Part III. Administrative, Procedural, and Miscellaneous

Delegation Order No. 172 (Rev. 5)

Delegation of Authority

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Delegation of authority.

SUMMARY: The authority of the Commissioner of Internal Revenue to waive all or part of the excise tax imposed under section 4971(f) of the Internal Revenue Code (Code) with respect to liquidity shortfalls within the meaning of section 412(m)(5)(E) of the Code is delegated to the Director, Employee Plans Division, and may be redelegated to branch chiefs within the division. The text of the delegation order appears below.


Delegation Order No. 172 (Rev. 5)


Waiver of Excise Taxes Imposed Under Section 4971 of the Internal Revenue Code.

Authority: To waive all or part of the 100% excise tax imposed under section 4971(b) of the Internal Revenue Code in accordance with subsection (b) of section 3002 of the Employee Retirement Income Security Act of 1974 (ERISA).

Delegated to: Director, Employee Plans Division.

Redelegation: This authority may be redelegated to branch chiefs within the division for waivers that are not deemed substantial. For purposes of this order, a substantial waiver is a waiver of the additional tax liability resulting from a computation based on an accumulated funding deficiency in excess of one million dollars.

Authority: To waive all or part of the excise tax imposed by section 4971(f) of the Internal Revenue Code with respect to liquidity shortfalls within the meaning of section 412(m)(5)(E).

Delegated to: Director, Employee Plans Division.

Redelegation: This authority may be redelegated to branch chiefs within the division.


To the extent that the authority previously exercised consistent with this order may require ratification, it is hereby affirmed and ratified.

This order supersedes Delegation Order No. 172 (Rev. 4), which was effective 12–31–96.

Approved April 15, 1997.

James E. Donelson, Acting Chief Compliance Officer.

(Submitted by the Office of the Federal Register on May 29, 1997, 8:45 a.m., and published in the issue of the Federal Register for May 29, 1997, 62 FR. 29187)

Treatment of Hong Kong and China Notice 97–40

This Notice sets forth the Service’s position on the treatment of the Hong Kong Special Administrative Region of the People’s Republic of China (Hong Kong) and The People’s Republic of China (China) on and after July 1, 1997, for purposes of the application of certain bilateral agreements and the Internal Revenue Code and Income Tax Regulations, including subpart F of the Code. Under the 1984 Sino-British Joint Declaration, China and the United Kingdom agreed that China will resume the exercise of sovereignty over Hong Kong on July 1, 1997.

I. U.S.-China Tax Convention

The Agreement Between the Government of the United States of America and the Government of the People’s Republic of China for the Avoidance of Double Taxation and the Prevention of Tax Evasion with Respect to Taxes on Income, T.I.A.S. No. 12065, 1988–1 C.B. 414 (the “Convention”), provides that its geographical scope is limited to the areas in which the laws relating to Chinese tax (as defined in Article 2(1) of the Convention) are in force. This limitation precludes application of the Convention to Hong Kong because the relevant law governing Hong Kong as of July 1, 1997, provides that the laws relating to Chinese tax will not apply in Hong Kong on or after July 1, 1997.


II. Reciprocal Shipping Exemption

On and after July 1, 1997, the Agreement between the Government of the United States of America and the Government of Hong Kong for the Reciprocal Exemption with Respect to Taxes on Income from the International Operation of Ships, effected by an exchange of notes, T.I.A.S. No. 11892, 1995–1 C.B. 228 (the “Shipping Agreement”), will continue to apply in accordance with its terms. The Shipping Agreement will not apply with respect to China.

III. Internal Revenue Code

Hong Kong has historically been treated as a separate country for purposes of the Internal Revenue Code and Income Tax Regulations, including subpart F of the Code. Consistent with the treatment of Hong Kong and China as separate countries under the Convention and the Shipping Agreement on and after July 1, 1997, the Service will continue to treat Hong Kong and China as separate countries on and after July 1, 1997, for purposes of the Code and regulations, including subpart F. See United States-Hong Kong Policy Act of 1992, § 201, 22 U.S.C. § 5721 (1996) (providing that notwithstanding any change in the exercise of sovereignty over Hong Kong, the laws of the United States will continue to apply with respect to Hong Kong on and after July 1, 1997, in the same manner as before that date unless otherwise expressly provided by law or Executive Order).

