

**20:06:39:04.01. Certificates required upon loss of coverage (effective January 1, 2014).** A health insurance issuer must automatically provide a certificate of creditable coverage to any individual losing coverage. At any time within 24 months after coverage ceases, a health insurance issuer must also provide additional certificates pursuant to requests by or on behalf of an individual. Each certificate must be provided in a reasonable and prompt fashion. A separate fee may not be charged for the provision of a certificate, but the cost of this service may be factored into the policy premium.

After July 1, 1998, a health insurance issuer must provide certificates as required in this section for dependents as well as the individual to whom the coverage was issued. Before July 1, 1998, a health insurance issuer may satisfy the requirement for certificates identifying coverage for dependents by providing the name of the policyholder and specifying that family coverage is in force. Before July 1, 1998, if the health insurance issuer is requested to provide a certificate for a dependent, the health insurance issuer must make reasonable efforts to obtain and provide the name of the dependent.

If a health insurance issuer provides coverage in connection with another type of creditable coverage, the health insurance issuer must provide a certificate as required by this section. A health insurance issuer may, for an individual with at least 12 months of creditable coverage without a break in coverage exceeding 63 days, simply certify that the individual has 12 months of creditable coverage.

**Source:** 39 SDR 203, adopted June 10, 2013, effective January 1, 2014.

**General Authority:** SDCL 58-17-87(2).

**Law Implemented:** SDCL 58-11-1, 58-17-85, 58-17-87, 58-33-36.