of forty dollars for each license issued or renewed; (25) with respect to preferred provider networks, a fee of two thousand seven hundred fifty dollars for each license issued or renewed; (26) with respect to rental companies, as defined in section 38a-799, a fee of eighty dollars for each permit issued or renewed; (27) with respect to medical discount plan organizations licensed under section 38a-479rr, a fee of six hundred twenty-five dollars for each license issued or renewed; (28) with respect to pharmacy benefits managers, an application fee of one hundred dollars for each registration issued or renewed; (29) with respect to captive insurance companies, as defined in section 38a-91aa, a fee of three hundred seventy-five dollars for each license issued or renewed; (30) with respect to each duplicate license issued a fee of fifty dollars for each license issued; (31) with respect to surety bail bond agents, as defined in section 38a-660, (A) a filing fee of one hundred fifty dollars for each initial application for a license, and (B) a fee of one hundred dollars for each license issued or renewed; (32) with respect to third-party administrators, as defined in section 38a-720, (A) a fee of five hundred dollars for each license issued, and (B) a fee of four hundred fifty dollars for each license renewed; (33) with respect to portable electronics insurance licenses under section 38a-397, (A) a filing fee of one hundred dollars for each initial application for a license, (B) a fee of five hundred dollars for each license issued, and (C) a fee of four hundred fifty dollars for each license renewed; and (34) with respect to limited lines travel insurance producer licenses under section 38a-398, (A) a filing fee of one hundred dollars for each initial application for a license, (B) a fee of six hundred fifty dollars for each license issued, and (C) a fee of six hundred fifty dollars for each license renewed.

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Sec. 7. Subdivisions (1) and (2) of subsection (a) of section 38a-614 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(1) Each domestic society transacting business in this state shall, annually, on or before the first day of March, unless the commissioner has extended such time for cause shown, file with the commissioner, and electronically to the National Association of Insurance Commissioners, a true and complete statement of its financial condition, transactions and affairs for the preceding calendar year and pay [a] the fee [of ten dollars] specified in section 38a-11, as amended by this act, for filing [the same] such annual statement. The statement shall be in general form and context as approved by the National Association of Insurance Commissioners for fraternal benefit societies and as supplemented by additional information required by the commissioner. An electronically filed true and complete report filed in accordance with section 38a-53a that is timely submitted to the National Association of Insurance Commissioners shall not exempt a domestic society from timely filing a true and complete paper copy with the commissioner.

(2) Each foreign society transacting business in this state shall, annually, on or before the first day of March, unless the commissioner has extended such time for cause shown, file with the commissioner, and electronically to the National Association of Insurance Commissioners, a true and complete statement of its financial condition, transactions and affairs for the preceding calendar year and pay [a] the fee [of ten dollars] specified in section 38a-11, as amended by this act, for filing [the same] such annual statement. The statement shall be in general form and context as approved by the National Association of Insurance Commissioners for fraternal benefit societies and as supplemented by additional information required by the commissioner. An electronically filed true and complete report filed in

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accordance with section 38a-53a that is timely submitted to the National Association of Insurance Commissioners shall be deemed to have been submitted to the commissioner in accordance with this subsection.

Sec. 8. Subsection (b) of section 38a-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(b) Each association that is (1) a tax-exempt organization under Section 501(c)(23) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, (2) doing business in this state, and (3) not licensed under sections 38a-595 to 38a-626, inclusive, 38a-631 to 38a-640, inclusive, and 38a-800, shall, annually, on or before the first day of May, file with the commissioner a true and complete financial statement audited by an independent certified public accountant or accounting firm of its financial condition, transactions and affairs for the preceding calendar year and pay [a] the fee [of ten dollars] specified in section 38a-11, as amended by this act, for filing [the same] such annual statement.

Sec. 9. Subsection (a) of section 38a-908 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Any present or former officer, manager, director, trustee, owner, employee or agent of any insurer, or any other persons with authority over or in charge of any segment of the insurer's affairs, shall cooperate with the commissioner in any proceeding under this chapter or any investigation preliminary to the proceeding. [The term "person" as used in this section shall include] As used in this section, "person" includes any person who exercises control directly or indirectly over activities of the insurer through any holding company or other affiliate

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of the insurer; [. "To cooperate" shall include,] and "to cooperate" includes, but [shall] is not [be] limited to, the following: (1) To reply promptly in writing to any inquiry from the commissioner requesting such a reply; and (2) to make available to the commissioner any books, accounts, documents, or other records or information or property of or pertaining to the insurer and in [his] the person's possession, custody or control.

