

§2741-A. Mandated offer of domestic partner benefits**1. Definition.**

[PL 2021, c. 567, §30 (RP).]

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).]

3. Financial dependency. Financial dependency of a domestic partner on the policyholder may not be required as a condition for eligibility for coverage.

[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 of domestic partner under Title 1, section 72, subsection 2-C 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 2021, c. 567, §31 (AMD).]

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.

[PL 2021, c. 567, §32 (AMD).]

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).]

SECTION HISTORY

PL 2001, c. 347, §2 (NEW). PL 2001, c. 347, §5 (AFF). PL 2021, c. 567, §§30-32 (AMD).

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