

**TITLE 365. INSURANCE DEPARTMENT  
CHAPTER 10. LIFE, ACCIDENT AND HEALTH**

**SUBCHAPTER 1. GENERAL PROVISIONS  
PART 1. GENERAL PROVISIONS**

**365:10-1-8. Proof of loss**

~~(a) **Purpose.** The purpose of this section is to define proof of loss and set forth time restraints for receipt of evidence of a claim.~~

~~(b) **Definitions.** The following words or terms, when used in this section, shall have the following meaning, unless the context clearly indicates otherwise:~~

~~(1) **"Proof of loss"** is defined in 36 O.S. Section 1219 as written proofs such as claim forms, medical bills, or other reasonable evidence of a claim, but shall not include information not necessary for determination of proof of loss and not pertinent to filed claims, such as any medical reports that the insurer wants to secure merely for completion of business records or files.~~

~~(2) **"Other reasonable evidence of a claim"** shall mean medical records necessary to satisfy the preexisting condition and medical necessity clauses of the policy, provided however, that such information is received within ninety (90) days after initial receipt of the claim form.~~

**365:10-1-17. Life, accident, and health form filings [NEW]**

~~(a) **Purpose.** The purpose of this section is to specify the procedures for submitting form filings to the Insurance Commissioner as required by Sections 3610 and 4402 of the Insurance Code.~~

~~(b) **Procedures.** Policy forms, endorsements, and revisions thereto, by insurance companies licensed in Oklahoma, shall be submitted in compliance with this section, or shall be rejected for filing, and the entity that made such submission shall be so notified.~~

~~(1) **Filing requirements.** The Insurance Code, Sections 3610 and 4402, requires that each insurer shall make its form filings by line of business directly with the Insurance Commissioner.~~

~~(2) **Filing fees.**~~

~~(A) Form filings shall be accompanied by the proper fees as specified in the Insurance Code. Fees shall not be paid in cash.~~

~~(B) Filings for groups of insurers shall be accompanied by the specified fee for each transaction, regardless of the number of members or subscribers.~~

~~(3) **Address requirements.** All filings shall be addressed as follows: Oklahoma Insurance Commissioner, 3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma 73112.~~

~~(4) **Submission.** All filings except those exempted shall be submitted through the System for Electronic Rate and Form Filing (SERFF) pursuant to the SERFF General Instructions, and shall include the cover letter, all exhibits, forms, and additional information required by the Commissioner.~~

~~(5) **Effective date of filings.** The effective date of form filings and the dates of required action by the Insurance Commissioner are governed by the applicable provisions of the Insurance Code.~~

(6) **Notice of Insurance Commissioner action.** The Insurance Commissioner shall indicate action taken through the System for Electronic Rate and Form Filing (SERFF). Nothing in this section shall preclude the Insurance Commissioner from the use of other forms of communication to secure information from the filing entity.

(7) **Property and casualty insurance.** This section does not apply to Property and Casualty filings and such filings shall be made in accordance with the applicable provisions of the Insurance Code and Rules of the Insurance Commissioner.

(8) **Filing form and content.** All filings shall contain the following:

(A) The name of the filing entity and complete mailing address to which correspondence shall be sent.

(B) A brief description of the content and context of the filing.

(C) A list or index of the forms filed in the filing letter or attached thereto including the form numbers and edition date, if applicable.

(D) A complete description and full explanation of the changes made by the filing including the reasoning therefore; illustrative examples, including "John Doe" specimen form; and a comparison of currently approved and proposed materials (side by side comparison or marked copy).

(E) A concise statement to identify the form to be replaced by the filing including the approval date in this jurisdiction and the identifying filing number of the filing containing the form to be replaced as assigned by the Insurance Department.

(F) If a form is being withdrawn or amended due to court decisions in any jurisdiction, the filing entity shall furnish the legal citation, and if from another jurisdiction, a copy of such decision or opinion with its filing.

(G) If a form filing is due to a federal law or regulation of a federal agency, the filing entity shall furnish the legal citation and a copy of the pertinent provisions.

(9) **Withdrawal of pending filings.** Pending filings may be withdrawn by the filing entity upon notice to the Insurance Commissioner prior to the approval or disapproval thereof. The notice shall include the reason for the withdrawal.

(10) **Duration of filings.** All filings are in effect until withdrawn or amended by the insurer, with approval of the Insurance Commissioner or until abrogated by the Insurance Commissioner.

(11) **Group filings.** Where filings are made on behalf of more than one insurer, the filing shall list the insurer or insurers by individual name and not by Company group.

(12) **Resubmittal of filings.** All resubmissions of disapproved or rejected filings shall be presented to the Insurance Commissioner in the same manner as required by this section for an original filing. In addition the cover letter or completed transmittal forms addressed to the Insurance Commissioner shall state the full and complete history of the filing, the reason for disapproval or rejection, and the factors which distinguish the resubmittal so it warrants reconsideration.

(13) **Retroactive filings.** The Insurance Commissioner has no authority to and shall not approve filings proposing a retroactive effective date except in cases of a filing correcting an error in a previously approved filing and in cases where required or necessitated by Statute.

(14) **Delivery of policy to insured.** In any instance whereby a policy of insurance is effected the insured shall be furnished with either:

(A) The original policy;

(B) A copy of the original policy or a duplicate policy with ten point or larger type, which, at the insured's election, may be delivered to the insured electronically; or

(C) A certificate including provisions and conditions of the original policy printed with ten point or larger type.

