

11 NCAC 04 .0117 is readopted as published in NCR 35:14 1558 with changes as follows:

11 NCAC 04 .0117 STATEMENT OF ACTION

(a) When an insurer denies a claim ~~[after receiving written notice thereof from the claimant sufficiently informative to enable the insurer to identify the specific coverage involved, the insurer's denial shall be in writing and shall cite specific policy provisions or legal basis relied upon in denying the claim.]~~ that included sufficient information for the insurer to identify the coverage involved, the denial shall be in writing and cite the policy provision or other legal basis used to deny the claim.

(b) When an insurer offers to settle a claim ~~[after receiving written notice thereof from the claimant sufficiently informative to enable the insurer to identify the specific coverage involved, the insurer's offer of compromise settlement,]~~ that included information for the insurer to identify the coverage involved, the offer, when requested by the consumer, shall ~~[confirm in]~~ be in writing ~~[the offer of compromise settlement and shall]~~ and cite the specific policy provision or legal basis ~~[relied upon]~~ used in support of the ~~[compromise,]~~ claim statement.

History Note: Authority G.S. 58-2-40; 58-3-100; ~~58-63-15;~~ 58-63-15(11); ~~[58-65-40;]~~ [58-67-65;] 58-67-150;
Eff. December 15, 1979;
Amended Eff. April 1, 1989; ~~December 15, 1979.~~ December 15, 1979.
Readopted Eff. November 1, 2021.

1 11 NCAC 04 .0118 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 11 NCAC 04 .0118 INSURANCE CARRIERS AS LENDERS

4 ~~[Any lender who offers an insurance product to a consumer either directly or indirectly through a subsidiary or affiliate~~
5 ~~in conjunction with an extension of credit shall inform the consumer of the protections afforded by G.S. 58-3-135.~~
6 ~~Nothing in this Regulation shall limit the right of the lender, for purposes of protecting the interest of the lender, to~~
7 ~~require insurance in connection with a loan. This Regulation shall not apply where the extension of credit arises out of~~
8 ~~a life insurance contract itself or where the extension of credit is subject to the provisions of Regulation Z (12 CFR~~
9 ~~226), or other federal statutes or regulations requiring comparable disclosures.]~~

10 (a) Any lender who offers an insurance product to a consumer either directly or indirectly through a subsidiary or
11 affiliate in conjunction with an extension of credit shall inform the consumer of the protections afforded by
12 G.S. 58-3-135.

13 (b) Nothing in this Rule shall limit the right of the lender to require insurance in connection with a loan.

14 (c) This Rule shall not apply where the extension of credit arises out of a life insurance contract itself or where the
15 extension of credit is subject to the provisions of Regulation Z, 12 CFR 226, or other federal statutes or
16 regulations requiring similar disclosures.

17
18
19 *History Note: Authority G.S. 58-2-40; 58-3-135; 58-3-150;*

20 *Eff. July 1, 1986;*

21 *Amended Eff. April 8, 2002; ~~April 1, 1989.~~ April 1, 1989;*

22 *Readopted Eff. November 1, 2021.*
23

1 Rule 11 NCAC 04 .0119 was published as a readoption in NCR 35:14 1558 but is now repealed as follows:

2
3 **11 NCAC 04 .0119 INSURER DEFINED**

4 For the purposes of this Chapter, "insurer" shall mean any entity governed by the provisions of Chapter 58.

5
6 *History Note: Authority G.S. 58-2-40; 58-65-1; 58-67-150;*

7 *Eff. April 1, 1989;*

8 *Amended Eff. ~~April 8, 2002~~ April 8, 2002;*

9 *Repealed Eff. November 1, 2021*

1 11 NCAC 04 .0123 is readopted with changes as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0123 USE OF SPECIFIC COMPANY NAME IN RESPONSES**

4 When an insurer makes a written response to an inquiry by the Division or complaint made by a consumer, [consumer or the
5 Department, the insurer shall identify on its [response its mailing address, official corporate name, and on its response to the
6 Department, the NAIC company code; or its mailing address, specific corporate name, and on its response to the Department,
7 the NAIC company code if the insurer is part of a group of companies.] response:

8 (1) its mailing address;

9 (2) official corporate name of the company against which the complaint is made;

10 (3) the NAIC company code; and

11 (4) specific corporate name if the insurer is part of a group of companies.

12
13
14
15 *History Note: Authority G.S. 58-2-40; 58-2-190; 58-3-50; 58-63-65;*
16 *Eff. April 1, 1995;*
17 *Amended Eff. February 1, 1996. February 1, 1996;*
18 *Readopted Eff. November 1, 2021.*
19
20

1 11 NCAC 04 .0124 is readopted with changes as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0124 INSURANCE COMPANY CONTACT PERSONS**

4 Every insurer shall provide the Department's Consumer Services Division with the name, title, address, and telephone
5 number, including a toll-free number, of a designated person to whom any person may send a complaint or inquiry.
6 Every insurer shall also provide the Division with the company president's name, address, and telephone number for
7 the Division's use. Forms will be provided by the Division, which shall be completed and returned to the Division by
8 every insurer. Every insurer shall complete, have signed by a corporate officer, and file with the Division a new form
9 within 15 business days after any change in the information on the form.]

10 (a) Every insurer shall provide the Division with company contact information using a form provided by the
11 Division, which shall include the name, title, address, and telephone number, including a toll-free number, of a
12 designated person to whom any person may send a complaint or inquiry, and the company president's name,
13 address, and telephone number for the Division's use.

