S T A T E O F N E W Y O R K

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I N S E N A T E

May 7, 2010

Introduced by Sen. BRESLIN -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to the definition of an independent worker and requirements for an eligible insurer's application

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Paragraph 3 of subsection (b) of section 1123 of the insurance law, as added by section 447 of the laws of 2009, is amended to read as follows:

(3) "Independent worker" means an individual who: (A) is an independent contractor; (B) is self-employed; (C) works part-time; (D) obtains temporary work through an employment agency; [or] (E) performs temporary work for two or more employers simultaneously; (F) IS A DOMESTIC CHILD CARE WORKER; OR (G) WORKS FULL-TIME FOR A SINGLE EMPLOYER ON A TEMPORARY BASIS FOR A PERIOD NOT TO EXCEED EIGHTEEN MONTHS IF SUCH EMPLOYER DOES NOT OFFER GROUP HEALTH INSURANCE COVERAGE TO EMPLOYEES EMPLOYED ON SUCH A TEMPORARY BASIS. An individual is not an independent worker if he or she is employed full-time by a single employer, with the exception of an individual who [obtains full-time temporary work through an employment agency] MEETS THE REQUIREMENTS OF CLAUSE (D), (F) OR (G) OF THIS PARAGRAPH.

S 2. Paragraph 3 of subsection (c) of section 1123 of the insurance law, as added by section 447 of the laws of 2009, is amended to read as follows:

(3) Any eligible insurer seeking the superintendent's approval under paragraph two of this subsection shall submit a written request to the superintendent within thirty days of the effective date of this section. The eligible insurer's application shall: specify the identity and composition of the eligible association, the eligible association's membership rules AND ANY MEMBERSHIP FEES CHARGED BY THE ELIGIBLE ASSOCIATION, and the terms under which the eligible insurer shall provide group health insurance to the eligible association; demonstrate that the eligible insurer and the eligible association meet the requirements set

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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forth in this section; and identify the group health insurance policy forms that the eligible insurer will issue to the eligible association. AN ELIGIBLE ASSOCIATION MAY CHARGE INDIVIDUALS REASONABLE APPLICATION AND/OR RENEWAL FEES FOR DETERMINING THE INDIVIDUAL'S INITIAL AND ONGOING ELIGIBILITY FOR GROUP HEALTH INSURANCE OBTAINED BY THE ELIGIBLE ASSOCIATION UNDER THIS SECTION. The superintendent shall make a determination on any request within ninety days of receipt of all necessary information. The superintendent shall issue an approval to only one eligible insurer.

S 3. This act shall take effect immediately; provided, however, that the amendments to section 1123 of the insurance law made by sections one and two of this act shall not affect the repeal of such section and shall be deemed repealed therewith.