§2741-A. Mandated offer of domestic partner benefits

1. Definition. As used in this section, unless the context otherwise indicates, "domestic partner" means the partner of a policyholder who:

A. Is a mentally competent adult as is the policyholder; [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

B. Has been legally domiciled with the policyholder for at least 12 months; [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

C. Is not legally married to or legally separated from another individual; [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

D. Is the sole partner of the policyholder and expects to remain so; and [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

E. Is jointly responsible with the policyholder for each other's common welfare as evidenced by joint living arrangements, joint financial arrangements or joint ownership of real or personal property. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

2. Mandated offer of domestic partner benefits. All individual health insurance policies or contracts issued by any insurer operating pursuant to this chapter must make available to policyholders the option for additional benefits for the domestic partner of a policyholder, at appropriate rates and under the same terms and conditions as those benefits or options for benefits are provided to spouses of married policyholders. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]


4. Evidence of domestic partnership. As a condition of eligibility for coverage, an insurer may require a policyholder and the policyholder's domestic partner to sign an affidavit attesting that the policyholder and the policyholder's domestic partner meet the definition in subsection 1 and to show documentation of joint ownership or occupancy of real property, such as a joint deed, joint mortgage or a joint lease, or the existence of a joint credit card, joint bank account or powers of attorney in which each domestic partner is authorized to act for the other. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

5. Preexisting conditions. A domestic partner is subject to the same provisions on coverage of preexisting conditions as any spouse or dependent of a policyholder. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

6. Termination of domestic partner benefits. An insurer may terminate coverage in accordance with other applicable provisions of this Title for the domestic partner of a policyholder upon notification by the policyholder that the domestic partner relationship has terminated. A policyholder may not enroll another individual as a domestic partner under an individual contract until 12 months after the termination of coverage for a prior domestic partner. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

7. Construction. This section does not prohibit an insurer from negotiating a policy providing domestic partner benefits to a policyholder that does not comply with the requirements of this section. [PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]
8. **Exemption.** This section does not apply to accidental injury, specified disease, hospital indemnity, Medicare supplement, disability income, long-term care and other limited benefit health insurance policies.  
[PL 2001, c. 347, §2 (NEW); PL 2001, c. 347, §5 (AFF).]

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