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Bulletin 12-01

Date: January 11, 2012

To: All Insurers, Non-Profit Health Service Plans, and Dental Plan Organizations Authorized to Issue Insurance Contracts that Provide Health Insurance, Life Insurance, Property Insurance, or Casualty Insurance in Maryland; Health Maintenance Organizations Licensed to Operate in Maryland; The Maryland Automobile Insurance Fund; The Joint Insurance Association; The Injured Workers Insurance Fund; The Maryland Health Insurance Plan; and Premium Finance Companies

Re: Contact Information in the Event of a Disaster or Catastrophic Event

Pursuant to §2-115 of the Maryland Insurance Article and COMAR 31.01.02.04, all insurers, non-profit health service plans, and dental plan organizations authorized to issue insurance contracts that provide health insurance, life insurance, property insurance, or casualty insurance in Maryland; health maintenance organizations licensed to operate in Maryland; the Maryland Automobile Insurance Fund; the Joint Insurance Association; the Injured Workers Insurance Fund; the Maryland Health Insurance Plan; and premium finance companies shall provide the information requested below to the Maryland Insurance Administration by close of business April 16, 2012. This information should be sent to the attention of Joy Hatchette, Associate Commissioner by mail at Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202; by fax to (410) 468-2430 or by email to jhatchette@mdinsurance.state.md.us and may be submitted by using the attached form. The same person may be listed for more than one contact. Either the primary or back-up contact must be available to answer questions during evenings or weekends. The company is responsible for immediately notifying the Maryland Insurance Administration of any changes to any of the contact information. These changes should be sent to Joy Hatchette.

- Company Name
 - NAIC Number (if applicable)
- 1a) Contact Name – (This person should be able to answer general questions about your company and its ability to respond in the event of a disaster).
 - work address
 - phone number
 - fax number
 - cell number
 - email address
- 1b) Back-up Contact Name
 - work address
 - phone number
 - fax number
 - cell number
 - email address

- 2) Does your company have a plan in place to assist your policyholders in the event of a disaster that occurs in Maryland (i.e. hurricane, tornado, flood, pandemic flu)?
 - Who is the primary contact for this plan? – (This person must be able to respond in the event of a specific emergency or catastrophe and handle claims-related questions).
 - work address
 - phone number
 - fax number
 - cell number
 - email address

- 3) Does your company have a continuity of operations plan that will allow you to continue to provide service to your customers?
 - Who is the primary contact for this plan? – (This person needs to be able to handle continuity of operations questions in the event of some disruption at your workplace, be it a disaster or other event).
 - work address
 - phone number
 - fax number
 - cell number
 - email address
 - Do you have offices located in Maryland?
 - If yes, where are they located and what does this office do (i.e. claims processing, customer service center, etc.)?

- 4) Does your company have a pandemic flu plan? – (This person needs to be able to handle continuity of operations questions in the event of some disruption at your workplace, in the event of a pandemic flu).
 - Who is the primary contact?
 - work address
 - phone number
 - fax number
 - cell number
 - email address
 - Do you have offices located in Maryland?
 - If yes, where are they located and what does this office do (i.e. claims processing, customer service center, etc.)?

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Therese M. Goldsmith
Commissioner

By: Signature on Original
Joy Hatchette, Associate Commissioner
Consumer Education & Advocacy