The principal author of this notice is Valerie Mark of the Office of the Associate Chief Counsel (International). For further information regarding this notice, contact Ms. Mark at (202) 622–3840 (not a toll-free call).

Interim Rules for Health Insurance Portability for Group Health Plans; Correction

Notice 97–41

AGENCIES: Internal Revenue Service, Department of the Treasury; Pension and Welfare Benefits Administration, Department of Labor; Health Care Financing Administration, Department of Health and Human Services.
ACTION: Correction to interim rules.
SUMMARY: This document contains corrections to interim rules which were published in the Federal Register on Tuesday, April 8, 1997 (62 FR 16894 [T.D. 8716, 1997–19 I.R.B. 5]). The interim rules govern the access, portability and renewability requirements for group health plans and issuers of health insurance coverage offered in connection with a group health plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
EFFECTIVE DATE: June 1, 1997.
FOR FURTHER INFORMATION CONTACT: Julie Walton, Health Care Financing Administration, at 410-786-1565; Amy J. Scheingold, Office of Regulations and Interpretations, Pension and Welfare Benefits Administration, Department of Labor, at 202-219-4377; or Russ Weinheimer, Internal Revenue Service, at 202-622-4695. These are not toll-free numbers.
SUPPLEMENTARY INFORMATION:

Background

The interim rules that are subject to these corrections are issued under sections 102(c)(4), 101(g)(4), and 401(c)(4) of HIPAA.

Need for Correction

As published, the interim rules contain errors which may prove to be misleading and are in need of clarification.

Correction of Publication

Accordingly, the publication of the interim rules which are the subject of FR Doc. 97-8275 is corrected as follows:

1. On page 16895, column 3, in the preamble under the paragraph heading “C. Overview of Coordination of Group Market Regulation Among Departments”, line 3 from the top of the column, the language “Part A of Title XXVII of the PHS Act, a” is corrected to read “Title XXVII of the PHS Act, a”.

2. On page 16896, column 1, in the preamble under the paragraph heading “D. Special Information Concerning State Insurance Law”, line 2 from the bottom of the column, the language “sections 144 through 148 in the PHS Act” is corrected to read “parts 144 through 148 in the PHS Act”.

3. On page 16896, column 2, in the preamble under the paragraph heading “D. Special Information Concerning State Insurance Law”, lines 3 through 7, the language “(See section 146) and the individual market (see section 148). The group market is further divided into the large group market and the small group market. Section 146 of the PHS Act” is corrected to read “(see part 146) and the individual market (see part 148). The group market is further divided into the large group market and the small group market. Part 146 of the PHS Act”.

4. On page 16896, column 2, in the preamble, the paragraph heading “Definitions—26 CFR 54.9801-2, 29 CFR 2590.701-2, 45 CFR 144.103”, is corrected to read “Definitions—26 CFR 54.9801-2T, 29 CFR 2590.701-2, 45 CFR 144.103”.


6. On page 16896, column 3, in footnote 4, in the last line, the reference to “26 CFR 54.9801-3” is corrected to read “26 CFR 54.9801-3T”.


8. On page 16898, column 1, in the preamble, the paragraph heading “Certificates and Disclosure of Previous Coverage—26 CFR 54.9801-5, 29 CFR 2590.701-5, 45 CFR 146.115” is corrected to read “Certificates and Disclosure of Previous Coverage—26 CFR 54.9801-5T, 29 CFR 2590.701-5, 45 CFR 146.115”.

9. On page 16899, column 2, in the preamble under the paragraph heading “Certificates and Disclosure of Previous Coverage—26 CFR 54.9801-5T, 29 CFR 2590.701-5, 45 CFR 146.115”, the first full paragraph, line 2, the language “Paragraph (a)(5) describes the rights of” is corrected to read “Paragraph (a)(2) describes the rights of”.

10. On page 16900, column 3, in the preamble under the paragraph heading “Certificates and Disclosure of Previous Coverage—26 CFR 54.9801-5T, 29 CFR 2590.701-5, 45 CFR 146.115”, lines 6 and 7 from the top of the column, the language “category of benefits described in paragraph (b). The requested entity may” is corrected to read “of the specified categories of benefits. The requested entity may”.

