	Approved	March 2,	1992
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MINUTES OF THEHouse_ COMMITTEE ON	Insurance		
The meeting was called to order byRepresenta	tive Turnquist Chairperson		at
531 N axxxp.m. on Feb. 27,	, 19 <mark>92</mark> in	room <u>531 N</u>	of the Capitol.
All members were present except:			
Representative Sebelius, Excused			
Committee staff present: Mr. Chris Courtwright, Research			

Mr. Fred Carman, Revisor

Mrs. Nikki Feuerborn, Secretary

Mr. Mark Hunter, Intern

Conferees appearing before the committee:

Representative Lowther

Representative O'Neal

Mr. Brad Smoot, Blue Cross/Blue Shield Mr. Dick Brock, Insurance Department

#### Hearing on HB 2927 - An act concerning the registration of motor vehicles

Mr. Chris Courtwright of Research gave a staff review of the proposed legislation.

Representative Lowther appeared as a proponent of the bill which is to further tighten the current laws regarding those people who, when buying license tags, give false information on the insurance company and policy number. This bill would make it clear to people that it's not only against the law to lie about coverage, but to use false insurance company names and policy numbers. (See Attachment 1).

#### Hearing on HB 2931 - Lapse of coverage prohibited under certain conditions

Representative O'Neal discussed group health insurance policies which are offered to employees of companies doing business in the state and are misrepresenting coverage to both the employer and the employees. Such individual insurance contracts are purchased out of state. He cited examples which led to this proposed legislation. (See Attachment

Mr. Brad Smoot of Blue Cross/Blue Shield of Kansas, submitted a substitute for the bill which would incorporate appropriate language. (See Attachment 3). submitted a

Mr. Dick Brock of the Insurance Department stated that such contracts purchased out of state are not under the jurisdiction of the department. He indicated that participation requirements should be worked out between the employer and the insurer.

Representative Helgerson moved to favorably report the passage of HB 2753 and that it be placed on the consent calendar. Representative Neufeld seconded the motion. Motion carried.

Representative Ensminger moved to approve the minutes of the Feb. 26, 1992, meeting. Representative Helgerson seconded the motion. Motion

The meeting adjourned at 4:30 p.m.

## GUEST LIST

COMMITTEE: Louise Su	rence	DATE: 2/27
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STATE OF KANSAS

JAMES E. LOWTHER REPRESENTATIVE. THIRTY NINTH DISTRICT LYON COUNTY 1549 BERKELEY ROAD EMPORIA. KANSAS 66801

2-27-92



COMMITTEE ASSIGNMENTS APPROPRIATIONS COMMITTEE TAXATION COMMITTEE

HOUSE OF REPRESENTATIVES

#### HOUSE INSURANCE COMMITTEE

PENALTY FOR PROVIDING A FALSE INSURANCE COMPANY NAME OR MOTOR VEHICLE INSURANCE POLICY NUMBER

#### BACKGROUND

If you want to drive a car in Kansas you must provide liability insurance coverage for others you might accidentally injure or whose property you might damage. This is the law as required under KSA 3104. The law requires that an owner of an uninsured vehicle shall not permit operation upon a highway unless expressly exempt. It further states that no person shall knowingly drive an uninsured vehicle upon a highway unless exempt. Evidence of "financial security" is to be displayed on demand of a law enforcement officer.

Anyone violating these provisions of the law are quilty of a Class B misdemeanor & subject to a fine of \$200 to \$1000 or a jail sentence of up to six months. Violators have their licenses suspended if involved in an accident.

In addition to this, KSA 3118 requires that no motor vehicle shall be registered unless the owner has in effect a policy of liability insurance covering such vehicle. The law stipulates that the owner shall maintain insurance coverage continuously throughout the period of registration. Violation results in suspension of the vehicle registration and the driving privileges of the owner. Suspension remains in effect until satisfactory proof of insurance has been filed and a reinstatement fee paid(\$25).

Making a false certification of insurance coverage is a Class B misdemeanor.

The purpose of this bill is to further tighten up the current laws as to those people who, when buying license tags, give false information on the insurance company and policy number.

KSA 3118 requires coverage be in effect and be continuous for the term of registration, or suspension can result. It also says that making a false certification concerning financial security for operation of a vehicle is a Class B misdemeanor. This bill would make it clear to people that its not only against the law to lie about coverage, but to use false insurance company names and policy numbers.

(A simple sign on the counter to this affect might be beneficial).

