

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instruction reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-002260003	REGULATORY ACTION NUMBER 2013-0503-035	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

<p>2013 MAY -3 PM 2:56.</p> <p>OFFICE OF ADMINISTRATIVE LAW</p>	<p>2013 MAY 20 PM 2:05</p> <p><i>Gene Woo</i> DEPUTY COMMISSIONER OFFICE OF ADMINISTRATIVE LAW</p>
NOTICE	REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY California Department of Insurance	AGENCY FILE NUMBER (if any) REG-2013-0001
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2013 10-2	PUBLICATION DATE 3/8/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Health and Disability Fraud Assessment	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)				
<table border="1"> <tr> <td rowspan="3">SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</td> <td>ADOPT</td> </tr> <tr> <td>AMEND 2698.95(a)</td> </tr> <tr> <td>REPEAL</td> </tr> </table>	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT	AMEND 2698.95(a)	REPEAL
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT		
		AMEND 2698.95(a)		
	REPEAL			
TITLE(S) 10				

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
 Effective on filing with Secretary of State
 §100 Changes Without Regulatory Effect
 Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

Department of Finance (Form STD. 399) (SAM §6660)
 Fair Political Practices Commission
 State Fire Marshal
 Other (Specify) _____

7. CONTACT PERSON Gene Woo, Senior Staff Counsel	TELEPHONE NUMBER (415) 538-4496	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) woog@insurance.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Geoffrey Margolis</i>	DATE May 3, 2013
TYPED NAME AND TITLE OF SIGNATORY Geoffrey Margolis, Deputy Commissioner and Special Counsel to the Commissioner	

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ENDORSED APPROVED

MAY 20 2013

Office of Administrative Law

Title 10 CCR § 2698.95. Annual Fee.

(a) Each admitted disability insurer, as provided for by Insurance Code section 1872.85, shall pay an annual fee of ~~ten cents (\$.10)~~ twenty cents (\$.20) for each insured person that is covered by an individual or group disability insurance policy issued in this state during each calendar year or any part thereof. Such assessment shall also be paid by any other entity, doing business in this state, which is liable for any loss due to health insurance fraud.

(b) For purposes of group disability insurance policies, an insured person shall be deemed to include any person that is issued an individual certificate of coverage.

(c) Insurers shall report to the Commissioner by December 31 of each calendar year on the number of insured persons that are covered by an individual or group disability policy.

(d) The annual fee shall be payable upon presentation of an invoice by the Commissioner. Payment of the annual fee shall be considered delinquent if not paid by the insurer within forty-five (45) days of the invoice date and any amount not paid within this period shall be charged a late fee in accordance with Insurance Code section 12995.

Note: Authority cited: Section 1872.85, Insurance Code; and CalFarm Insurance Company, et al. v. Deukmejian, et al. (1989) 48 Cal.3d 805, 824. Reference: Sections 1872.85 and 12995, Insurance Code.