11. On page 16900, column 3, in the preamble under the heading of the model form “Information on Categories of Benefits”, in the unnumbered paragraph of the model form, lines 1 through 7 are corrected as follows:

‘For each category above, (i) enter ‘N/A’ if the individual had no coverage within the category, (ii) enter both the date that the individual’s coverage within the category began and the date that the individual’s coverage within the category ended (or indicate if continuing), or (iii) enter ‘same’ ‘.”

12. On page 16901, column 2, in the preamble under the heading of the model certificate “Certificate of Group Health Plan Coverage”, number 8, line 2, the language “line 5 has at least 18 months of creditable” is corrected to read “line 5 has (have) at least 18 months of creditable”.

13. On page 16901, column 2, in the preamble under the heading of the model certificate “Certificate of Group Health Plan Coverage”, in the paragraph entitled “Note!”, last line, the language “the participant and each beneficiary.” is corrected to read “the participant and each dependent.”.

14. On page 16901, column 2, in the preamble, the paragraph heading “Special Enrollment Periods—26 CFR 54.9801-6, 29 CFR 2590.701-6, 45 CFR 146.117” is corrected to read “Special Enrollment Periods—26 CFR 54.9801-6T, 29 CFR 2590.701-6, 45 CFR 146.117”.

15. On page 16902, column 2, in the preamble, the paragraph heading “Non-discrimination in Eligibility and Premiums in the Group Market—26 CFR 54.9802-1, 29 CFR 2590.702, 45 CFR 146.121” is corrected to read “Non-discrimination in Eligibility and Premiums in the Group Market—26 CFR 54.9802-1T, 29 CFR 2590.702, 45 CFR 146.121”.

16. On page 16903, column 2, in the preamble, the paragraph heading “Special Rules—Excepted Plans and Excepted Benefits—26 CFR 54.9804-1, 29 CFR 2590.732, 45 CFR 146.145” is corrected to read “Special Rules—Excepted Plans and Excepted Ben-


18. On page 16907, column 1, in the preamble, under the paragraph heading “G. Interim Rules and Request for Comments”, line 3, the language “NMHPA), Section 2707 of the PHS Act,” is corrected to read “NMHPA, Section 2792 of the PHS Act.”

19. On page 16909, column 2, in the preamble, the fourth full paragraph, line 9, the language “help level the playing field for small” is corrected to read “help level the playing field for small businesses”.

20. On page 16913, column 2, in the preamble, the second full paragraph, line 10, the language “explore innovative options and intend” is corrected to read “explore innovative options and intend to provide for a total of 2,800 hours. The cost associated with this hour burden is estimated to be $30,800.”

21. On page 16921, column 2, in the preamble, line 2 from the top of the column, the language “for certification (29 CFR 2590.710(e) and) is corrected to read “for certification (29 CFR 2590.736(e) and)”.22. On page 16923, column 1, in the preamble, the paragraph heading “Estimated Total Burden Cost” is removed.

23. On page 16924, column 2, in the preamble, the paragraph heading “45 CFR 146.120 Certificates and Disclosure of Previous Coverage” is corrected to read “45 CFR 146.115 Certificates and Disclosure of Previous Coverage”.

24. On page 16925, column 1, in the preamble, the paragraph heading “45 CFR 146.122 Special Enrollment Periods” is corrected to read “45 CFR 146.117 Special Enrollment Periods”.

25. On page 16925, column 2, in the preamble, lines 1 through 4 from the bottom of the column, the language “annually per issuer, for a total burden of 2,800 hours. The cost associated with this hour burden is estimated to be $30,800 annually.” is corrected to read “per issuer, for a total burden of 2,800 hours. The cost associated with this hour burden is estimated to be $30,800.”

26. On page 16927, column 1, in the preamble, the paragraph heading is corrected to read as follows:

“45 CFR 146.180 Treatment of Non-Federal Governmental Plans”.

26a. On page 16927, column 1, in the preamble, under the paragraph heading “45 CFR 146.180 Treatment of Non-Federal Governmental Plans”, first paragraph, line 1, the language “Section 145.180(b) includes rules” is corrected to read “Section 146.180 includes rules”.

27. On page 16927, column 2, in the preamble, under the paragraph heading “Statutory Authorities”, the third paragraph, last line, the language “the authority contained in Section.” is corrected to read “the authority contained in 26 U.S.C. 7805, 9806; Sec. 401, Pub. L. 104-191, 101 Stat. 1936.”.