Sec. 10. Section 38a-925 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) [Every] Each person who receives notice in the form prescribed in section 38a-924 [,] that an insurer [which he] such person represents as an agent is the subject of a liquidation order [,] shall, within thirty days of such notice, provide to the liquidator, in addition to the information [he] the agent may be required to provide pursuant to section 38a-908, as amended by this act, the information in the agent's records related to any policy issued by the insurer through the agent, and if the agent is a general agent, the information in the general agent's records related to any policy issued by the insurer through an agent under contract to [him] the general agent, including the name and address of such subagent. A policy shall be deemed issued through an agent if the agent has a property interest in the expiration of the policy, or if the agent has had in [his] the agent's possession a copy of the declarations of the policy at any time during the life of the policy, except where the ownership of the expiration of the policy has been transferred to another. [The written notice shall include the name and address of the insurer, the name and address of the agent, identification of the policy impaired and the nature of the impairment including termination of coverage, as described in section 38a-921. Notice by a general agent satisfies the notice requirement for any agents under contract to him. Each agent obligated to give notice under this section shall file a report of compliance with the liquidator.]

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(b) Any agent [failing to give notice or file a report of compliance] who fails to provide information to the liquidator as required in subsection (a) of this section may be subject to a penalty of not more than two thousand five hundred dollars and may have [his] such agent's license suspended, said penalty to be imposed after a hearing held by the commissioner.

Sec. 11. Section 1 of special act 18-21 is amended to read as follows
(*Effective from passage*):

(a) There is established a task force to study and develop strategies to develop, expand and improve the insurance industry workforce in this state. Such study shall include, but need not be limited to, (1) an evaluation and analysis of the status of the insurance industry workforce in this state, (2) the employment needs of the insurance industry in this state, and (3) methods of developing, expanding and improving the insurance industry workforce in this state.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives;

(2) Two appointed by the president pro tempore of the Senate;

(3) One appointed by the majority leader of the House of Representatives;

(4) One appointed by the majority leader of the Senate;

(5) One appointed by the minority leader of the House of Representatives;

(6) Two appointed by the minority leader of the Senate;

(7) One appointed by the deputy Senate Republican president pro tempore;

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(8) The Insurance Commissioner, or the commissioner's designee;
[and]

(9) The president of the Board of Regents for Higher Education, or the president's designee; and

(10) The president of The University of Connecticut, or the president's designee.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall serve as administrative staff of the task force.

(g) Not later than January 1, 2019, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to insurance, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2019, whichever is later.

Sec. 12. Subdivision (1) of subsection (a) of section 38a-323 of the

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2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) (1) No insurer shall refuse to renew any policy that is subject to the requirements of sections 38a-663 to 38a-696, inclusive, unless such insurer or its agent sends, by registered or certified mail or by mail evidenced by a certificate of mailing, or delivers to the named insured, at the address shown in the policy, or, if agreed between the insurer and the named insured, by electronic means, at least sixty days' advance notice of its intention not to renew. The notice of intent not to renew shall state or be accompanied by a statement specifying the reason for such nonrenewal. This section shall not apply: (A) In case of nonpayment of premium; (B) if the insured fails to pay any advance premium required by the insurer for renewal, provided, notwithstanding the failure of an insurer to comply with this subsection, with respect to automobile liability insurance policies the policy shall terminate on the effective date of any other insurance policy with respect to any automobile designated in both policies; or (C) if the policy is transferred from the insurer to an affiliate of such insurer for another policy with no interruption of coverage and contains the same terms, conditions and provisions, including policy limits, as the transferred policy, except that the insurer to which the policy is transferred shall not be prohibited from applying its rates and rating plans at the time of renewal. With respect to an automobile or homeowners policy, each insurer that sends or delivers a notice of nonrenewal pursuant to this subsection shall use the same method to send or deliver such notice to any third party designated pursuant to section 38a-323a.

Sec. 13. Section 38a-323a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Each insurer that issues, renews, amends or endorses an automobile or homeowners insurance policy in this state on or after

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October 1, [2017] 2019, shall include with the policy a conspicuous statement specifying that any individual may designate a third party to receive notice of cancellation or nonrenewal of the policy. The statement shall include a designation form, [and] a mailing address and an electronic mail address the individual may use to designate a third party. Such statement shall be in a form approved by the Insurance Commissioner.

(b) No designation form shall be effective unless it contains a written acceptance by the third party designee to receive copies of notices of cancellation or nonrenewal from the insurer on behalf of the individual. The third party designation shall be effective not later than ten business days after the date the insurer receives the designation form and the acceptance of the third party. The third party may terminate the status as a third party designee by providing written notice to both the insurer and the insured individual. The individual may terminate the third party designation by providing written notice to the insurer and the third party designee. The insurer may require the individual and the third party to send the notices to the insurer by certified mail, return receipt requested, or, if agreed between the insurer and the individual or the insurer and the third party, by electronic means.

(c) The insurer's transmission to the third party designee of a copy of any notice of cancellation or nonrenewal shall be in addition to the transmission of the original document to the insured individual. When a third party is so designated, all such notices and copies shall be mailed in an envelope clearly marked on its face with, or, if agreed between the insurer and the third party, delivered by electronic means stating, the following: "IMPORTANT INSURANCE POLICY INFORMATION: OPEN IMMEDIATELY". The copy of the notice of cancellation or nonrenewal transmitted to the third party shall be governed by the same law and policy provisions that govern the notice

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being transmitted to the insured individual. The designation of a third party shall not constitute acceptance of any liability on the part of the third party or insurer for services provided to the insured individual.

