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HEALTH INSURANCE LAW

(2005 Revision)

Law 15 of 1997 consolidated with Laws 28 of 2001, 13 of 2003, 13 of 2004 and 9 of 2005, and as amended by the Cayman Islands (Constitution) (Amendment) Order 2003 (U.K.S.I. 2003 No. 1515).

Revised under the authority of the Law Revision Law (1999 Revision).

Originally enacted -

Law 15 of 1997-19th June, 1997
Law 28 of 2001-26th September, 2001
Law 13 of 2003-18th July, 2003
Law 13 of 2004-11th June, 2004
Law 9 of 2005-28th February, 2005.

Originally made-

U.K. Order-12th June, 2003.

Consolidated and revised this 12th day of July, 2005.

Note (not forming part of the Law): This revision replaces the 2003 Revision which should now be discarded.

HEALTH INSURANCE LAW

(2005 Revision)

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HEALTH INSURANCE LAW

(2005 Revision)

1. This Law may be cited as the Health Insurance Law (2005 Revision). Short title

2. In this Law- Definitions

"approved insurer" means an insurer licensed under the Insurance Law (2004 Revision) as a Class "A" insurer and approved by the Authority to provide standard health insurance contracts; 2004 Revision

"Authority" means the Cayman Islands Monetary Authority;

"Caymanian" means a Caymanian as defined in section 2 of the Immigration Law, 2003; Law 34 of 2003

"child" means a person who is-

(a) under eighteen years of age; or

(b) over eighteen and under twenty-three years of age who is a full time student at a university or other educational institution; and is

(i) a child of both parties to a marriage; or

(ii) a child who has been treated by both parties to a marriage as a child of the family and includes a step child, adopted child or foster child; or

(iii) a child born out of wedlock.

"Commission" means the Health Insurance Commission established under the Health Insurance Commission Law, 2003; Law 12 of 2003

"compulsorily insured person" means a person in respect of whom an employer is required to effect a standard health insurance contract under section 4;

"employee" means any individual who enters into or works under a contract of employment with an employer whether the contract be oral or written, express or implied, and the term includes a person whose services have been interrupted by a suspension of work during a period of leave or temporary lay-off;

"employer" means any person who has entered into a contract of employment with an employee, and includes any agent, representative or manager of such person who is placed in authority over an employee;

"group employee" means a person who is employed by the Government on a temporary basis and who is paid at an hourly rate;

"health care facility" includes the George Town Hospital in Grand Cayman, the Faith Hospital in Cayman Brac and any public hospital or health care centre

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established or operated in the Islands by the Government, and any private hospital or medical practice approved under the Health Practice Law (2005 Revision);

"high risk insurance person" means a person who, by reason of a medical condition or a history of illness, has been refused cover at the standard premium under a standard health insurance contract by two or more approved insurers;

"indigent person" means a person who, in the opinion of the Minister for the time being responsible for social services acting on the advice of the Director of Social Services, is unable, by reason of inadequate financial resources, to pay for health insurance or medical services;

"inspector" means a person appointed, pursuant to regulations made under section 25(1)(e), as inspector for the purposes of this Law;

Law 24 of 2003

"legal resident" means a Caymanian or a person entitled to reside in the Islands in accordance with the Immigration Law, 2003;

"partially uninsurable person" means a person who has been provided with cover under a standard health insurance contract by an approved insurer and who is, by reason of a medical condition or a history of illness, subject to an exclusion or limitation of cover;

"prescribed" means prescribed by regulations under section 25;

"prescribed health care benefits" means the minimum benefits prescribed by regulations under section 25 to be included in a standard health insurance contract;

"registered medical practitioner" means a person registered to practise medicine under the Health Practice Law (2005 Revision);

"seaman" means a person who resides in the Islands and who-

(a) is a member of either the Veterans' and Seamen's Society of Cayman Brac and Little Cayman or of the Cayman Islands Seafarer's Association;
(b) first went to sea before the 1st January, 1985; and
(c) was a Caymanian during the period of time when he was at sea;

"self employed person" means a person over school leaving age whose earnings (otherwise than in the capacity of an employee) derive from his production (in all or part) of goods or services in or from the Islands;