28. On page 16927, column 3, § 54.9801-1T, paragraph (c), line 6, the language “sections 701, 702, 703, 705, and 706 of” is corrected to read “sections 701, 702, 703, 732, and 733 of”.

29. On page 16928, column 1, § 54.9801-2T, paragraph (3) of the definition for “COBRA”, line 2, the language “means sections 601-608 of the ERISA,” is corrected to read “means sections 601-608 of ERISA.”.

30. On page 16930, column 1, § 54.9801-3T, paragraph (a)(1)(iii), line 2 from the top of the column, the language “coverage” as such term is used in” is corrected to read “coverage” as such phrase is used in”.

31. On page 16930, column 3, § 54.9801-3T, paragraph (b)(1)(ii), paragraph (ii) of the Example., line 5 from the bottom of the paragraph, the language “two months for any preexisting condition of” is corrected to read “to 65 days for any preexisting condition of”.

32. On page 16931, column 3, § 54.9801-4T, paragraph (b)(2)(iv), paragraph (i) of Example 6., line 5, the language “ceases. C is then unemployed and does not have any creditable coverage for 51 days” is corrected to read “ceases. C is then unemployed and does not have any creditable coverage for 51 days”.

33. On page 16932, column 1, § 54.9801-4T, paragraph (b)(2)(iv), paragraph (ii) of Example 7., line 3, the language “coverage under the policy ultimately became” is corrected to read “and coverage under the policy ultimately became”.

34. On page 16932, column 1, § 54.9801-4T, paragraph (b)(2)(v)(B), paragraph (ii) of the Example., line 9, the language “month anniversary of her enrollment (May)” is corrected to read “month anniversary of F’s enrollment (May)”.

35. On page 16933, column 1, § 54.9801-5T, paragraph (a)(1)(ii), lines 3 and 4 from the top of the column, the language “accordance with this paragraph (a) of this section. (See PHSA section 2701(e)” is corrected to read “accordance with this paragraph (a). (See PHSA section 2701(e)”.

36. On page 16933, column 2, § 54.9801-5T, paragraph (a)(1)(iv)(B)(1), line 24, the language “request made under paragraph (b)(2) of” is corrected to read “request made under paragraph (b)(1) of”.

37. On page 16933, column 2, § 54.9801-5T, paragraph (a)(1)(iv)(B)(2), paragraph (i) of the Example., lines 7 through 9, the language “agreement with the plan to provide automatic certificates as permitted under paragraph (a)(2)(ii) of this section.” is corrected to read “agreement with the plan to provide certificates as permitted under paragraph (a)(1)(iii) of this section.”.

38. On page 16934, column 1, § 54.9801-5T, paragraph (a)(2)(iv), paragraph (i) of Example 4., line 8, the language “expiration of a 30-day grace period, S’s group” is corrected to read “expiration of a 30-day grace period, Employer S’s group”.

39. On page 16934, column 2, § 54.9801-5T, paragraph (a)(2)(iv), paragraph (i) of Example 5., line 2 from the top of the column, the language “prevented under paragraph (a)(2)(iii). Under” is corrected to read “permitted under paragraph (a)(2)(iii) of this section. Under”.

40. On page 16935, column 1, § 54.9801-5T, paragraph (a)(5)(i)(A), line 5, the language “relating to the
dependent coverage. In” is corrected to read “relating to dependent coverage. In”.

41. On page 16935, columns 1 and 2, § 54.9801-5T, paragraph (a)(5)(i)(B), paragraph (ii) of the Example., the last line of column 1 and first line of column 2, the language “the standard in this paragraph (a)(5)(i) of this section that it make reasonable efforts to” is corrected to read “the standard in this paragraph (a)(5)(i) that it make reasonable efforts to”.

42. On page 16935, column 3, § 54.9801-5T, paragraph (a)(6)(ii), line 2 from the bottom of the paragraph, the language “requirements of Subparts 1 and 3 of Part” is corrected to read “requirements of Subparts 1 through 3 of Part”.

43. On page 16936, column 2, § 54.9801-5T, paragraph (c)(2)(ii), line 3 from the top of the column, the language “explanations of benefit claims (EOB) or” is corrected to read “explanations of benefit claims (EOBs) or”.