14 (b) The form shall be completed, signed by a corporate officer, and returned to the Division by every insurer.

15 (c) A new form must be filed with the Division within 15 business days after any change in the information on
16 the form.

17
18
19 *History Note: Authority G.S. 58-2-40; 58-2-190; 58-63-65;*
20 *Eff. April 1, 1995;*
21 *Amended Eff. . ~~February 1, 1996.~~ February 1, 1996;*
22 *Readopted Eff. November, 2021.*
23
24

1 11 NCAC 04 .0312 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 **11 NCAC 04 .0312 INFORMATION USED IN CLAIM SETTLEMENTS**

4 (a) Any information, [information (including) including medical [information)] information, used in whole or in part as the
5 basis of settling a life, accident, health, accident health or disability claim shall be [furnished] provided to the [Department]
6 Division as [necessary] requested in connection with a [specific complaints and inquiries,] complaint or injury. The delivery
7 method may include a secure electronic portal provided by the Division. [As used in this Section, "furnished" shall include
8 either mailing claim settlement information to the Department or exhibiting such information to the appropriate division
9 personnel at a time and place set by the Division personnel.]

10 (b) To the extent permitted by law, the Department shall treat medical information as confidential.

11
12 *History Note:* Authority G.S. 58-2-40; [58-2-100; 58-2-130;] 58-2-190; 58-2-195; 58-2-200; 58-63-20; [58-65-40;] 58-
13 65-105; 58-67-65; 58-67-150;
14 Eff. December 15, 1979;
15 Amended Eff. April 1, 1989. April 1, 1989.
16 Readopted Eff. November 1, 2021.
17

1 11 NCAC 04 .0313 is readopted with changes as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0313 PROVISIONS OF CONTRACTS**

4 ~~[In order to prevent unfair discrimination among insureds, the]~~ The following phrases and ~~[provisions]~~ provisions,
5 ~~[commonly]~~ found in life, accident, ~~[health]~~ health, and disability contracts, if not ~~[expressly]~~ defined in ~~[such]~~ the
6 contracts, shall be construed by the Department in the following manner:

- 7 (1) Regular Care and Attendance of a Physician. As used in life, ~~[accident and health]~~ accident, health,
8 and disability policies, "regular care and attendance of a physician" shall not be construed to require
9 insureds to see or be under the care of a physician on a regular basis if it can be shown that the insured
10 has reached his or her maximum point of recovery yet is still disabled under the terms of the insurance
11 contract. This requirement shall ~~not [not, however,]~~ restrict the right of the ~~[-insurer]~~ insurer, at its
12 own expense, to ~~[periodically]~~ examine or cause to have examined the insured according to the terms
13 of the contract of insurance.
- 14 (2) Premature Baby. A premature baby shall not be considered a well baby. The protection afforded
15 newborn infants under G.S. 58-51-30 shall be provided to premature babies.
- 16 (3) Medical Necessity. "Medical necessity" shall be construed as including treatment ~~[which]~~ that
17 restores not only the insured's physical but also his or her mental well-being. As used in this
18 ~~[Section,]~~ Item, "restoration of mental well-being" does not require coverage of psychiatric disorders
19 when ~~[such]~~ those disorders are excluded under the express terms of the contract.
- 20 (4) Sound Health. The question, "Are you in sound health?" shall be considered ambiguous, and therefore
21 answers to that question on an insurance application shall not be used as the basis for rescission of a
22 policy or denial of a claim.

23
24 *History Note:* Authority G.S. 58-2-40; 58-3-150; 58-51-1; 58-63-15; 58-63-65; 58-65-1; 58-65-40; ~~58-65-95;~~ 58-
25 67-65; 58-67-150;
26 Eff. December 15, 1979;
27 Amended Eff. July 1, 2012; April 8, 2002; ~~April 1, 1989;~~ April 1, 1989;
28 Readopted Eff. November 1, 2021.
29

1 Rule 11 NCAC 04 .0320 was published as a readoption in NCR 35:14 1558 but is now repealed as follows:

2
3 **11 NCAC 04 .0320 STUDENT LOANS**

4 ~~Whenever a life insurer offers an insurance product that has associated with it the possibility of that company making a~~
5 ~~federal guaranteed student loan through the Federal Higher Education Act in connection with the solicitation or sale of the~~
6 ~~life insurance product, said agent of company and applicant shall execute a form to be approved by the Department. Said~~
7 ~~form shall set out the rights of the applicant under G.S. 58-3-135, and, among other things, also shall state that the purchase~~
8 ~~of life insurance is not necessary to obtain a federal guaranteed student loan and that information on alternative sources of~~
9 ~~such loans can be had by contacting student finance officers at institutions of higher learning. Once this form is executed,~~
10 ~~one copy of the same shall be left with the applicant and the insurance carrier, issuing the insurance product, shall keep a~~
11 ~~copy of the form in its records for a period of at least three years.~~

12
13 *History Note: Authority G.S. 58-2-40; 58-3-135; 58-3-150;*

14 *Eff. July 1, 1986;*

15 *Amended Eff. April 8, 2002; April 1, 1989; April 1, 1989;*

16 *Repealed Eff. November 1, 2021.*
17

1 11 NCAC 04 .0416 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 **11 NCAC 04 .0416 BILLING PROCEDURES FOR AUTOMOBILE INSURANCE**

4 (a) With respect to new business, an insurer shall take no more than 90 days from the effective date of the policy to
5 make any investigation other than review of the initial application and to bill the insured for proper rate classification or
6 sub-classification.