"spouse", in relation to a person, means a legal resident who is -

(a) the legal husband or wife of that person; or
(b) a person of the opposite sex who, although not legally married to that person, lives with that person in the same household under the same domestic arrangements as a legal husband or wife and

has been so living with that person for a continuous period of five years,

and any reference in this Law to marriage or to a married person shall be construed, with the necessary changes being made, so as to give effect to paragraph (a) or (b), as the case may be; but where a person is judicially or otherwise separated from a legal spouse he shall not be considered to have any other spouse except that legal spouse;

"standard health insurance contract" means a contract issued by an approved insurer to provide insurance cover in respect of the prescribed health care benefits, being a contract that complies with the prescribed terms and conditions; and under such a contract an approved insurer shall not-

(a) require a compulsorily insured person to pay for a benefit if that benefit is covered by the contract; or

(b) require a compulsorily insured person to pursue third party claims before claiming under the standard health insurance contract;

"standard premium " means a premium charged under a standard health insurance contract for any person other than a high risk insurance person;

"Superintendent" means the person appointed under section 6(1) of the Health Insurance Commission Law, 2003, to serve as Superintendent of Health Insurance; Law 12 of 2003

"supplemental health care benefits" means -

(a) dental benefits;

(b) vision benefits; and

(c) alternative medicine benefits;

"supplemental medical benefits" means benefits provided to compulsorily insured persons, including in-patient and out-patient services, routine medical examinations and tests, emergency medical services, hospital services, and other medical services specifically defined by an approved insurer;

"unemployed spouse", in respect of an employer or employee, means (in the case of a male employer or employee) a female legal resident, or (in the case of a female employer or employee) a male legal resident, to whom that employer or employee is married and who-

(a) is not living apart from that employer or employee under a deed of separation or order of the court;

(b) is not an employer or employee; and

(c) is resident in the Islands,

and includes a retired person;

"uninsurable person" means a person who, by reason of a medical condition or a history of illness, has been refused cover under a standard health insurance contract by two or more approved insurers;

"veteran" means a person who resides in the Islands, served in any armed force before 1973 and was a Caymanian at the date of service; and

"Veterans' Association" means the Cayman Islands Veterans' Association.

Administration of this Law

3. The Superintendent shall be responsible for the administration of this Law.

Restriction on issue of health insurance

4. (1) No person carrying on business in or from within the Islands, other than an approved insurer, shall issue a contract of health insurance to provide insurance cover in respect of health care benefits relating to a person resident in the Islands.

(2) Whoever contravenes subsection (1) is guilty of an offence and liable on summary conviction to a fine of twenty thousand dollars and to imprisonment for one year, and in the case of a continuing offence to a fine of one thousand dollars for each day during which the offence continues.

Compulsory health insurance

5. (1) Every person resident in the Islands shall, unless he is -

(a) covered by a contract of insurance effected by an employer under subsection (2);
(b) covered by a contract of insurance effected by Government under subsection (3), or where Government does not effect such a contract, medical services are provided to him by Government in accordance with Chapter 18 of the General Orders of the Government; or
(c) an uninsurable person,

effect a standard health insurance contract in respect of himself, his unemployed spouse and children.

(2) Subject to this section, every employer shall effect and continue on behalf of-

(a) himself;
(b) his unemployed spouse and children;
(c) each of his employees; and
(d) any child and unemployed spouse of an employee,

a standard health insurance contract.

(3) Government may effect and continue on behalf of-

(a) each officer in a pensionable office or on probation to such an office;

(b) each officer serving under a local or an overseas contract;
(c) each group employee;
(d) each officer in a temporary office;
(e) each public office pensioner;
(f) each indigent person;
(g) each elected member of the Legislative Assembly and, where the Speaker is not a member of the Legislative Assembly, the Speaker;
(h) each past elected member of the Legislative Assembly who is a public office pensioner; and
(i) the unemployed spouse and children of any person specified in paragraphs (a) to (h),

a contract of health insurance on such terms and conditions as are specified in regulations made by the Governor in Cabinet.

(4) Government may, on written application to it by or on behalf of -

(a) a seaman fifty-five years of age or older, his unemployed spouse and children;
(b) a widow of a seaman;
(c) a veteran, his unemployed spouse and children;
(d) a widow of a veteran; or
(e) any other person approved by the Governor in Cabinet,

where that person is not covered by a contract of health insurance, agree to effect a contract of health insurance with an approved insurer on behalf of such person on such terms and conditions as are specified in regulations made by the Governor in Cabinet in respect thereof.

(5) Government may, on written application to it by or on behalf of a partially uninsurable person, agree to pay for health care services provided to that person at a government health care facility in respect of any medical condition of that person which is the subject of an exclusion or limitation in his standard health insurance contract, and that person shall, unless he is indigent, repay the cost of such health services to the Government.