44. On page 16937, column 1, § 54.9801-5T, paragraph (d)(3), paragraph (ii) of Example 3., last 4 lines of the paragraph, the language “is consistent with the urgency of H’s health condition (this determination may be modified as permitted under paragraph (d)(2) of this section).” is corrected to read “is consistent with the urgency of H’s health condition. (This determination may be modified as permitted under paragraph (d)(2) of this section).”.

§ 54.9806-1T [Corrected]

48. On page 16940, column 1, § 54.9806-1T, paragraph (a)(1), line 6, the language “through 54.9804-1T apply with respect” is corrected to read “through 54.9801-6T, 54.9802-1T, and 54.9804-1T apply with respect”.

49. On page 16940, column 1, § 54.9806-1T, paragraph (a)(2), line 12, the language “IT through 54.9804-1T do not apply to” is corrected to read “IT through 54.9801-6T, 54.9802-1T, and 54.9804-1T do not apply to”.

50. On page 16940, column 1, § 54.9806-1T, paragraph (a)(2), line 3 from the bottom of the paragraph, the language “requirement of such part, is not treated” is corrected to read “requirement of such Chapter, is not treated”.

51. On page 16940, column 3, § 54.9806-1T, paragraph (d), line 11, the language “and a health insurance issuer is not” is corrected to read “and a health insurance issuer are not”.

52. On page 16940, column 3, § 54.9806-1T, paragraph (e)(3)(i), line 4, the language “§ 54.9801-5T(a)(5)(ii), that occur on or” is corrected to read “§ 54.9801-5T(a)(2)(ii), that occur on or”.

53. On page 16940, column 3, § 54.9806-1T, paragraph (e)(3)(iv), last line, the language “§T(a)(5)(iii).” is corrected to read “§T(a)(2)(iii).”.

54. On page 16941, column 1, in the signature block, the language “Assistant Secretary of the Treasury” is corrected to read “Acting Assistant Secretary of the Treasury”.

29 CFR PART 2590 [CORRECTED]

§ 2590.701-2 [Corrected]

55. On pages 16941 and 16492, columns 1 and 3, respectively, § 2590.701-2, the definitions of “Enrollment date” and “Late enrollment” are corrected to read as follows:

* * * * *

Enrollment date definitions (enrollment date and first day of coverage) are set forth in § 2590.701-3(a)(2)(i) and (ii).

* * * * *

Late enrollment definitions (late enrollee and late enrollment) are set forth in § 2590.701-3(a)(2)(iii) and (iv).

* * * * *

§ 2590.701-3 [Corrected]

56. On page 16943, column 1, § 2590.701-3, paragraph (a)(1)(i)(C), paragraph (i) of Example 3., line 2 from the bottom of the paragraph, the language “plan. Two months later, B is hospitalized” is corrected to read “plan. Two months later, B is hospitalized for”.

57. On page 16943, column 2, § 2590.701-3, paragraph (a)(1)(iii), line 2 from the bottom of the paragraph, the language “term is used in section 701(a)(3) of the” is corrected to read “phrase is used in section 701(a)(3) of the”.

58. On page 16944, column 1, § 2590.701-3, paragraph (b)(1)(ii), paragraph (ii) of the Example., line 5 from the bottom of the paragraph, the language “to 2 months for any preexisting condition of” is corrected to read “to 65 days for any preexisting condition of”.

59. On page 16944, column 2, § 2590.701-3, paragraph (c), line 3, the language “plan, and health insurance issuer” is corrected to read “plan, and a health insurance issuer”.

§ 2590.701-4 [Corrected]

60. On page 16945, column 2, § 2590.701-4, paragraph (b)(2)(iv), paragraph (i) of Example 6, line 5, the language “ceases. C is then unemployed for 51 days” is corrected to read “ceases. C is then unemployed and does not have any creditable coverage for 51 days”.

§ 2590.701-5 [Corrected]

61. On page 16946, column 2, § 2590.701-5, paragraph (a)(1)(i), last line, the language “this paragraph (a) of this section.” is corrected to read “this paragraph (a).”.

62. On page 16946, column 3, § 2590.701-5, paragraph (a)(1)(iv)(B)(1), line 12 from the bottom of the column, the language “request made under paragraph (b)(2) of” is corrected to read “request made under paragraph (b)(1) of”.