(15) Coverage elimination after policy issuance. Any endorsement which eliminates or restricts coverage and which is issued during the policy term shall be identified as accepted by the insured, by the signature of the insured thereon, and a signed copy (original, computer generated or microfilm) of such endorsement shall be retained in the files of the insurer for one year after the expiration of the policy.

## **SUBCHAPTER 31. NAVIGATORS AND NAVIGATOR ENTITIES**

### **365:10-31-6. Individual navigator requirements**

(a) For the purpose of this Subchapter, the term "assist" shall mean:

(1) facilitating the application for or enrollment of an individual or employer group in a qualified health plan (QHP) on the exchange, either through an in-person meeting, telephone conversation, video conference, mail, or any other electronic means, regardless of whether the individual or employer group completes final enrollment in a QHP, or

(2) assisting in determining an individual's eligibility for premium tax credits and cost sharing reductions available for QHPs, including but not limited to receiving an individual's financial information for the purpose of determining said eligibility.

(b) "Assist" shall not include answering general questions about the exchange such as the website address or phone number of the exchange.

(c) If an individual navigator obtains authorization to provide assistance to an individual or employer group pursuant to 45 C.F.R. § 155.210(e)(6)(ii), the navigator shall provide a disclaimer to the individual or employer group on a form provided by the Commissioner. If the navigator assists an individual or employer group via telephone, the navigator shall read the contents of the disclaimer to the individual or employer group, confirm that the individual or employer group understands the disclaimer, and shall send a signed copy of the disclaimer to the individual or employer group via certified mail, e-mail, or facsimile.

(d) If an individual navigator obtains authorization to provide assistance to an individual or employer group pursuant to 45 C.F.R. § 155.210(e)(6)(ii), the navigator shall record the contact information and the date of contact for the individual or employer group and provide such information to the navigator entity within three (3) business days after the date of contact. "Contact information" shall mean, but is not limited to, an individual or employer group's name, mailing address, phone number, and e-mail address. A navigator shall only be required to record an individual or employer group's contact information which is available.

(e) Any individual or employer group receiving assistance from a navigator may refuse, in writing, to allow the individual or employer group's contact information from being disclosed to the Oklahoma Insurance Department. Provided, however, that no individual navigator shall instruct, coerce, or otherwise direct the individual or employer group to make such a refusal. An individual navigator shall provide a copy of the written refusal to the navigator entity within three (3) business days after the date of refusal. If the individual or employer group receiving assistance from a navigator refuses in writing to allow the individual or employer group's contact information from being disclosed to the Oklahoma Insurance Department, the disclaimer form

shall still be provided to the individual or employer group pursuant to paragraph (c) of this Section.

(f) An individual navigator shall allow for an on-site inspection of operations and records related to the fulfillment of the enrollment or assistance with enrollment duties of the individual navigator at the discretion of the Commissioner. In order to safeguard consumer privacy, such an inspection of operations and records shall not include the observation of an enrollment session.

(g) An individual navigator shall submit to the Commissioner, at the request of the Commissioner, a summary report setting forth the individuals or employer groups which have received a disclaimer form from the navigator pursuant to paragraph (c) of this Section. The report shall include the contact information of any individual or employer group received by the navigator pursuant to paragraph (d) of this Section, but may exclude any personally identifiable information as defined in 36 O.S. § 1415.2(5).

(h) Any notification or report submitted to the Commissioner shall be submitted electronically. Any navigator or navigator entity submitting information to the Commissioner shall take appropriate steps to safeguard the transmission of the information in compliance with applicable federal and state laws governing the security of such information.

### **365:10-31-7. Navigator entity requirements**

(a) A navigator entity shall maintain a record of all individuals employed or overseen as an individual navigator for a period of three (3) years following the date of termination of the employment or oversight of the individual as a navigator. This record shall include the name, date of hiring, job title, job description, length of employment, and date of termination for each individual navigator. Subject to the ability of the navigator entity, these records shall be maintained electronically.

(b) A navigator entity shall maintain all records required to be provided to the navigator entity by registered individual navigators for a period of three (3) years following the date of termination of the employment or oversight of each individual navigator. Subject to the ability of the navigator entity, these records shall be maintained electronically.

(c) A navigator entity shall allow for an on-site inspection of operations and records related to the fulfillment of the enrollment or assistance with enrollment duties at the discretion of the Commissioner. In order to safeguard consumer privacy, such an inspection of operations and records shall not include the observation of an enrollment session.

(d) A navigator entity shall submit to the Commissioner, at the request of the Commissioner, a summary report setting forth the individuals or employer groups which have received a disclaimer from any navigator employed or supervised by the navigator entity pursuant to paragraph (c) of Section 6 of this Subchapter. The report shall include the contact information of any individual or employer group received by the navigator pursuant to paragraph (d) of Section 6 of this Subchapter, but may exclude any personally identifiable information as defined in 36 O.S. § 1415.2(5).

(e) At the time of application, a navigator entity shall provide the Commissioner with a list of all individual navigators whom, at the time of application, it is employing, supervising or affiliated with or has, during the previous year while registered as a navigator entity, employed, supervised or been affiliated with. Subject to the ability of the navigator entity, this list shall be submitted to the OID electronically.

(f) A navigator entity registrant shall report to the Commissioner any termination of employment, engagement, affiliation or other relationship with an individual navigator within

thirty (30) days if the individual navigator registrant is terminated for failing to comply with any requirement of Title 36 of the Oklahoma Statutes. Subject to the ability of the navigator entity, this report shall be submitted electronically to the OID.

(g) A navigator entity registrant shall report to the Commissioner any change in the entity's designated responsible party within ten (10) days after the change.