(6) If a spouse ceases to be the unemployed spouse of an employee within the meaning of section 2, the obligation imposed on the employer shall, subject to subsection (7), cease to have effect.

(7) Where an employee and his spouse are employed by different employers, each employee may, subject to his employer's agreement, elect which employer shall insure both of them or whether they shall be insured separately by each employer.

(8) Subsection (1) shall not require more than one health insurance contract to be effected in respect of any person and, accordingly, if a person is employed by more than one employer, insurance must be effected on his behalf and on behalf of his unemployed spouse and children by his principal employer.

(9) Where a person is employed by two or more employers, the principal employer of that person shall be deemed to be the employer who employs that person for the most hours each week.

(10) Where a person is employed by two or more employers and each employer employs him for a similar amount of hours a week, the principal employer shall be that employer who first retained the services of the employee.

(11) The children of two employees and who are employed by different employers who are spouses of each other shall be covered under only one insurance contract which shall be determined by the employees.

(12) The employer who is liable in accordance with subsection (11) to provide health insurance for the children of an employee shall provide health insurance for children born after such health insurance has been provided and the insurance shall cover post-natal care for a period of not less than one month after birth in those cases where the children are Caymanian or where the children are entitled to reside in the Islands in accordance with the Immigration Law, 2003.

Law 34 of 2003

(13) The employer of a child shall not be required to effect a contract of health insurance in respect of a child where that child is employed on a part-time basis or only during school holidays.

(14) Subsection (1) shall apply to every self-employed person, and every partner in a partnership shall be regarded as self-employed.

(15) Where, after the 22nd September, 2003, an employee applies for health insurance for his spouse as defined in paragraph (b) of the definition under this Law, he shall provide to his employer an affidavit stating that his spouse falls within the definition.

(16) Whoever fails to comply with subsection (1) or (2) is guilty of an offence and liable on summary conviction to a fine of five thousand dollars, and on conviction on indictment to a fine of ten thousand dollars.

Insurance for high risk insurance persons

6. High risk insurance persons shall be insured as prescribed by regulations made by the Governor in Cabinet.

Payment of premium

7. (1) An employer shall be liable to pay under section 3(2)-

(a) the total cost of the standard premium payable under any standard health insurance contract effected in respect of an employee who is not a high risk insurance person; and

(b) the total cost of the premium payable under any health insurance contract effected in respect of an employee who is a high risk insurance person,

but shall be entitled to recover directly from the employee or to deduct, from the salary, wage or other remuneration of each employee-

(i) in the case of an employee specified in paragraph (a), an amount not exceeding fifty per cent of the premium so paid in respect of the employee; and

(ii) in the case of an employee specified in paragraph (b), the difference between the amount of the premium paid by the employer and the amount the employer would have been liable to pay if the employee was not a high risk insurance person and was covered under a standard health insurance contract.

Premium of spouse and children

8. An employer shall be liable to pay the total cost of the premiums under any standard health insurance contract effected in respect of the unemployed spouse and children of an employee under section 3(2), but shall be entitled to deduct from the salary, wage or other remuneration of the employee, in addition to any amount deducted under section 5, the total cost of the premiums so paid in respect of the unemployed spouse and children of that employee.

Unlawful deductions by employer

9. An employer who deducts from the salary, wage or other remuneration of an employee more than the amount which he is entitled to deduct in respect of any person under section 7 or 8 is guilty of an offence and liable on summary conviction to a fine of five thousand dollars, and on conviction on indictment to a fine of ten thousand dollars.

Employees to provide information to employer

10. (1) Every employee shall keep his employer informed of all facts related to the employer's liability under section 5(2) and of any change of circumstances which would affect the employer's liability under that section.

(2) An employee who contravenes subsection (1) is liable to his employer for any expense incurred by the employer for which he would otherwise not have been liable.

Duty of employer to provide information to employee

11. (1) An employer, within fifteen days after the commencement of an employee's employment with that employer, shall give a written statement to the employee consisting of-

(a) the name and address of the approved insurer with whom the employee's standard health insurance contract has been effected;
(b) the effective date of cover under the contract; and
(c) the insurance number of the contract of health insurance.

(2) Where an employer fails or refuses to comply with subsection (1), the employee may make a written complaint to the Commission and the Commission, where it is satisfied that the employer has so failed or refused, shall notify the employer in writing that he is in breach of subsection (1) and shall give the employer such period of time as the Commission considers necessary to give the statement to the employee.