63. On page 16947, column 1, § 2590.701-5, paragraph (a)(1)(iv)(B)(2), paragraph (i) of the Example., last 3 lines, the language “agreement with the plan to provide automatic certificates as permitted under paragraph (a)(2)(ii) of this section.” is corrected to read “agreement with the plan to provide certificates as permitted under paragraph (a)(1)(iii) of this section.”.
§ 2590.731 [Corrected]

71. On page 16953, column 3, § 2590.731, paragraph (d)(1), line 2, the language “purposes of this § 2590.736 the term” is corrected to read “purposes of this section the term”.

§ 2590.736 [Corrected]

72. On page 16955, column 1, § 2590.736, paragraph (d), line 11, the language “and a health insurance issuer is not” is corrected to read “and a health insurance issuer are not”.

73. On page 16955, column 1, § 2590.736, paragraph (e)(3)(ii), line 4, the language “§ 2590.701-5(a)(5)(ii), that occur on or” is corrected to read “§ 2590.701-5(a)(2)(ii), that occur on or”.

74. On page 16955, column 2, § 2590.736, paragraph (e)(3)(iv), last line, the language “§5(a)(5)(iii),” is corrected to read “§5(a)(2)(iii).”

45 CFR PART 144 [CORRECTED]

§ 144.103 [Corrected]

75. On page 16956, column 3, § 144.103, the definitions of “Creditable coverage” and “Enrollment date” are corrected to read as follows:

Creditable coverage has the meaning given the term under 45 CFR 146.113(a).

* * * * *

Enrollment date definitions (enrollment date and first day of coverage) are set forth in 45 CFR 146.111(a)(2)(i) and (a)(2)(ii).

* * * * *

76. On page 16956, column 3, § 144.103, paragraph (2) under the definition “Excepted benefits”, line 1, the language “(2) The individual market provisions” is corrected to read “(2) Individual market provisions”.

77. On page 16957, column 2, § 144.103, in the definition “medical care”, line 1, the language “Medical care or condition means” is corrected to read “Medical care means”.

78. On page 16957, column 2, § 144.103, in the definition “medical condition”, line 1, the language “Medical condition means any” is corrected to read “Medical condition or condition means any”.

79. On page 16957, column 3, § 144.103, in the definition “Non-Federal governmental plan”, line 3, the language “a Federal government plan,” is corrected to read “a Federal governmental plan.”

80. On page 16957, column 3, § 144.103, in the definition “PHS Act”, line 2, the language “Service Act,” is corrected to read “Service Act (42 U.S.C. 201, et seq.).”.

81. On page 16958, column 1, § 144.103, in the definition “Public health plan”, lines 1 and 2, the language “Public health plan means ‘public health plan’ within the meaning of 45” is corrected to read “Public health plan has the meaning given the term under 45”.

82. On page 16958, column 2, § 144.103, in the definition “State health benefits risk pool”, lines 1 through 3, the language “State health benefits risk pool means a ‘State health benefits risk pool’ within the meaning of 45 CFR” is corrected to read “State health benefits risk pool has the meaning given the term under 45 CFR”.

45 CFR PART 146 [CORRECTED]

§ 146.111 [Corrected]

83. On page 16959, column 2, § 146.111, paragraph (a)(1)(i)(C), paragraph (ii) of Example 3, line 4, the language “this of illness because the care is related to” is corrected to read “this illness because the care is related to”.

84. On page 16959, column 3, § 146.111, paragraph (a)(1)(iii), line 7 from the top of the column, the language “creditable coverage ‘as such term is’” is corrected to read “creditable coverage ‘as such phrase is’”.

85. On page 16960, column 2, § 146.111, paragraph (b)(1)(ii), paragraph (ii) of the Example, line 5 from the bottom of the paragraph, the language “to 2 months for any preexisting condition of” is corrected to read “to 65 days for any preexisting condition of”.

86. On page 16960, column 2, § 146.111, paragraph (c), line 3, the language “plan, and health insurance issuer” is corrected to read “plan, and a health insurance issuer”.

§ 146.113 [Corrected]

87. On page 16961, column 3, § 146.113, paragraph (b)(2)(iv), paragraph (i) of Example 6, line 5, the language “ceases. C is then unemployed for 51 days” is corrected to read “ceases. C is then unemployed and does not have any creditable coverage for 51 days”.