7 (b) With respect to renewal business, an insurer shall not bill for any additional premium after the renewal quotation is
8 made [(for) for any condition [which] that existed at the time of renewal and [which] is on the driver's motor vehicle
9 record]-record.

10 (c) With respect to renewal business, if the insured does not provide updated and complete rating information
11 necessary to underwrite the policy or makes an effort to withhold rating information, the insurer shall take no more than
12 90 days from the effective date of the renewal to make inquiry of the insured, to make any other investigation
13 investigation, and to bill the insured for proper rate classification and sub-classification.

14 (d) When an insurer obtains information from sources other than the Department of Motor Vehicles for use in
15 underwriting an automobile policy and the insured alleges that [such] the information is incorrect, the insurer shall
16 verify the accuracy of such information.

17 (e) Unearned premium refunds shall be determined from the later of either the date the consumer gives direct notice to
18 a company or an agent of the company of [such] the cancellation or the effective date of cancellation requested by the
19 insured. In the case of physical damage insurance where there is a loss payee, the effective date of cancellation for the
20 purposes of determining unearned premium refund shall be [ten] 10 days from the date cancellation notice was given
21 [directly] to a company or a company's agent. [However, if the consumer can show proof that within the ten day period
22 in this Rule where cancellation involves a loss payee, that the consumer had obtained replacement physical damage
23 coverage which included the loss payee, then determination of the cancellation date for purposes of determining
24 unearned premium refund shall be had, from the last date of any lapse in coverage for the loss payee during the ten day
25 time set out in this Rule, or, in the case of no lapse, shall be determined as if no loss payee was involved.]

26 (f) If the consumer can show proof that within the 10 day period in this Rule where cancellation involves a loss payee,
27 and the consumer had obtained replacement physical damage coverage that included the loss payee, then the
28 cancellation date for purposes of determining unearned premium refund shall be the last date of any lapse in coverage
29 for the loss payee during the 10 day time set out in this Rule. In the case of no lapse, shall be determined as if no loss
30 payee was involved.

31
32 *History Note:* Authority G.S. [~~58-9; 58-248.34;~~ 58-2-40; 58-63-65;

33 *Eff. December 15, 1979;*

34 *Amended Eff. April 1, 1989; [July 1, 1986; July 1, 1986;*

35 *Readopted Eff. November 1, 2021.*

1 11 NCAC 04 .0420 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 11 NCAC 04 .0420 WRITTEN CONFIRMATION OF ORAL AGREEMENTS

4 (a) [If] Once an [insurer, by telephone or otherwise,] insurer accepts liability or advises a claimant to have damaged
5 property repaired with the understanding that the insurer will pay or reimburse the claimant, the insurer shall, if
6 requested by the claimant, [promptly] confirm the understanding in writing. Such writing shall clearly state the
7 responsibility assumed by the insurer for payment of incurred costs.

8 (b) If so requested by the claimant, the insurer or its representative shall confirm in writing all other oral agreements
9 between itself or its representative and the claimant.

10
11 *History Note:* Authority G.S. 58-2-40; 58-3-100; 58-63-15;

12 Eff. ~~December 15, 1979.~~ December 15, 1979;

13 Readopted Eff. November 1, 2021.
14
15
16

1 **11 NCAC 04 .0422** is proposed for readoption as follows:

2
3 **11 NCAC 04 .0422 CANCELLATION OF INSURANCE**

4 The Commissioner shall consider an unfair trade practice the cancellation by an insurer of any personal lines insurance
5 policy for which the premium has been paid because there is another policy in force for which the premium has not
6 been paid.

7
8 *History Note: Authority G.S. 58-2-40; 58-63-40;*

9 *Eff. December 15, 1979;*

10 *Amended Eff. ~~February 1, 1996.~~ February 1, 1996;*

11 *Readopted Eff. October 1, 2021.*

1 11 NCAC 04 .0423 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 11 NCAC 04 .0423 ETHICAL STANDARDS

4 (a) Every agent, limited representative, broker, adjuster, appraiser, or other insurer's representative shall, when
5 conducting insurance business with a member of the public:

- 6 (1) identify himself or herself and his or her occupation; and
7 (2) provide his or her National Producer Number and the Department's website address and phone number
8 for verification of licensure status when requested to show proof of licensure by any claimant, any
9 repairer while he or she is investigating a claim or loss, any Department representative, or any other
10 person with whom he or she has contact while performing his or her insurance business.

11 (b) No claims management person, agent, agency employee, limited representative, broker, adjuster, appraiser, or other
12 insurer's representative shall:

- 13 (1) accept any gratuity or other form of remuneration from any provider of services for recommending
14 that provider to claimants;
15 (2) purchase salvage from a claimant;
16 (3) intimidate or discourage any claimant from seeking legal advice [and] or counsel by withdrawing and
17 reducing a settlement offer previously tendered to the claimant or threatening to do so if the claimant
18 seeks legal advice or counsel. No adjuster shall advise a claimant of the advisability of seeking legal
19 counsel nor recommend any legal counsel to any claimant; or
20 (4) cause [any undue] a delay in the settlement of a property damage claim on account of the claimant's
21 choice of a motor vehicle repair service.