(3) Where the employer fails to comply with the notice under subsection (2) within the period of time set out in the notice the Commission shall advise the Attorney-General that the employer has contravened subsection (1).

(4) An employer who contravenes subsection (1) is guilty of an offence and liable on summary conviction to a fine of five thousand dollars and to a further fine of one hundred dollars for each day or part of a day during which the contravention continued after receipt of a notice from the Commission under subsection (2).

(5) Where, in proceedings for an offence under this section, the court is satisfied that the employee or any of his dependants has suffered or is likely to suffer loss or damage because of the contravention of this section by the employer, the court, on convicting the employer, may make such orders as it considers appropriate against the employer for the purpose of compensating the employee or any of his dependants wholly or in part for the loss or damage or preventing or reducing the extent of the loss or damage.

Recovery of damages from employer in default

12. (1) Where an employer to whom this Law applies fails or neglects-

(a) to effect any contract of health insurance which he is required to effect by section 5; or
(b) to comply with the requirements of this Law or any regulations made thereunder relating to the payment of premiums and submission of records,

and, by reason thereof, any person has lost any benefit to which he would have been entitled if such failure or neglect had not occurred, that person shall be entitled to recover from the employer in a court of summary jurisdiction for loss or damages which result directly from the employer's failure or neglect.

(2) In any proceedings brought under subsection (1), a certificate issued by the Commission specifying the amount of any benefit which would, in the absence of any failure or neglect of an employer, have been payable for any benefit under the standard health insurance contract shall be evidence of the facts stated therein.

(3) In any proceedings under this section relating to the failure or neglect of an employer to comply with this Law in respect of the unemployed spouse and children of an employee, it shall be a defence for the employer to prove that he did not know, and could not reasonably be expected to have known, that the employee in question had a spouse or children or that such spouse or children were persons in respect of whom he was required to effect a contract of insurance.

Voluntary health insurance

13. Notwithstanding section 5, nothing in this Law shall be construed as preventing any person from concluding with any approved insurer, in addition to a standard health insurance contract, any other contract of health insurance providing for himself, his employees, his spouse or his children supplemental health care benefits that are in addition to those contained in a standard health insurance contract, and such additional contract may provide that benefits to an employee, his spouse or his children shall be covered under the additional contract for any stated period of time while he is employed, or after the employee has retired.

(2) Notwithstanding section 5, nothing in this Law shall be construed as preventing any person from concluding an agreement with an approved insurer providing for himself, his employees, his spouse or his children such supplemental medical benefits as may be approved by the Commission in addition to the benefits contained in Standard Contract IV set out in the First Schedule to the Health Insurance Regulations (2005 Revision), and such agreement may provide that supplemental medical benefits to an employee, his spouse or his children shall be covered under the agreement for any stated period of time while he is employed, or after the employee has retired.

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(3) No benefits, other than supplemental medical benefits, may be added to a standard health insurance contract.

Reporting to the Commission

14. (1) The Commission, in order to monitor effectively the performance of the health insurance industry in the Islands, shall at such times each year as it may determine, by notice in writing, request from approved insurers specified information or information of a specified description and shall request such approved insurers to produce specified documents or documents of a specified description relating to -

(a) the number of insured persons in the Islands;
(b) the premiums paid for health insurance; and
(c) the financial performance and status of the approved insurers,

and the approved insurers shall provide such information.

(2) Further to subsection (1), the Commission shall request and the approved insurers shall provide audited annual reports relating to the information specified in subsection (1).

(3) The Commission shall submit the information received under this section to the Governor in Cabinet once a year and at such other times as the Minister may direct.

Termination of contract

15. (1) An approved insurer shall not terminate, fail or refuse to renew a standard health insurance contract except where-

(a) the premiums under the contract are thirty days or more in arrears, in which case the contract shall terminate on the last day of the month for which premiums were fully paid;
(b) the contract was obtained-
  (i) by non-disclosure of a material fact; or
  (ii) by representation of a fact that was false in some material particular; or
(c) the employer has given written notice to the approved insurer that-
  (i) a new contract of health insurance has been effected with an approved insurer; or
  (ii) the employer's business has been taken over by or amalgamated with another employer.