88. On page 16962, column 1, § 146.113, paragraph (c)(1), last line, the language “(b),” is corrected to read “(b) of this section.”

89. On page 16962, column 2, § 146.113, paragraph (c)(7)(ii), line 7,
the language “paragraph (b), up to a total of 365 days” is corrected to read “paragraph (b) of this section, up to a total of 365 days”.

90. On page 16962, column 3, § 146.113, paragraph (c)(7)(iii), paragraph (ii) of the Example, lines 4 and 5, the language “drug benefits because D had the equivalent of 90-days of creditable coverage relating to” is corrected to read “drug benefits because D had 90 days of creditable coverage relating to”.

§ 146.115 [Corrected]

91. On page 16962, column 3, § 146.115, paragraph (a)(1)(i), line 5, the language “required to certificates of creditable” is corrected to read “required to furnish certificates of creditable”.

92. On page 16962, column 3, § 146.115, paragraph (a)(1)(ii), line 2 from the bottom of the paragraph, the language “paragraph (a)(3) with respect to the” is corrected to read “paragraph (a)(3) of this section with respect to the”.

93. On page 16963, column 1, § 146.115, paragraph (a)(1)(iv)(B)(1), line 21, the language “paragraph (b)(2) of this section (relating)” is corrected to read “paragraph (b)(1) of this section (relating)”.

94. On page 16963, column 1, § 146.115, paragraph (a)(1)(iv)(B)(2), paragraph (i) of the Example, last 3 lines, the language “agreement with the plan to provide automatic certificates as permitted under paragraph (a)(2)(ii) of this section.” is corrected to read “agreement with the plan to provide certificates as permitted under paragraph (a)(1)(iii) of this section.”

95. On page 16963, column 2, § 146.115, paragraph (a)(2)(i), line 2 from the bottom of the paragraph, the language “described in paragraph (a)(2)(ii) and” is corrected to read “described in paragraph (a)(2)(ii)”.

96. On page 16963, column 2, § 146.115, paragraph (a)(2)(ii) introductory text, line 2, the language “paragraph (a)(2)(ii) of this section are” is corrected to read “paragraph (a)(2)(ii)”.

97. On page 16963, column 2, § 146.115, paragraph (a)(2)(ii)(A), line 4 from the bottom of the paragraph, the language “section 606 of the Act, section” is corrected to read “section 606 of ERISA, section”.

98. On page 16963, column 3, § 146.115, paragraph (a)(2)(iii), line 8 from the bottom of the paragraph, the language “acting in a reasonable or prompt fashion” is corrected to read “acting in a reasonable and prompt fashion.”.

99. On page 16964, column 1, § 146.115, paragraph (a)(2)(iv), paragraph (i) of the Example 4., line 8, the language “expiration of a 30-day grace period, S’s group” is corrected to read “expiration of a 30-day grace period, Employer S’s group”.

100. On page 16964, column 1, § 146.115, paragraph (a)(2)(iv), paragraph (i) of Example 5., line 4, the language “permitted under paragraph (a)(2)(iii). Under” is corrected to read “permitted under paragraph (a)(2)(iii) of this section. Under”.

101. On page 16964, column 1, § 146.115, paragraph (a)(3)(i)(B)(3), line 3, the language “to accept the information in paragraph (a)” is corrected to read “to accept the information in this paragraph”.

102. On page 16964, column 3, § 146.115, paragraph (a)(5)(i)(A), line 4, the language “needed for a certificate relating to the” is corrected to read “needed for a certificate relating to”.

103. On page 16965, column 1, § 146.115, paragraph (a)(5)(iii)(B), line 9, the language “requested to be provided. If a certificate does not” is corrected to read “requested to be provided. If a certificate does not”.

104. On page 16965, column 2, § 146.115, paragraph (a)(6)(ii), line 5, the language “events described in § 146.115(a)(5)(ii)” is corrected to read “events described in § 146.115(a)(5)(ii)”.

105. On page 16966, column 1, § 146.115, paragraph (c)(2)(ii), line 5, the language “explanations of benefit claims (EOB) or” is corrected to read “explanations of benefit claims (EOBs) or”.

