



BERMUDA

HEALTH INSURANCE (LICENSING OF INSURERS) REGULATIONS 1971

SR&O 4 / 1971

[made under sections 28 and 40 of the Health Insurance Act 1970 and brought into operation on 6 February 1971]

[NB Formerly the Hospital Insurance (Licensing of Insurers) Regulations 1971. Title amended, and references to "hospital insurance", "Hospital Insurance Fund" and "Commission" substituted by "health insurance", "Health Insurance Fund" and "Council" by 2004:22 s.19 & Sch para 2 effective 1 January 2006; references to "standard hospital benefit" substituted by "standard health benefit" by 2015 : 26 s. 10 effective 29 June 2015. These amendments are not individually noted.]

Interpretation

1 In these Regulations "the Act" means the Health Insurance Act 1970.

Duration of licence

2 A licence to undertake insurance business granted by the Council under section 28 of the Act shall be valid from the date on which the licence is first granted until the 31st day of December of the next ensuing year, and thereafter, subject to the Act and on payment of the prescribed fee, shall be renewable for further periods of one year.

[Regulation 2 amended by 2012 : 14 s. 12 effective 1 August 2012]

Refusal of licence

3 Without prejudice to the generality of section 28 of the Act, the Council may refuse to grant or renew a licence unless he is satisfied that contracts of health insurance offered by the applicant—

- (a) provide not less than full standard health benefit; and

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(b) apply in respect of hospital treatment outside Bermuda.

[Regulation 3 amended by 2004:22 effective 1 January 2006; amended by 2012 : 14 s. 12 effective 1 August 2012]

Licence fee

4 Where the Council determines to grant or renew a licence the applicant shall, prior to the issue of such licence, pay to the Accountant General the sum of \$1000 in respect of the grant or renewal of such licence.

[Regulation 4 amended by BR 16/1991 effective 1 April 1991; by BR 13/1994 effective 1 April 1994; by BR 50/1998 effective 1 July 1998; amended by 2012 : 14 s. 12 effective 1 August 2012]

Form of application

5 An application for grant or renewal of a licence shall be in the form set out in the Schedule to these Regulations.

[Regulation 5 amended by 2012 : 14 s. 12 effective 1 August 2012]

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SCHEDULE

FORM OF APPLICATION FOR A LICENCE TO UNDERTAKE INSURANCE BUSINESS

Name of applicant:

Location of principal place of business:

Place of business in Bermuda:

The applicant is—

- (a) a local company incorporated in Bermuda*
- (b) an exempted company incorporated in Bermuda*
- (c) a corporation incorporated outside Bermuda*
- (d) other than as above*

If (c) or (d) applies give details—

Does the applicant underwrite insurance risks as a principal:

*Delete as applicable

Signed by or on behalf of applicant.

Date

Notes:

1. If the application is for the first grant of a licence, this form must be submitted to the Council together with—

- (a) a copy of each type of contract of health insurance intended to be offered by the applicant to the public;
- (b) a copy of the latest financial statements relating to the business of the applicant;
- (c) confirmation that the applicant has met the registration requirements of the Bermuda Monetary Authority under the Insurance Act 1978;
- (d) such other information as the Council may reasonably require to determine the suitability of the applicant to undertake insurance business.

2. If the application is for the renewal of a licence, this form must be submitted to the Council together with—

- (a) a copy of the audited statutory return submitted most recently by the applicant to the Bermuda Monetary Authority;

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- (b) a completed Bermuda Health Council Annual Health Insurance Return for the period 1 April in any given year to 31 March in the following year, setting out such statistical data as the Council may require, including (but not limited to)—
 - (i) the number of persons insured;
 - (ii) the value and number of claims paid; and
 - (iii) the total value of premiums collected;
- (c) a statement from the applicant's auditors verifying—
 - (i) the number of individual policyholders eligible for standard health benefit under the applicant's health plans; and
 - (ii) the related premium amounts paid to the Mutual Reinsurance Fund by the applicant during the most recent fiscal year ending 31 March;
- (d) the total number of persons insured for benefits supplemental to standard health benefit as at 31 March in any given year;
- (e) a copy of each form of health insurance offered for sale in respect of—
 - (i) standard health benefit;
 - (ii) group health policy;
 - (iii) individual health policy;
- (f) a copy of the most recently published audited financial report of the parent or majority owner of the applicant;
- (g) any other relevant information required by the Council for the purposes of health system analysis, planning and management.

3. Where the applicant operates in Bermuda through an agent the information required relates to the business of the principal.

[Schedule amended by 2002:26 s.3(1) effective 1 August 2005; by 2004:22 effective 1 January 2006; by 2009:49 s.15(9) effective 15 December 2009; Schedule Notes substituted by 2012 : 14 s. 12 effective 1 August 2012]

[Amended by:

1981 : 37
BR 15 / 1979
BR 17 / 1986
BR 16 / 1991
BR 13 / 1994
BR 50 / 1998
2002 : 26

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2004 : 22
2009 : 49
2012 : 14
2015 : 26]