(2) A standard health insurance contract terminates on the first day of the month next following the date of termination of employment of an employee; but if that employee does not become compulsorily insured with any other employer, cover under the contract shall continue for a period of three months from the date of termination of employment or until he becomes employed, whichever is earlier.

(3) An employee shall be liable to pay the total cost of the premiums payable under a contract of health insurance which has been continued pursuant to subsection (2).

(4) An employer who, having been notified by his former employee that he is not employed and that he is not compulsorily insured, fails or refuses to

extend the cover under the contract as provided in subsection (2) is guilty of an offence and liable on summary conviction to a fine of five thousand dollars.

False declarations, etc.

16. Whoever, for the purpose of obtaining a benefit or other payment under a standard health insurance contract, whether for himself or some other person, or for any other purpose connected with this Law-

(a) knowingly makes a false statement or false representation; or
(b) produces or furnishes or causes or knowingly allows to be produced or furnished information or any document which he knows or believes to be false in a material particular,

is guilty of an offence and liable on summary conviction to a fine of two thousand dollars and on conviction on indictment to a fine of five thousand dollars.

Liability of officers of corporate bodies

17. (1) Where an offence under this Law committed by a corporate body is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, a manager, director, secretary or other similar officer of the corporate body, or any person who was purporting to act in any such capacity, that person is guilty of an offence and liable on summary conviction to a fine of two thousand dollars and on conviction on indictment to a fine of five thousand dollars.

(2) Where the affairs of a corporate body are managed by its members, subsection (1) shall apply in relation to the acts and defaults of a member in connection with his functions of management as if he were a director of the corporate body.

(3) A person may be convicted of an offence under subsection (1) although no proceedings are brought against the corporate body in respect of the offence or the corporate body is found not guilty in respect of the offence.

Filing of medical fees

18. (1) Every health care facility and registered practitioner shall file with the Commission annually, and not later than one month after any adjustment, the maximum fee charged for each health benefit provided by such health care facility and registered practitioner.

(2) A health care facility or a registered practitioner who contravenes subsection (1) is guilty of an offence and liable on summary conviction to a fine of five thousand dollars.

Fees to be paid by approved insurers

19. The Governor in Cabinet, after consultation with the Commission, shall cause to be published in the Gazette the fee an approved insurer shall be liable to pay under a standard health insurance contract for a health care benefit provided to a compulsorily insured person.

Recovery of payment by provider of a health benefit

20. (1) Subject to subsection (2), a sum due to a health care facility or to a registered medical practitioner in respect of medical care provided to a compulsorily insured person may, without prejudice to any other remedy, be recovered as a debt either from that person or from the approved insurer, and the health care facility or registered medical practitioner shall first seek to recover such debt from the approved insurer.

1996 Revision

(2) Notwithstanding any provision of the Limitation Law (1996 Revision), no sum due to a health care facility or to a registered medical practitioner in respect of medical care provided to a compulsorily insured person, shall be recovered as a debt under subsection (1), either from that person or from the approved insurer, after the expiration of one hundred and eighty days from the date on which the medical care was provided.

Approved insurer shall pay benefit directly to health provider

21. (1) Subject to subsection (2), an approved insurer shall pay directly to a health care facility or to a registered medical practitioner the cost of or such part of the cost as the approved insurer is liable to pay under a standard health insurance contract of a benefit provided to a compulsorily insured person by that health insurer.

(2) Where a compulsorily insured person provides a receipt or other evidence that he has paid the cost of a benefit received by him, an approved insurer shall reimburse such person the cost of or such part of the cost of a benefit as the insurer is liable to pay under the contract.

(3) In respect of any health care benefit provided to a compulsorily insured person an approved insurer shall be liable only to pay the fee or that part of the fee (as the case may be) filed and published in accordance with section 18.

Disputes

22. Any disputed claim to a health benefit or a question arising in connection with a standard health insurance contract shall be determined by the Commission in the first instance after such inquiry as the Commission may deem necessary.

Appeals

23. (1) A person aggrieved by a decision of the Commission on any claim or question referred to the Commission under section 22 may, within ninety days of the date on which the decision was given, appeal to the Grand Court.

(2) On an appeal under this section, the Grand Court may confirm or reverse the decision of the Authority.

Administrative fines

24. (1) Where the Commission is satisfied that there are reasonable grounds for believing that a person -

(a) may have failed to comply with or contravened section 5(1), 5(2), 11(1), 14(1) or 14(2); or

(b) may have failed to comply with the requirement to extend the cover under a standard health insurance contract as provided in section 15(2),

the Commission shall –

(i) notify the person in writing, stating the nature of such suspected failure to comply or contravention and of the Commission's intention to make a determination in respect of any such suspected failure to comply or contravention; and

(ii) provide to the person documents, if any, in support of the suspected failure or contravention.

