## §5001. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1981, c. 234, §4 (NEW).]

- 1. Applicant. "Applicant" means:
- A. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and [PL 1991, c. 740, §1 (AMD).]
- B. In the case of a group Medicare supplement policy, the proposed certificate holder. [PL 1991, c. 740, §1 (AMD).]

[PL 1991, c. 740, §1 (AMD).]

**2. Certificate.** "Certificate" means any certificate delivered or issued for delivery in this State under a group Medicare supplement policy.

[PL 1991, c. 740, §1 (AMD).]

**2-A.** Certificate form. "Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

[PL 1991, c. 740, §1 (NEW).]

**2-B. Issuer.** "Issuer" includes insurance companies, fraternal benefit societies, health care service plans, health maintenance organizations and any other entity delivering or issuing for delivery in this State Medicare supplement policies or certificates.

[PL 1991, c. 740, §1 (NEW).]

**3. Medicare.** "Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as amended. [PL 1991, c. 740, §1 (AMD).]

- **4. Medicare supplement policy.** "Medicare supplement policy" means a group or individual policy of accident and sickness insurance or a subscriber contract of a nonprofit hospital or medical service organization or nonprofit health care plan or health maintenance organization other than a policy issued pursuant to a contract under the federal Social Security Act, 42 United States Code, Section 1395, et seq. or Section 1876 or an issued policy under a demonstration project specified in the 42 United States Code, Section 1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare.
  - A. [PL 1991, c. 740, §1 (RP).]
  - B. [PL 1991, c. 740, §1 (RP).]
- C. [PL 1991, c. 740, §1 (RP).] [PL 1995, c. 332, Pt. E, §1 (AMD).]
- **4-A. Policy form.** "Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

[PL 1991, c. 740, §1 (NEW).]

**4-B. Open enrollment period.** "Open enrollment period" means the 6-month period beginning when an individual of any age first enrolls for benefits under Medicare Part B and the 6-month period beginning on the 65th birthday of an individual who has enrolled for benefits under Medicare Part B before turning 65 years of age.

[PL 2001, c. 258, Pt. F, §1 (NEW).]

**5. Superintendent.** "Superintendent" means the Superintendent of Insurance. [PL 1981, c. 234, §4 (NEW).]

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## **SECTION HISTORY**

PL 1981, c. 234, §4 (NEW). PL 1991, c. 740, §1 (AMD). PL 1993, c. 154, §1 (AMD). PL 1995, c. 332, §E1 (AMD). PL 2001, c. 258, §F1 (AMD).

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