

**NOTICE OF PROPOSED RULE ADOPTION  
STATE OF MISSISSIPPI  
DEPARTMENT OF INSURANCE**

Mississippi Department of Insurance  
C/o Lee Harrell, Deputy Commissioner  
501 N. West Street, Suite 1001  
P.O. Box 79  
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Miss. Code Ann., Sections 25-43-1, et seq.  
Miss. Code Ann., Sections 83-5-1, et seq.  
Miss. Code Ann., Section 83-8-211

**Reference to Rules repealed, amended or suspended by the Proposed Rule:**  
Mississippi Regulation 94-101 shall be amended.

**Specific Legal Authority authorizing the promulgation of Rule:**

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**

Mississippi Regulation 94-101 should be amended to provide the current telephone number for the Mississippi Comprehensive Health Insurance Risk Pool Association (hereinafter "Association") and to provide the current internet/email address for the Association. The Mississippi Insurance Department requests that this rule be adopted on an emergency basis in accordance with Mississippi Code Annotated, Sections 25-43-3.108 and 25-43-7 (2005), since it is necessary and urgent for persons in need of this coverage to have access to updated contact information for the Association. In support thereof, the Mississippi Insurance Department finds that an imminent peril to the public health, safety, or welfare requires adoption of this emergency rule without prior notice of hearing.

This rule is proposed as a  Final Rule, and/or a ( ) Temporary Rule (Check one or both boxers as applicable.)

**Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.**

**Oral Proceeding:** Check one box below:

An oral proceeding is scheduled on this rule on Date: {Insert Date} Time: {Insert Time}  
Place: {Insert Place}

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least \_\_\_\_\_ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

**Economic Impact Statement:** Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

**Date Rule Proposed:** January 15, 2008

**Proposed Effective Date of Rule:** January 15, 2008



Lee Harrell  
Deputy Commissioner  
Mississippi Insurance Department



## MISSISSIPPI INSURANCE DEPARTMENT

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**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

### MISSISSIPPI REGULATION NO. 94-101

#### REQUIRING NOTIFICATION OF COVERAGE OFFERED BY COMPREHENSIVE HEALTH INSURANCE RISK POOL ASSOCIATION UPON REJECTION OF APPLICATION FOR COVERAGE

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- Section 1. Authority.

This Regulation is promulgated by the Commissioner of Insurance pursuant to the authority granted to him by Miss. Code Ann. § 83-5-1 and 83-9-211 (1972), in order to implement the provisions of the Comprehensive Health Insurance Risk Pool Association Act and is promulgated in accordance with Mississippi Insurance Department Regulation No. 88-101, said regulation being the Rules of Practice and Procedure before the Mississippi Insurance Department.

- Section 2. Purpose.

The purpose of this Regulation is to implement the intent of the Mississippi Legislature with respect to making the existence of the insurance plan offered by the Comprehensive Health Insurance Risk Pool Association known to those citizens of the State of Mississippi who, because of health conditions, cannot secure health insurance coverage by requiring insurers to notify persons that are rejected for health insurance coverage because of health conditions that such persons may be eligible for the insurance plan offered by the Comprehensive Health Insurance Risk Pool Association and to establish a standardized form for such notice.

- Section 3. Definitions.

- (a) "Health insurance" shall have the same meaning as defined in Miss. Code Ann. § 83-9-205 (1972).

- (b) "Insurer" shall have the same meaning as defined in Miss. Code Ann. § 83-9-205 (1972).

Section 4. Application.

Any insurer that rejects a person's application for health insurance coverage substantially similar to the coverage offered by the Comprehensive Health Insurance Risk Pool Association because of health conditions of such person shall give such person written notice that he or she may be eligible for coverage under the Comprehensive Health Insurance Risk Pool Association plan and furnish the name, address and toll free telephone number of the Comprehensive Health Insurance Risk Pool Association.

Such notice shall be in the form attached hereto as Appendix A, which is hereby made a part of this Regulation. Insurers may print the notice form on their own stationery but shall use the order, format and content of the notice form, as prescribed by the Commissioner of Insurance. The insurer shall attach a copy of the notice form to the notice of rejection for insurance coverage.

Section 5. Severability.

If any provision of any section of this Regulation or the application thereof to any circumstance or person or entity is held invalid, such invalidity shall not affect any other provision of that section or application of the Regulation which can be given effect without the invalid provision or application, and to this end the provisions of this Regulation are declared to be severable.

Section 6. Effective Date.

This Regulation shall become effective immediately upon filing with the Office of the Secretary of State.



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LEE HARRELL

DEPUTY COMMISSIONER OF INSURANCE

**APPENDIX A**

**Comprehensive Health Insurance Risk Pool Association  
Notice Form**

Date

Name

Address

City, State Zip Code

RE: Applicant/Insured's Name  
Policy # (if applicable)

Dear \_\_\_\_\_:

We believe that you may qualify for health insurance from the Mississippi Comprehensive Health Insurance Risk Pool Association (the "Association"). This insurance is available to Mississippi residents who, because of health conditions, cannot secure health insurance coverage substantially similar to the Association plan coverage without material underwriting restrictions at a rate equal to or less than the Association plan rate. Other eligibility requirements, exclusions and limitations may apply.

You may apply to the Association for a determination of your eligibility for insurance on application forms available from the Association.

For more information regarding the Association go to [www.mississippihealthpool.org](http://www.mississippihealthpool.org) or contact the Association at:

Mississippi Comprehensive Health Insurance Risk Pool Association  
Post Office Box 13748  
Jackson, MS 39236-3748  
888-820-9400

Insurance Company Name  
Address

Contact Person  
Phone Number