106. On page 16966, column 2, § 146.115, paragraph (c)(2)(iv), paragraph (i) of the Example 1., line 1, the language “Example: (i) Employer X’s group health” is corrected to read “Example: (i) Individual F terminates employment with Employer W and, a month later, is hired by Employer X. Employer X’s group health”.

107. On page 16966, column 3, § 146.115, paragraph (d)(3), paragraph (i) of the Example 1., lines 1 through 3, the language “Example: (i) Individual F terminates employment with Employer W and, a month later, is hired by Employer X. Example 1: (i)” is corrected to read “Example 1: (i)”.

§ 146.117 [Corrected]

108. On page 16968, column 1, § 146.117, paragraph (b)(2), line 1, the language “enrolled, in the plan, the individual” is corrected to read “enrolled, for coverage under the terms of the plan, the individual”.

109. On page 16968, column 1, § 146.117, paragraph (b)(4) introductory text, line 2, the language “who is eligible, but not enrolled, in the” is corrected to read “who is eligible, but not enrolled, for coverage under the terms of the”.

110. On page 16968, column 1, § 146.117, paragraph (b)(6), line 4, the language “eligible, but not enrolled, in the plan,” is corrected to read “eligible, but not enrolled, for coverage under the terms of the plan,”.

§ 146.121 [Corrected]

111. On page 16969, column 1, § 146.121, paragraph (a)(1)(ii), last line, the language “defined in § 146.102” is corrected to read “defined in 45 CFR 144.103”.

112. On page 16969, column 1, § 146.121, paragraph (a)(1)(vi), last line, the language “§ 146.102,” is corrected to read “45 CFR 144.103.”

§ 146.125 [Corrected]

113. On page 16970, column 1, § 146.125, paragraph (c), line 2, the language “enforcement action is taken, under,” is corrected to read “enforcement action is to be taken”.

114. On page 16970, column 1, § 146.125, paragraph (d), line 4 from the bottom of the column, the language “health insurer is not subject to” is corrected to read “health insurer is not subject to”.

115. On page 16970, column 2, § 146.125, paragraph (e)(3)(i), line 3, the language “events described in § 146.115(a)(5)(ii),” is corrected to read “events described in § 146.115(a)(5)(ii),”.

116. On page 16970, column 2, § 146.125, paragraph (e)(3)(iv), last line, the language “§ 146.115(a)(5)(ii),” is corrected to read “§ 146.115(a)(5)(ii),”.

§ 146.150 [Corrected]

117. On page 16971, column 3, § 146.150, paragraph (a)(2), last 5 lines
in the paragraph, the language “eligible individual, which is inconsistent with the nondiscrimination provisions of § 146.121 on an eligible individual being a participant or beneficiary,” is corrected to read “eligible individual’s being a participant or beneficiary, which is inconsistent with the nondiscrimination provisions of § 146.121.”

118. On page 16972, column 2, § 146.150, paragraph (d)(5), line 3, the language “paragraph (d) of this section on a” is corrected to read “paragraph (d) on a”.

§ 146.180 [Corrected]

119. On page 16973, column 3, § 146.180, paragraph (a) introductory text, line 2, the language “election described in this paragraph (a)” is corrected to read “election described in this section”.

120. On page 16973, column 3, § 146.180, paragraph (a)(2), last 2 lines, the language “individuals (and dependents) losing other coverage (§ 146.117)” is corrected to read “individuals and dependents (§ 146.117)”.

121. On page 16974, column 1, § 146.180, paragraph (c)(4), line 1, the language “requirements described in paragraph (a)” is corrected to read “requirements described in paragraph (a) of this section”.

122. On page 16974, column 2, § 146.180, paragraph (i)(2), line 4, the language “of paragraphs (f) through (h), and has” is corrected to read “of paragraphs (f) through (h) of this section, and has”.

Cynthia E. Grigsby,
Chief, Regulations Unit,
Assistant Chief Counsel (Corporate),
Department of the Treasury.
Signed at Washington, DC, this 2nd day of June 1997.

Daniel Maguire,
Director, Health Care Task Force,
Pension and Welfare Benefits
Administration,
Department of Labor.
Dated: June 2, 1997.

Neil J. Stillman,
Deputy Assistant,
Secretary for Information
Resources Management
Department of Health
and Human Services.
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