(2) A notice under subsection (1) shall be sent by post and shall be deemed to have been communicated to the person at the time it would have been received in the ordinary course of post.

(3) A person notified in accordance with subsection (1) may, within twenty-one days of the date of the notice, provide to the Commission a written response in respect of any such suspected failure to comply or such contravention, and shall also provide any other documentation which the person wishes the Commission to consider in making any determination in relation to any suspected failure to comply or contravention.

(4) A person, in any response submitted to the Commission as specified in subsection (3), may request that the Commission hear the person in person or through a representative and, if so requested, the Commission may, in its discretion, allow such request.

(5) Any document which any such person wishes the Commission to consider at a hearing shall be submitted within the time permitted in subsection (3).

(6) Where a person, notified as specified in subsection (1), makes no submission as specified in subsection (3) in respect of a suspected failure to comply or contravention, then the person shall be considered by the Commission to have no evidence to refute the allegation of failure to comply or the contravention.

(7) Where the Commission has decided to hold a hearing it shall hold such hearing within twenty-one days next following the twenty-one day period set out in subsection (3) and, subject to subsection (8), in accordance with such procedure as it may determine.

(8) At every hearing under this section where the person or his representative is present, the person or his representative shall be given an opportunity to address the Commission.

(9) After any hearing under this section, the Commission shall set out its findings in writing and shall make a determination in regard to any suspected failure to comply or contravention as specified in subsection (1), and where the Commission determines that a person has failed to comply with or contravened a prescribed requirement, the Commission may consider the nature, circumstances and any actual or potential consequences of each and any such failure to comply or contravention by the person as well as any prior determinations in respect of that person by the Commission, and may issue a warning or impose a fine not exceeding ten thousand dollars and a further fine not exceeding one hundred dollars for each day or part of a day during which the failure to comply or contravention has continued, in respect of each such failure to comply or contravention.

(10) The Commission shall, in writing, notify any such person of its findings and determinations and any fine or warning, within a reasonable time not exceeding ninety days after its determination and, following the period provided for an appeal as specified in subsection (11), may cause its findings and any warning and the quantum of any fine imposed to be published in any manner and in its discretion.

(11) An appeal against a determination of the Commission made under subsection (9) shall be made to a court of summary jurisdiction within twenty-one days next following the date of receipt of the written notification made under subsection (10).

(12) Where no appeal against a determination of the Commission has been made under subsection (9) or where such an appeal has been unsuccessful, the fine imposed by the Commission shall be paid in full by the person fined, following the period provided for an appeal as specified in subsection (11) and, where there is a failure to pay the fine, the fine may be recovered by the Commission in a court of summary jurisdiction as a debt from that person.

(13) Representatives appearing on behalf of a person are not required to be persons having legal qualifications.

(14) The power to impose fines under this section is in addition to or an alternative to any other penalty or remedy provided under this Law.

Regulations

25. (1) Subject to subsection (2), the Governor in Cabinet may make regulations for the purpose of carrying this Law into effect and, without prejudice to the generality of the foregoing, such regulations may-

(a) prescribe the health care benefits to be covered by one or more standard health insurance contracts;
(b) prescribe the terms and conditions of a standard health insurance contract, including allowable exclusions and exceptions, provisions as to termination and cancellation, and automatic renewal;
(c) prescribe the way in which deductions may be made from the remuneration of employees to cover premiums paid in respect of standard health insurance contracts;
(d) prescribe the reports and records relating to compulsorily insured persons that approved insurers shall submit to the Commission and when and how they shall be submitted;
(e) provide for the appointment of, and the conferment of powers on, inspectors for the purposes of this Law;
(f) provide for the maintenance of records relating to standard health insurance contracts;
(g) provide for the manner in which disputed matters may be referred to the Commission and the procedures to be adopted by the Commission when considering such matters;
(h) provide for insurance cover for high risk insurance persons; and
(i) provide for fines for contravention of the regulations.

(2) Regulations made under this Law are subject to affirmative resolution by the Legislative Assembly.

Publication in consolidated and revised form authorised by the Governor in Cabinet this 12th day of July, 2005.

Carmena Watler
Clerk of Cabinet

(Price $ 4.00)