22 (c) No claims management person, agent, agency employee, limited representative, broker, or other insurer's
23 representative shall recommend the utilization of a particular motor vehicle repair service without informing the claimant
24 that he or she is under no obligation to use the recommended repair service and that he or she may use the service of his
25 or her choice.

26
27 *History Note:* Authority G.S. 58-2-40; ~~[58-33-10;]~~ ~~[58-33-30;]~~ ~~58-33-130;~~ 58-35-25; 58-63-65; 58-65-40;
28 *Eff. December 15, 1979;*
29 *Amended Eff. October 1, 2010; April 1, 1993; April 1, 1989; ~~July 1, 1986; July 1, 1986;~~*
30 *Readopted Eff. November 1, 2021.*
31
32

1 11 NCAC 04 .0426 is readopted as published in NCR 35:14 1558 with changes as follows:

2
3 11 NCAC 04 .0426 LIKE KIND AND QUALITY

4 No insurer shall require the use of an after market aftermarket part in the repair of a motor vehicle unless the after
5 market aftermarket part is at least equal to the original part in terms of fit, quality, performance, performance and
6 warranty. Insurers specifying the use of after market aftermarket parts shall include in the estimate the costs of any
7 modifications made necessary by the use of after market aftermarket parts.

8
9 *History Note:* Authority G.S. 58-2-40;

10 Eff. April 1, 1989. April 1, 1989.

11 Readopted Eff. November 1, 2021.

1 11 NCAC 04 .0431 is readopted as published in NCR 35:14 1559 with changes as follows:

2
3 11 NCAC 04 .0431 DEFINITION OF CLAIMANT

4 As used in this Section, unless the context [clearly] indicates otherwise, "claimant" means a first party claimant or a
5 third party claimant.

6
7 *History Note: Authority G.S. 58-2-40(1); [58-3-100(5)]; 58-63-15;*

8 ~~*Eff. April 1, 1993. Eff. April 1, 1993;*~~

9 *Readopted Eff. October 1, 2021.*



**STATE OF NORTH CAROLINA
OFFICE OF ADMINISTRATIVE HEARINGS**

September 16, 2021

Loretta Peace-Bunch
Department of Insurance
Sent via email only to: loretta.peace-bunch@ncdoi.gov

Re: Objection to Rule 11 NCAC 04 .0416
Extension of the Period of Review for Rules 11 NCAC 04 .0115, .0117, .0118, .0119, .0120, .0123, .0124, .0312, .0313, .0314, .0315, .0316, .0317, .0318, .0319, .0320, .0415, .0420, .0422, .0423, .0426, .0427, .0429, .0431, .0432, .0433, .0501, .0502, .0503, .0504, .0505, .0506, .0507, .0508, and .0509.

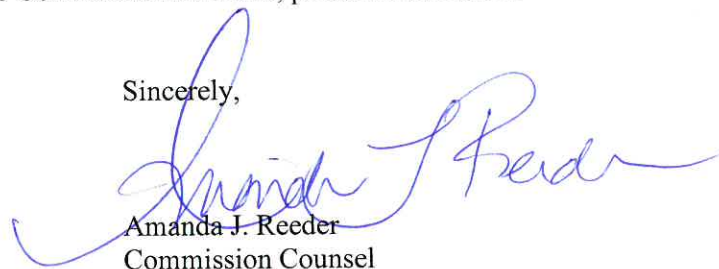
Dear Ms. Peace-Bunch:

At its meeting this morning, the Rules Review Commission objected to Rule 11 NCAC 04 .0416 for lack of statutory authority. Specifically, the Commission found that the agency failed to cite to any existing law as underlying authority for the Rule. Please respond to this objection in accordance with the provisions of G.S. 150B-21.12.

In addition, the Rules Review Commission extended the period of review for the above-captioned rules in accordance with G.S. 150B-21.10. They did so in response to a request from the agency to extend the period in order to allow the agency to address the requested technical changes and submit the rewritten rules at a later meeting. Pursuant to G.S. 150B-21.13, when the Commission extends the period of review, it is required to approve or object to rules or call a public hearing on the same within 70 days.

If you have any questions regarding the Commission's actions, please let me know.

Sincerely,



Amanda J. Reeder
Commission Counsel

cc: John Hoomani, Department of Insurance

Donald R. van der Vaart, Director
Chief Administrative Law Judge

Fred G. Morrison, Jr.
Senior Administrative Law Judge

Linda T. Worth
Deputy Director

An Equal Employment Opportunity Employer

1711 New Hope Church Road, Raleigh, NC 27609
Telephone: (984) 236-1850 | Facsimile: (984) 236-1871
www.oah.nc.gov

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0117

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

The language in this Rule should be simplified to be clearer and use less legal jargon. Why not state, "When an insurer denies a claim that included sufficient information for the insurer to identify the coverage involved, the denial shall be in writing and cite the policy provision or other legal basis used to deny the claim." And then make a similar change in (b).

In the History Note, why are you citing to G.S. 58-63-15? Is it for (11)?

Also, why are you citing to G.S. 58-65-40 and 58-67-65?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0117** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0117 STATEMENT OF ACTION**

4 (a) When an insurer denies a claim after receiving written notice thereof from the claimant sufficiently informative to
5 enable the insurer to identify the specific coverage involved, the insurer's denial shall be in writing and shall cite
6 specific policy provisions or legal basis relied upon in denying the claim.