Sec. 14. Subsection (a) of section 38a-343 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) No notice of cancellation of a policy to which section 38a-342 applies shall be effective unless [sent] the notice is delivered or sent by the insurer to the named insured, and any third party designated pursuant to section 38a-323a, by registered [or] mail, certified mail, [or by] mail evidenced by a certificate of mailing [,] or, [delivered by the insurer to the named insured, and any third party designated pursuant to section 38a-323a] if agreed between the insurer and the named insured, by electronic means, at least forty-five days before the effective date of cancellation, except that (1) where cancellation is for nonpayment of the first premium on a new policy, at least fifteen days' notice of cancellation accompanied by the reason for cancellation shall be given, and (2) where cancellation is for nonpayment of any other premium, at least ten days' notice of cancellation accompanied by the reason for cancellation shall be given. No notice of cancellation of a policy that has been in effect for less than sixty days shall be effective unless mailed or delivered by the insurer to the insured and any third party designee at least forty-five days before the effective date of cancellation, except that (A) at least fifteen days' notice shall be given where cancellation is for nonpayment of the first premium on a new policy, and (B) at least ten days' notice shall be given where cancellation is for nonpayment of any other premium or material misrepresentation. The notice of cancellation shall state or be accompanied by a statement specifying the reason for such cancellation. Any notice of cancellation for nonpayment of the first premium on a new policy may be retroactive to the effective date of

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such policy, provided at least fifteen days' notice has been given to the insured and any third party designee and payment of such premium has not been received during such notice period.

Sec. 15. Section 38a-344 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Proof of mailing by certified mail, return receipt requested, or, if agreed between an insurer and a named insured, delivery by electronic means with proof of a delivery receipt, notice of cancellation, [or of] an intention not to renew or of reasons for cancellation, to the named insured [,] and any third party designated pursuant to section 38a-323a [,] at the address shown in the policy, or by electronic means if agreed between an insurer and a named insured, shall be sufficient proof of notice.

Sec. 16. Subparagraph (A) of subdivision (2) of subsection (b) of section 38a-676 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(2) (A) Each filing described in subsection (a) of this section for professional liability insurance for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants shall be subject to prior rate approval in accordance with this section. On and after July 13, 2005, each insurer or rating organization seeking to increase its rates over the rates in the insurer's previous filing for such insurance by seven and one-half per cent or more shall (i) file a request for such change with the Insurance Commissioner, and (ii) send written notice of any request for an increase in rates to insureds who would be subject to the increase on such form as the commissioner prescribes by certified mail, return receipt requested, or, if agreed by the insured and the insurer or the insured and the rating organization, by electronic means with proof of a delivery receipt. Such request shall be filed and such notice shall be sent at least sixty days prior to the

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proposed effective date of the increase. The notice to insureds of a request for an increase in rates shall indicate that the insured may request a public hearing by submitting a written request to the Insurance Commissioner not later than fifteen days after the date notice was sent. Any request for an increase in rates under this subdivision shall be filed after notice is sent to insureds and shall indicate the date such notice was sent. Not later than fifteen days after such notice is sent, the insurer shall submit a list to the commissioner indicating the name of each insured to whom notice was sent and whether a return receipt or a delivery receipt was received for the notice sent to the insured.

Sec. 17. Subsection (a) of section 38a-724 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) The use of an employment contract between a public adjuster and the insured shall be mandatory.

(1) Any such contract signed on or after October 1, [2013] 2019, shall contain a provision, prominently displayed on the first page of such contract in not less than twelve-point boldface type, specifying that the insured may cancel the contract, provided such insured notifies the public adjuster at such public adjuster's main office or branch office at the address shown in the contract, by certified mail, return receipt requested, or, if agreed between the insured and the public adjuster, by electronic means with proof of a delivery receipt, posted or delivered not later than midnight of the fourth calendar day after the day on which the insured signs the contract, except that if the signing is on a Friday, Saturday or Sunday, the cancellation shall be posted not later than midnight of the Thursday immediately following, and thereafter the contract shall be void ab initio.

(2) Any such contract signed on or after October 1, [2013] 2019, that

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does not display the provision as specified in subdivision (1) of this subsection shall be void ab initio.

Sec. 18. Section 1 of substitute senate bill 207 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

Each insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity that delivers, issues for delivery, renews, amends or continues an individual or group health insurance policy in this state that provides coverage of the type specified in subdivision (1), (2), (4), (10), (11), (12) or (16) of section 38a-469 of the general statutes and includes coverage for inpatient or outpatient dental services shall, at least once during the term of a contract, [year,] permit a licensed dentist who provides covered dental services to an insured to refuse to accept reimbursement for such services by way of a virtual credit card. Such refusal shall apply to all covered dental services provided by such dentist during the term of such contract. [year.] As used in this section, "virtual credit card" means a single-use credit card exclusively provided in an electronic or digital format.

Sec. 19. Section 38a-910 of the general statutes is repealed. (*Effective October 1, 2018*)

Approved June 13, 2018