The ineffectiveness of the present statutes as they are drafted - the language isn't in easy-to-understand terminology - became apparent to me as the result of an accident last summer. On the accident report, the policy number was incorrect for a completely different vehicle and it had lapsed one year before the accident. The tag was bought on April 3, 1991.

I submit the specific easy-to-understand language in this bill will make the law more enforceable to the benefit of all.

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OWNER Address ("Same" if Driver)  Special Conditions (if any) for unit above:   O1 Hit & Run   O2 Non-Contact   O3 Stolen   O4 Parked   O5 Police Pursuit   O6 Driverless  Record ALL injured & uninjured vehicle occupants and pedestrians. For trains, record crew in control and injured passengers. See Code List.  TRAF SEAT/ Use Codes for Vehicle Occupants, Pedestrians & Cyclists, List Witnesses as W1, W2, etc.  I O, I DRIVER # I   ADDRESS (#, Street, City, State, Zip.)   SEX   AGE   USE   Vouth TRAP SEV. UII    I O, I DRIVER # I   M /8 S N - N    I O, B   DOB:   D8   20   72   C   C   C   C    I O 8   DOB:   D7   D7   D7   D7    I D 8   DOB:   D7   D7   D7   D7    I D 8   D7   D7   D7   D7   D7   D7    I D 8   D7   D7   D7   D7   D7   D7    I D 8   D7   D7   D7   D7   D7   D7    I D 8   D7   D7   D7   D7   D7   D7    I D 8   D7   D7   D7   D7   D7   D7   D7	Unit 2 Driver/Ped	ADDRE	Ped NAME SS (Number,	(Last, First and Initial) Street, City, State, Zi EMPo,	ip Code)	Abone □Work  42 - 600  S 6680  DATE of BIRT  10/05/55	STATE SEX VEH	ICLE IDENT	MAKE of VO	YEAR F	□05 F	d By:	MODEL CAPI	and B	ter	51
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Record ALL injured & uninjured vehicle occupants and pedestrians. For trains, record crew in control and injured passengers. See Code List.  TRAF SEAT/ Use Codes for Vehicle Occupants, Pedestrians & Oyclists, List Witnesses as W1, W2, etc.  I O, I DRIVER # I  I O, I DRIVER # I  I O, B DOB: 68/20/72	Unit	Driver  ADDRE  LICENS  No.  Rd OWNE	Ped NAME SS (Number, SE STATE and	(Last, First and Initial) Street, City, State, Zi EMPo, INUMBER  E ("Same" if Driver)	ip Code)	Abone □Work  42 - 600  S 6680  DATE of BIRT  10/05/55	STAT	ICLE IDENT  AL number of olie occupants ding driver	MAKE of VO	YEAR F 9/ NUMBER C// 8:	emove	d By:	MODEL CAPL CAPL Inpany BU	and B	ter	51
Record ALL injured & uninjured vehicle occupants and pedestrians. For trains, record crew in control and injured passengers. See Code List.  TRAFSEAT/ Use Codes for Vehicle Occupants, Pedestrians & Cyclists, List Witnesses as W1, W2, etc.  UNIT TYPE Last NAME First Name Initial ADDRESS (#, Street, City, State, Zip.)    Dob   DR   USE   Youth TRAP SEV. UI   Dob   Dob   Dr.   D	Unit 12 Driver/Ped	Driver  ADDRE  LICENS  No.  Rd OWNE	Ped NAME SS (Number, SE STATE and	(Last, First and Initial) Street, City, State, Zi EMPo, INUMBER  E ("Same" if Driver)	ip Code)	Abone □Work  42 - 600  S 6680  DATE of BIRT  10/05/55	STATE CONTROL	ICLE IDENT  AL number of olie occupants ding driver	MAKE of VO	YEAR F 9/ NUMBER C// 8:	Remove  Consurant  Colicy I	d By:	MODEL CAPL CAPL Inpany BU	and B	ter . 0 6	SI SI
Record ALL injured & uninjured Vehicle Occupants and perestrans & Cycles for Vehicle Occupants and Pressession as W1, W2, etc.  I D. I	Unit M. 2 Driver/Ped DRIVER'S St	Driver  ADDRE  LICENS  No.  Address	Ped NAME SS (Number, SE STATE and R FULL NAMI ("Same" if Driv	(Last, First and Initial) Street, City , State, Zi EMPo, NUMBER  E ("Same" if Driver)	ip Code)  RIA E  CDL?	Ripone   Work    42 - 60 c  S 6660  DATE of BIRT  10/05/59  Phone   Work	STAT  SEX VEH  The SEX VEH  The SEX VEH  The SEX SEX VEH  The SEX SEX VEH  SEX	ION YEAR & COLOR OF THE LICENS	MAKE OF VO	YEAR F	Remove  Consurant  Colicy I	d By:	MODEL CAPL CAPL Inpany BU	and B	ter . 0 6	SI SI
TRAF SEAT/ UNIT TYPE  Last NAME  First Name  First Name  Initial ADDRESS (#, Street, City, State, Zip.)  SEX AGE USE Youth TRAP SEV. UT  M /8 S N - N - N /8 S N - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S - N /9 S N /9 S N /9 S - N /9 S N /9 S N /9 S - N /9 S N /9 S - N /9 S N /9 S N /9 S - N /	Driver/Ped  Driver/Ped  DRIVER'S St.	Address	Ped NAME SS (Number, SE STATE and R FULL NAME ("Same" if Driv	(Last, First and Initial) Street, City, State, Zi EMPo, INUMBER  E ("Same" if Driver)  ver)	ip Code)  RIA F  CDL?	Phone   Work    12 - 60 c  S	STATE CONTROL	ICLE IDENT  AL number of olie occupants ding driver ial Data Area	MAKE of VO	YEAR F FI  WHEAR F  YEAR F  YE	Remove  Consurant  Policy I	d By:	MODEL CAPE	and B	ter 06	SIVLE SW