7 (b) When an insurer offers to settle a claim after receiving written notice thereof from the claimant sufficiently
8 informative to enable the insurer to identify the specific coverage involved, the insurer's offer of compromise
9 settlement, when requested by the consumer, shall confirm in writing the offer of compromise settlement and shall cite
10 the specific policy provision or legal basis relied upon in support of the compromise.

11
12 *History Note: Authority G.S. 58-2-40; 58-3-100; 58-63-15; 58-65-40; 58-67-65; 58-67-150;*

13 *Eff. December 15, 1979;*

14 *Amended Eff. April 1, 1989; ~~December 15, 1979.~~ December 15, 1979.*

15 *Readopted Eff. October 1, 2021.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0118

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

Consider making this a three-paragraph Rule, with Paragraph (a) being lines 4 and 5, Paragraph (b) being lines 6-7, and Paragraph (c) being the rest of the Rule.

On lines 6 and 7, replace "Regulation" with "Rule"

On line 6, why do you need "for the purposes of protecting the interest of the lender"?

On lines 8 and 9, state "the provisions of Regulation Z, 12 CFR 226, or ..."

On line 9, what are "comparable" disclosures? Does your regulated public know?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0118** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0118 INSURANCE CARRIERS AS LENDERS**

4 Any lender who offers an insurance product to a consumer either directly or indirectly through a subsidiary or affiliate
5 in conjunction with an extension of credit shall inform the consumer of the protections afforded by G.S. 58-3-135.
6 Nothing in this Regulation shall limit the right of the lender, for purposes of protecting the interest of the lender, to
7 require insurance in connection with a loan. This Regulation shall not apply where the extension of credit arises out of
8 a life insurance contract itself or where the extension of credit is subject to the provisions of Regulation Z (12 CFR
9 226), or other federal statutes or regulations requiring comparable disclosures.

10
11 *History Note: Authority G.S. 58-2-40; 58-3-135; 58-3-150;*

12 *Eff. July 1, 1986;*

13 *Amended Eff. April 8, 2002; ~~April 1, 1989.~~ April 1, 1989;*

14 *Readopted Eff. October 1, 2021.*

11 NCAC 04 .0119 is readopted as published in NCR 35:14 1558 as follows:

11 NCAC 04 .0119 INSURER DEFINED

For the purposes of this Chapter, "insurer" shall mean any entity governed by the provisions of Chapter 58.

History Note: Authority G.S. 58-2-40; 58-65-1; 58-67-150;

Eff. April 1, 1989;

Amended Eff. ~~April 8, 2002.~~ April 8, 2002;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0123

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

The Rule name is not within the purview of the RRC; however, given that within the Rule text you refer to both "specific" and "official" names, consider removing "specific" from the name and simply calling it, "Use of Company Name in Response" If you do this, you will need to submit a new Submission for Permanent Rule form updating the name in Box 2.

On lines 4, 5, and 6, you refer to communication with the Department, but prior to this, you've referred to the Division. Is this change intentional?

I suggest reformatting this Rule to state:

... identify on its response either:

- (1) its mailing address...company code; or*
- (2) its mailing address... companies.*

On lines 5 and 6, what is the difference between "official" and "specific" corporate name? Given the language in G.S. 58-3-50, wouldn't simply "corporate name" suffice?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

11 NCAC 04 .0123 is readopted as published in NCR 35:14 1558 as follows:

11 NCAC 04 .0123 USE OF SPECIFIC COMPANY NAME IN RESPONSES

When an insurer makes a written response to an inquiry or complaint made by a consumer or the Department, the insurer shall identify on its response its mailing address, official corporate name, and on its response to the Department, the NAIC company code; or its mailing address, specific corporate name, and on its response to the Department, the NAIC company code if the insurer is part of a group of companies.

History Note: Authority G.S. 58-2-40; 58-2-190; 58-3-50; 58-63-65;

Eff. April 1, 1995;

Amended Eff. ~~February 1, 1996.~~ February 1, 1996;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0124

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On lines 4, 6, and 7, fix the punctuation for the word by removing the “=” and inserting apostrophes.

On line 7, what are the contents of these forms? G.S. 150B-2(8a)(d) requires that the contents of forms be in rule or law. I suspect that the contents of the form are what are on lines 4-7. If so, state “This information shall be submitted on forms provided by the Division,”

And so that I’m clear – these forms are not available online?

On lines 8-9, I suggest simplifying this language, “Every insurer shall file with the Division a new completed form signed by a corporate officer within 15 business days ...”

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0124** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0124 INSURANCE COMPANY CONTACT PERSONS**

4 Every insurer shall provide the Department=s Consumer Services Division with the name, title, address, and telephone
5 number, including a toll-free number, of a designated person to whom any person may send a complaint or inquiry.
6 Every insurer shall also provide the Division with the company president=s name, address, and telephone number for
7 the Division=s use. Forms will be provided by the Division, which shall be completed and returned to the Division by
8 every insurer. Every insurer shall complete, have signed by a corporate officer, and file with the Division a new form
9 within 15 business days after any change in the information on the form.

10
11 *History Note: Authority G.S. 58-2-40; 58-2-190; 58-63-65;*
12 *Eff. April 1, 1995;*
13 *Amended Eff. . ~~February 1, 1996.~~ February 1, 1996;*
14 *Readopted Eff. October 1, 2021.*
15
16

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0312

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), line 4, do not use parenthesis here. Instead, state "Any information, including medical information, used..."

