**§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).]

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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