Note   Last NAME   First Name   Initial   ADDRESS (#, Street, City, State, Zp.)   SEX   Rest   Res	Driver/Ped  Driver/Ped  DRIVER'S St.	Driver  ADDRE  LICENS  No.  Address  Conditions	Ped NAME  SS (Number,  SE STATE and  R FULL NAME  ("Same" if Drive  (if any) for un	(Last, First and Initial) Street, City, State, Zi EMPo, INUMBER  E ("Same" if Driver)  ver)  int above:   01 Hit & First and Initial)	ip Code)  RIA F  CDL?	Phone   Work    12 - 60 c  S	STATE CONTROL OF STATE CONTROL OF SEX VEH  TH SEX VEH  TH SEX VEH  TOT  vehic inclu  Special 03 Si  or trains, reco	ICLE IDENT  AL number of cle occupants ding driver ial Data Area  ord crew in	MAKE of VO	YEAR F FI  WHEAR F  YEAR F  YE	Remove  Consurant  Policy I	d By:	MODEL CAPE  CAPE  Inpany  But  Pursuit  See Coo	and B	ter O 6	SI SI SI eess
Dob: 08/20/72   G6801   Hone: None   S M /G S N -   Dob: 08/20/78   G6801   Hone: None   S M /3 S N -   Dob: 01/20/78   G6801   Hone: None   S M /7 N -   Dob: 07/05/74   KS G6801   M /7 N -   M /7 - N -   M /7 - N -   M /7 - N -   M /7 N -   M /7 - -	Unit M.  Driver/Ped  DRIVER'S St.  Registere  OWNER  Special C	Driver  ADDRE  LICENS  No.  Address  Conditions	Ped NAME  SS (Number,  SE STATE and  R FULL NAME  ("Same" if Drive  (if any) for un	(Last, First and Initial) Street, City, State, Zi EMPo, INUMBER  E ("Same" if Driver)  ver)  int above:   01 Hit & First and Initial)	ip Code)  RIA F  CDL?	Phone Work    Color	STATE CONTROL OF CONTR	ICLE IDENT  AL number of clie occupants ding driver ial Data Area  olen  ord crew in 1, W2, etc.	MAKE of VO	YEAR F FI  WHEAR F  YEAR F  YE	Decirco I	d By: 2 4 ce Con Number Police F	MODEL CAPE  Inpany  But  Pursuit  See Coo	and B	ter OG  Driverle	S/ S/ ess
DOB: 68/20/72   66801   7HONE   NONE	DRIVER'S St. Segistere OWNER Special C Record A TRAFSE	Driver  ADDRE  LICENS  No.  Add OWNE  Address  Conditions	Ped NAME SS (Number, SE STATE and ("Same" if Driv ("Same" if Driv (if any) for un	(Last, First and Initial) Street, City, State, Zi  NUMBER  E ("Same" if Driver)  ver)  int above:   101 Hit & Fired Vehicle Occupants, Period Vehicl	ip Code)  Run  CDL?	Phone Work    Color	STATE CONTROL OF CONTR	ICLE IDENT  AL number of clie occupants ding driver ial Data Area  olen  ord crew in 1, W2, etc.	MAKE of VO	YEAR F FI  WHEAR F  YEAR F  YE	Decirco I	d By: 2 4 ce Con Number Police F	MODEL CAPE  Inpany  But  Pursuit  See Coo	and B	Driverle	S/
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C18   S   M   S   N   S   N   N   N   N   N   N   N	DRIVER'S St. Segistere  Special C  Record / TRAF SE UNIT TY	Driver  ADDRE  LICENS  No.  Address  Conditions  ALL inju  EAT/ U  YPE L	Ped NAME SS (Number, SE STATE and SE STATE A	(Last, First and Initial) Street, City , State, Zi  NUMBER  E ("Same" if Driver)  ver)  int above:   101 Hit & First Name	ip Code)  Run  CDL?	Phone Work    Control   Co	STATE CONTROL OF CONTR	ICLE IDENT  AL number of clie occupants ding driver ial Data Area  olen  ord crew in 1, W2, etc.	MAKE of VO	YEAR F FI  WHEAR F  W	nsuran Policy I 05 assend	d By: 2 4 ce Con Number Police F	MODEL CAPE  Inpany  But  Pursuit  See Coo	and B	Driverle	S/ SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
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Gago 391	Unit M.  Driver/Ped  DRIVER'S St.  Registere  Special C  Record / TRAF SE UNIT TY  / O  / C  E Unit M	ALL injues	Ped NAME  SS (Number, SE STATE and FR FULL NAMI  ("Same" if Driv ("Same" if Dr	(Last, First and Initial) Street, City , State, Zi  EMPO INUMBER  E ("Same" if Driver)  Ver)  Init above: 01 Hit & Fired vehicle occupants, Perinst Name  2 # /  1/20/78  INJURED TAKEN  NEWMAN	ip Code)  Run  CDL?  CDL?  Initial	Phone   Work    S 666  DATE of BIRT  10/05/59  Phone   Work    O2 Non-Contain    destrians. For Four Four Four Four Four Four Four	Home Co	ICLE IDENT  ICLE IDENT  AL number of the occupants ding driver ial Data Area  olen  ord crew in 1, W2, etc. State, Zip.)	MAKE of VO	Fire?    VEAR   F   F   F   F   F   F   F   F   F	Dos Ference Colors Insuran Dos Ference Colors In	d By: 2 4 ce Con Jumber Police F  AGE  1/6	MODEL CAPE   and B	Driverle	SIVLE SILU  SINJ. EN SEV. UN  N  N  N  N  N  N  N  N  N  N  N  N	
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#### INVESTIGATIVE REPORT