On line 4, what is "accident health"? Do you mean "accident, health, or disability..."

On line 5, who will determine what is "necessary" here?

On line 5, what do you mean by "specific"?

On line 6, when you say "Section" that means all of Section .0300. I think you mean "Rule" instead.

On line 6, I take it you are using "exhibiting" to mirror statutory language?

On line 7, replace "such" with "the"

On line 7, who are these "appropriate" personnel? And why is "division" lowercase in the first usage on the line, but capitalized the second use?

In the History Note, why are you citing to G.S. 58-2-100 and 58-65-40?

Also in the History Note, G.S. 58-2-130 was repealed in 1991. Strike it.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0312** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0312 INFORMATION USED IN CLAIM SETTLEMENTS**

4 (a) Any information (including medical information) used in whole or in part as the basis of settling a life, accident health or
5 disability claim shall be furnished to the Department as necessary in connection with specific complaints and inquiries. As
6 used in this Section, "furnished" shall include either mailing claim settlement information to the Department or exhibiting
7 such information to the appropriate division personnel at a time and place set by the Division personnel.

8 (b) To the extent permitted by law, the Department shall treat medical information as confidential.
9

10 *History Note: Authority G.S. 58-2-40; 58-2-100; 58-2-130; 58-2-190; 58-2-195; 58-2-200; 58-63-20; 58-65-40; 58-65-*
11 *105; 58-67-65; 58-67-150;*

12 *Eff. December 15, 1979;*

13 *Amended Eff. ~~April 1, 1989.~~ April 1, 1989;*

14 *Readopted Eff. October 1, 2021.*
15

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0313

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On line 4, why do you need the language, "In order to prevent unfair discrimination among insureds,"? What does this add to the Rule?

On line 4, what is "commonly"? Do you need it?

On line 5, insert a comma after "health"

Also on line 5, what do you mean by "expressly"? Does your regulated public know?

In (1), line 7, shouldn't this mirror line 5 and state "life, accident, health, and disability..."?

On line 9, what is a "regular" basis? Or would that be the phrase used by the insurer in the contract?

On line 9, shown by whom? The insured?

On line 10, state "his or her"

On line 11, I suggest deleting "however" and inserting a comma after "insurer" so it reads: "This requirement shall not restrict the right of the insurer, at its own expense, to..."

On line 11, what is "periodically"?

In (3), line 15, replace "which" with "that"

On line 16, state "his or her"

On line 16, I believe you mean "Item" rather than "Section"

On line 17, I suggest replacing "such" with "those" or "the"

In the History Note, line 23, why are you citing to G.S. 58-65-95?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0313** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0313 PROVISIONS OF CONTRACTS**

4 In order to prevent unfair discrimination among insureds, the following phrases and provisions commonly found in life,
5 accident, health and disability contracts, if not expressly defined in such contracts, shall be construed by the Department
6 in the following manner:

- 7 (1) Regular Care and Attendance of a Physician. As used in life, accident and health and disability
8 policies, "regular care and attendance of a physician" shall not be construed to require insureds to see
9 or be under the care of a physician on a regular basis if it can be shown that the insured has reached
10 his maximum point of recovery yet is still disabled under the terms of the insurance contract. This
11 requirement shall not, however, restrict the right of the insurer at its own expense, to periodically
12 examine or cause to have examined the insured according to the terms of the contract of insurance.
- 13 (2) Premature Baby. A premature baby shall not be considered a well baby. The protection afforded
14 newborn infants under G.S. 58-51-30 shall be provided to premature babies.
- 15 (3) Medical Necessity. "Medical necessity" shall be construed as including treatment which restores not
16 only the insured's physical but also his mental well-being. As used in this Section, "restoration of
17 mental well-being" does not require coverage of psychiatric disorders when such disorders are
18 excluded under the express terms of the contract.
- 19 (4) Sound Health. The question, "Are you in sound health?" shall be considered ambiguous, and therefore
20 answers to that question on an insurance application shall not be used as the basis for rescission of a
21 policy or denial of a claim.

22
23 *History Note:* Authority G.S. 58-2-40; 58-3-150; 58-51-1; 58-63-15; 58-63-65; 58-65-1; 58-65-40; 58-65-95; 58-
24 67-65; 58-67-150;
25 Eff. December 15, 1979;
26 Amended Eff. July 1, 2012; April 8, 2002; ~~April 1, 1989.~~ April 1, 1989;
27 Readopted Eff. October 1, 2021.
28

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0320

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

What is this Rule saying? It appears to govern sales of life insurance that will guarantee the issuance of a student loan. Does this happen now?

I think the language in this Rule can be simplified to establish what is being regulated here.

On line 5, please insert a citation to the federal law.

On line 6, I take it the insurer will create the form and the Department will approve it pursuant to G.S. 58-3-150?

On line 7, what do you mean by "among other things"?

On line 10, delete "of the same"

Also on line 10, insert a comma after "applicant" and delete the comma after "carrier" and "product"

On line 11, I am only asking – do you need "at least" here? I ask because Rules set the minimum standards, so using "at least" or "a minimum of" seems unnecessary.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0320** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0320 STUDENT LOANS**

4 Whenever a life insurer offers an insurance product that has associated with it the possibility of that company making a
5 federal guaranteed student loan through the Federal Higher Education Act in connection with the solicitation or sale of the
6 life insurance product, said agent of company and applicant shall execute a form to be approved by the Department. Said
7 form shall set out the rights of the applicant under G.S. 58-3-135, and, among other things, also shall state that the purchase
8 of life insurance is not necessary to obtain a federal guaranteed student loan and that information on alternative sources of
9 such loans can be had by contacting student finance officers at institutions of higher learning. Once this form is executed,
10 one copy of the same shall be left with the applicant and the insurance carrier, issuing the insurance product, shall keep a
11 copy of the form in its records for a period of at least three years.

12
13 *History Note: Authority G.S. 58-2-40; 58-3-135; 58-3-150;*

14 *Eff. July 1, 1986;*

15 *Amended Eff. April 8, 2002; ~~April 1, 1989;~~ April 1, 1989;*

16 *Readopted Eff. October 1, 2021.*
17

RRC STAFF OPINION

PLEASE NOTE: THIS COMMUNICATION IS EITHER 1) ONLY THE RECOMMENDATION OF AN RRC STAFF ATTORNEY AS TO ACTION THAT THE ATTORNEY BELIEVES THE COMMISSION SHOULD TAKE ON THE CITED RULE AT ITS NEXT MEETING, OR 2) AN OPINION OF THAT ATTORNEY AS TO SOME MATTER CONCERNING THAT RULE. THE AGENCY AND MEMBERS OF THE PUBLIC ARE INVITED TO SUBMIT THEIR OWN COMMENTS AND RECOMMENDATIONS (ACCORDING TO RRC RULES) TO THE COMMISSION.

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0416

RECOMMENDED ACTION:

- Approve, but note staff's comment
- X Object, based on:
 - X Lack of statutory authority
 - Unclear or ambiguous
 - Unnecessary
 - Failure to comply with the APA
- Extend the period of review

COMMENT:

This Rule governs the billing procedures by insurers for automobile insurance. The two laws cited in the History Note, G.S. 58-9 and 58-248.34, do not exist. Staff notes that the Rule was last amended by the agency in 1989, so it is possible the citations were recodified in the past 30 years. However, staff cannot discern whether those laws ever existed or what they would be codified as in the current General Statutes.

As the agency has not presented any authority to promulgate this Rule, staff recommends objection for lack of statutory authority.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0416

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), what do you mean by "With respect to new business"? What is "new" here?

On line 5, define "proper"

On lines 5 and 6 and elsewhere the terms are used, what are "classification" and "sub-classification"?

In (b), what is "renewal" business?

Please remove the parenthesis from the language on line 8.

Also on line 8, replace the first "which" with "that" and delete the second "which"

In (c), line 9, what is "complete" and who determines what is "necessary"?

On line 11, insert a comma after "investigation"

In (d), line 14, replace "such" with "the"

In (e), line 17, replace "such" with "the"

On lines 19 and 20, replace "ten" with "10"

On line 20, what is "directly" here?

The sentence on lines 20-24 is very long and repetitive. Please remove some of the excess verbiage and perhaps break this into two sentences.

Do not switch the dates in the History Note on line 28. The most recent date of amendment will be listed first, followed by the earlier amendment.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 11 NCAC 04 .0416 is readopted as published in NCR 35:14 1558 as follows:

2
3 11 NCAC 04 .0416 BILLING PROCEDURES FOR AUTOMOBILE INSURANCE

4 (a) With respect to new business, an insurer shall take no more than 90 days from the effective date of the policy to
5 make any investigation other than review of the initial application and to bill the insured for proper classification or
6 sub-classification.

7 (b) With respect to renewal business, an insurer shall not bill for any additional premium after the renewal quotation is
8 made (for any condition which existed at the time of renewal and which is on the driver's motor vehicle record).

9 (c) With respect to renewal business, if the insured does not provide complete rating information necessary to
10 underwrite the policy or makes an effort to withhold rating information, the insurer shall take no more than 90 days
11 from the effective date of the renewal to make inquiry of the insured, to make any other investigation and to bill the
12 insured for proper classification and sub-classification.

13 (d) When an insurer obtains information from sources other than the Department of Motor Vehicles for use in
14 underwriting an automobile policy and the insured alleges that such information is incorrect, the insurer shall verify the
15 accuracy of such information.

16 (e) Unearned premium refunds shall be determined from the later of either the date the consumer gives direct notice to
17 a company or an agent of the company of such cancellation or the effective date of cancellation requested by the
18 insured. In the case of physical damage insurance where there is a loss payee, the effective date of cancellation for the
19 purposes of determining unearned premium refund shall be ten days from the date cancellation notice was given
20 directly to a company or a company's agent. However, if the consumer can show proof that within the ten day period in
21 this Rule where cancellation involves a loss payee, that the consumer had obtained replacement physical damage
22 coverage which included the loss payee, then determination of the cancellation date for purposes of determining
23 unearned premium refund shall be had, from the last date of any lapse in coverage for the loss payee during the ten day
24 time set out in this Rule, or; in the case of no lapse, shall be determined as if no loss payee was involved.

25
26 *History Note: Authority G.S. 58-9; 58-248.34;*

27 *Eff. December 15, 1979;*

28 *Amended Eff. ~~April 1, 1989; July 1, 1986.~~ July 1, 1986; April 1, 1989;*

29 *Readopted Eff. October 1, 2021.*
30
31

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0420

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), line 4, what do you mean by "or otherwise"?