COUNTY ON Highway/Road/Street  LY U.S. 1/w/ 99 (MONCHANT ST.) EMPOLIA 07/25/9/ Investigative Report 3/3
FOR STATE USE ONLY.  FOR STATE USE ONLY.  INVESTIGATING DEPT.  INVESTIGATING DEPT.  FOR STATE USE ONLY.  FOR STATE
UNIT #1 WAS EAST BOUND 100 BLK W 1871 ANE
UNIT#2 WAS SOUTHBOUND /800 BLK MERCHANT
STREET, UNIT# 1 DIDN'T STOP FOR THE
STOP SIGN AND STRUCK UNIT #2 IN THE
RIGHT SIDE, WIT #1 WAS DISABLED,
PASSENGIER GUILFOYLE COMPLAINED OF
INJURIES TO HER ARM AND LEGI, GUILTOYLE
AT FIRST REFUSED MEDICAL TREATMENT BUT,
WAS TRANSPORTED BY AMBULANCE TO NEWMANN
HOSPITAL.
DRIVER #1 TOLD R.O. THAT HE WASN'T
WEARING GLASSES OR CONTACTS DURING THE
ACCIDENT.
CASE CLEARED. NO FURTHER ACTION.
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Paths of units prior to and after in Location of signs, traffic controls. Location of other property hit/den Special features at location (bridg Location of temporary highway or	e, overpess, cuivert, railroad crossing, etc.).	91 - 3211 ocatable point.
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The following is designed to provide Central Benefits' Underwriting Guidelines concisely, to help you determine what types of groups are acceptable risks. The following items are guidelines. Some flexibility exists, depending on the size of

with more than 100 employees. Central Benefits reserves the right to refuse coverage to any group.

Groups fall into two categories for underwriting purposes:

1) employer/employee groups and 2) association groups are evaluated for acceptability on a case-by-case basis by the Underwriting Department of Central Benefits. Guidelines for employer/employee groups follow.

# EMPLOYER/EMPLOYEE GROUPS DEFINED

- I. There is an employee/employer relationship.
- Acceptable payroll and payroll checks must exist and show deductions for Social Security and Federal income taxes.

### GROUP CHARACTERISTICS

Size—Employer groups of two or more eligible employees may apply for coverage.

Stability—For employers who have been in business less than one year refer to the Central Benefits Underwriting Department before submitting a proposal.

Retaining clients allows an insurer to spread acquisition costs, and to benefit from periods of lower claim levels to offset high claim periods. Groups that have been with two or more carriers in the last three years may not be accepted for coverage.

### INELIGIBLE GROUPS

Ineligible groups usually include:

- Groups without an employer/ employee relationship, (i.e., contract workers, associated professionals, and work-for-fee employees);
- 2. Groups with known uninsurable persons;
- Groups subject to hazardous risks;
- 4. High turnover groups.

Groups that fall into one of the above categories should be referred to the Underwriting Department for review of acceptability prior to quoting.

### EMPLOYER UNIT EFFECTIVE DATE

Coverage generally must become effective on the first day of a calendar month. Complete enrollment materials for groups with 2-9 lives must be submitted (postmarked) by the 15th of the month prior to the effective date requested, and the 25th of the month prior to the effective date requested for groups of 10 or more lives. IN NO CASE SHOULD THE EMPLOYER ALLOW ANY COVERAGE CURRENTLY IN FORCE TO LAPSE BEFORE A

# FORMAL LETTER OF ACCEPTANCE HAS BEEN RECEIVED FROM CENTRAL BENEFITS.

has binding authority. All accounts will be accepted or rejected on a review of the information given on the group's application and the employee applications. Final enrollment and Home Office Underwriting determines acceptability and final rates to be charged.

# ELIGIBLE EMPLOYEES

To be eligible for coverage, employees must be actively at work for a minimum of 30 hours per week.

employees of groups with 29 employees who are the 70 and older are not eligible for coverage. Coverage for retired or part-time employees of groups with 10 or more employees may be available if they comprise no from than 10 percent of the total number of eligible employees.

### INELIGIBLE EMPLOYEES

- 1. Seasonal
- 2. Temporary
- 3. Part-time\*
- 4. Independent Contractor

\*Permanent part-time employees may be eligible if they work at least 20 hours par week on a regular basis.

# ELIGIBLE DEPENDENTS

Employee's spouse and unmarried dependent children under age 23.

# EMPLOYER PREMIUM CONTRIBUTION

The employer must contribute between 50 percent and 100 percent of employee premium.

# PARTICIPATION REQUIREMENTS

One hundred percent of all eligible employees must be enfolled for coverages for which the employer has paid 100 percent of employee premium. Seventy-five percent of all eligible employees must be enrolled for coverages for which the employer pays less than 100 percent.

Special Considerations for Groups With "Multiple Option" Plans
For groups where employees have an HMO option or a PPO option, or both, in addition to traditional

Dous Insurance 2/37/91 Attachment 2

#### SUBSTITUTE FOR HOUSE BILL 2931

AN ACT concerning group accident and health insurance; relating to extension of benefits and prohibiting termination of coverage under certain conditions.

Be it enacted by the Legislature of the State of Kansas:

Section 1. Every individual or group policy of accident and sickness insurance issued in this state or covering residents of this state which provides benefits for hospital and medical expense or indemnity shall provide that in the event of termination of coverage under such policy while an insured is confined within a hospital, benefits shall continue to be payable for hospital care and inhospital medical care until the insured is discharged from the hospital and shall also provide that benefits treatment of a total disability shall continue under the policy for the lesser of 120 days following the date of termination or until the termination of total disability when an insured is not confined within a hospital but is totally disabled at the time of termination. As used herein "total disability" means the insured's inability to engage in any occupation for wage or profit or, in the case of a minor, the inability to engage in activities of persons of the same age.

Section 2. No group policy of accident and health insurance issued within this state or covering a person who is a resident of this state for hospital or medical expense or indemnity shall include any provision which results in termination of coverage for an insured when such insured is on a leave of absence from employment authorized by the employer and such leave of absence is related to the insured's attendance to a family member's health.

Section 3. No provision of this act shall be construed to require an employer to pay premiums towards the insurance coverage of any person covered under this act.

Section 4. This action will take effect and be in force from and after its publication in the statute book.

House Assurance Attachment 3

2-27-92