On line 6, define "promptly"

On line 6, define "clearly"

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

11 NCAC 04 .0420 is readopted as published in NCR 35:14 1558 as follows:

11 NCAC 04 .0420 WRITTEN CONFIRMATION OF ORAL AGREEMENTS

(a) If an insurer, by telephone or otherwise, accepts liability or advises a claimant to have damaged property repaired with the understanding that the insurer will pay or reimburse the claimant, the insurer shall, if requested by the claimant, promptly confirm the understanding in writing. Such writing shall clearly state the responsibility assumed by the insurer for payment of incurred costs.

(b) If so requested by the claimant, the insurer or its representative shall confirm in writing all other oral agreements between itself or its representative and the claimant.

History Note: Authority G.S. 58-2-40; 58-3-100; 58-63-15;

Eff. ~~December 15, 1979.~~ December 15, 1979;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0422

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On line 4, what is "personal lines insurance"?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

11 NCAC 04 .0422 is proposed for readoption as follows:

11 NCAC 04 .0422 CANCELLATION OF INSURANCE

The Commissioner shall consider an unfair trade practice the cancellation by an insurer of any personal lines insurance policy for which the premium has been paid because there is another policy in force for which the premium has not been paid.

History Note: Authority G.S. 58-2-40; 58-63-40;

Eff. December 15, 1979;

Amended Eff. ~~February 1, 1996.~~ February 1, 1996;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0423

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b)(3), line 16, do you mean "or" instead of "and"?

In (b)(4), line 20, what is "undue" delay?

In (c), line 24, state "he or she" and "his or her"

In the History Note, why are you citing to G.S. 58-33-10 and 33-30?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 **11 NCAC 04 .0423** is readopted as published in NCR 35:14 1558 as follows:

2
3 **11 NCAC 04 .0423 ETHICAL STANDARDS**

4 (a) Every agent, limited representative, broker, adjuster, appraiser, or other insurer's representative shall, when
5 conducting insurance business with a member of the public:

- 6 (1) identify himself or herself and his or her occupation; and
7 (2) provide his or her National Producer Number and the Department's website address and phone number
8 for verification of licensure status when requested to show proof of licensure by any claimant, any
9 repairer while he or she is investigating a claim or loss, any Department representative, or any other
10 person with whom he or she has contact while performing his or her insurance business.

11 (b) No claims management person, agent, agency employee, limited representative, broker, adjuster, appraiser, or other
12 insurer's representative shall:

- 13 (1) accept any gratuity or other form of remuneration from any provider of services for recommending
14 that provider to claimants;
15 (2) purchase salvage from a claimant;
16 (3) intimidate or discourage any claimant from seeking legal advice and counsel by withdrawing and
17 reducing a settlement offer previously tendered to the claimant or threatening to do so if the claimant
18 seeks legal advice or counsel. No adjuster shall advise a claimant of the advisability of seeking legal
19 counsel nor recommend any legal counsel to any claimant; or
20 (4) cause any undue delay in the settlement of a property damage claim on account of the claimant's
21 choice of a motor vehicle repair service.

22 (c) No claims management person, agent, agency employee, limited representative, broker, or other insurer's
23 representative shall recommend the utilization of a particular motor vehicle repair service without informing the claimant
24 that he is under no obligation to use the recommended repair service and that he may use the service of his choice.

25
26 *History Note:* *Authority G.S. 58-2-40; 58-33-10; 58-33-30; 58-35-25; 58-63-65; 58-65-40;*

27 *Eff. December 15, 1979;*

28 *Amended Eff. October 1, 2010; April 1, 1993; April 1, 1989; ~~July 1, 1986. July 1, 1986;~~*

29 *Readopted Eff. October 1, 2021.*
30
31

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0426

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

I believe that "aftermarket" is one word.

On line 5, who will determine this equality?

On line 5, insert a comma after "performance"

In the History Note, what section of G.S. 58-2-40 are you relying upon for the rulemaking authority? Is it (1)?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

11 NCAC 04 .0426 is readopted as published in NCR 35:14 1558 as follows:

11 NCAC 04 .0426

No insurer shall require the use of an after market part in the repair of a motor vehicle unless the after market part is at least equal to the original part in terms of fit, quality, performance and warranty. Insurers specifying the use of after market parts shall include in the estimate the costs of any modifications made necessary by the use of after market parts.

History Note: Authority G.S. 58-2-40;

Eff. ~~April 1, 1989.~~ April 1, 1989;

Readopted Eff. October 1, 2021.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Department of Insurance

RULE CITATION: 11 NCAC 04 .0431

DEADLINE FOR RECEIPT: Friday, September 10, 2021

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On line 4, I just want to confirm – you do mean all of Section .0400, correct?

On line 4, what is “clearly” here?

In the History Note, line 7, there is no G.S. 58-3-100(5). What portion of G.S. 58-3-100 did you intend to cite to?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

11 NCAC 04 .0431 is readopted as published in NCR 35:14 1559 as follows:

11 NCAC 04 .0431 DEFINITION OF CLAIMANT

As used in this Section, unless the context clearly indicates otherwise, "claimant" means a first party claimant or a third party claimant.

History Note: Authority G.S. 58-2-40(1); 58-3-100(5); 58-63-15;

~~Eff. April 1, 1993. Eff. April 1, 1993;~~

Readopted Eff. October 1, 2021.