WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 1988

ENROLLED

HOUSE BILL No. 4222

(By Mr. Speaker, Mr. Chambers, & Del. Brown
[By request of the Executive])

Passed........................................ March 4, 1988

In Effect...................................... From Passage
ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 4222

(By Mr. Speaker, Mr. Chambers, and Delegate Swann)

[By request of the Executive]

[Passed March 4, 1988; in effect from passage.]

AN ACT to amend and reenact article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to the “West Virginia Public Employees Insurance Act” and insurance program, and declaring the same to be for a public purpose; providing definitions; specifying termination of public employees insurance board on specified date and replacement thereof by public employees insurance agency, a new entity, and director thereof as primary administrator; providing for sunset of agency; creating public employees insurance advisory board to make recommendations for operation and administration to the director; appointments, qualifications and composition in respect of or applicable to director and advisory board; required civil service coverage of agency employees, but not of director and one secretary; authorization to establish plan or plans and program of insurance coverages; procedures required for operation and administration; insurance program conditions, including reasonable and customary expenses, cash incentive plans, “wellness” program and limiting spouse and dependent coverage to excess coverage in certain cases; powers for contract execution and enforcement;
prohibition in respect of fraud or misrepresentations and civil penalties therefor; extended insurance coverage after retirement; eligibility therefor including certain higher education employees, limitation for new employees and alternative benefits in respect thereof; payments of deductibles by employees required after specified date; authority of director to adjust amounts with certain limitations; employee percentage payment for x-rays and laboratory outpatient services after specified date; optional dental, optical, mental health, disability and prepaid retirement plan to be made available by director to employees, with employee to bear full premium cost thereof with separate funds established and required; preferred provider plan or system to be established in reduction of costs, with director authorized to renegotiate contracts in respect thereof; noncoverage of preexisting conditions of injury, sickness, pregnancy or other health condition within specified period prior to effective coverage, exceptions; data and budget employer line item requirement; employer withdrawal payments required; new employee contribution requirement on percentage basis with limitations on and after specified date; designation of funds and authorization to accept moneys; director authorized to impose employee premium subject to maximum amount by rulemaking without emergency rules; prohibition against direct or indirect benefitting from contracts by specified officials, members, or employees, with criminal penalties and exception for certain contracts; participation in insurance program not mandatory, with exceptions; members of Legislature eligible for coverage upon payment of full coverage costs; eligible employees specified; overcharge discovery awards to employees; requirements of employers in respect of notices to employees; general exemption from administrative procedures act; reserved fund for budget excess; required quarterly report to joint committee on government and finance; and severability section.

Be it enacted by the Legislature of West Virginia:

That article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended,
be amended and reenacted to read as follows:

CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-1. Short title; legislative intent.

The short title by which this article may be referred to is "West Virginia Public Employees Insurance Act" and it is the express intent of the Legislature to encourage and promote a uniform partnership relation between all employers and employees participating in the insurance plan or plans formulated under the provisions of this article and constituting the insurance program, and to hereby declare such insurance program to be for a public purpose.

§5-16-2. Definitions.

The following words and phrases as used in this article, unless a different meaning is clearly indicated by the context, shall have the following meanings:

(1) "Public employees insurance board" means the existing board created by this article, and on and after the first day of July, one thousand nine hundred eighty-eight, whenever the term "public employees insurance board" shall appear in this article, the same shall mean the director of the public employees insurance agency unless a different meaning is clearly indicated by the context.

(2) "Agency" means the public employees insurance agency created by this article, after specified date, in replacement of the board.

(3) "Employee" means any person, including elected officers, who works regularly full time in the service of the state of West Virginia and, for the purpose of this article only, the term "employee" shall also mean any person, including elected officers, who works regularly
full time in the service of a county board of education; a county, city or town in the state; any separate corporation or instrumentality established by one or more counties, cities or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns: any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities or towns; any agency or organization established by, or approved by the department of mental health for the provision of community health or mental retardation services, and which is supported in part by state, county or municipal funds; any person who works regularly full time in the service of the West Virginia board of regents; and any person who works regularly full time in the service of a combined city-county health department created pursuant to article two, chapter sixteen of the code. Any matters of doubt as to who is an employee within the meaning of this article shall be decided by the public employees insurance board.

(4) "Retired employee" shall mean an employee of the state who retired after the twenty-ninth day of April, one thousand nine hundred seventy-one, and an employee of the West Virginia board of regents and a county board of education who retires on or after the twenty-first day of April, one thousand nine hundred seventy-two, and all additional eligible employees who retire on or after the effective date of this article and meet the minimum eligibility requirements for their respective state retirement system: Provided, That for the purposes of this article such employees who are not covered by a state retirement system shall, in the case of education employees, meet the minimum eligibility requirements of the state teachers retirement system, and in all other cases, meet the minimum eligibility requirements of the public employees retirement system.

(5) "Employer" means the state of West Virginia, its boards, agencies, commissions, departments, institutions or spending units; a county board of education; a county,
city or town in the state; any separate corporation or
instrumentality established by one or more counties,
cities or towns, as permitted by law; any corporation or
instrumentality supported in most part by counties,
cities or towns; any public corporation charged by law
with the performance of a governmental function and
whose jurisdiction is coextensive with one or more
counties, cities or towns; any agency or organization
established by, or approved by the department of mental
health for the provision of community health or mental
retardation services, and which is supported in part by
state, county or municipal funds; and a combined city-
county health department created pursuant to article
two, chapter sixteen of the code. Any matters of doubt
as to who is an “employer” within the meaning of this
article shall be decided by the public employees
insurance board. The term “employer” shall not include
within its meaning the national guard.

(6) “Advisory board” means the public employees
advisory board created by this article, after specified
date.

(7) “Director” means the director of the public
employees insurance agency, created by this article
after a specified date.

§5-16-3. Public employees insurance board created and
established; body corporate; board to terminate on specified date.

The West Virginia public employees insurance board
is hereby created and established to provide group
hospital and surgical insurance, group major medical
insurance, and group life and accidental death insu-
rance for all employees in the manner as hereinafter
provided. The public employees insurance board shall
constitute a body corporate. All business of the public
employees insurance board shall be transacted in the
name of the West Virginia public employees insurance
board.

After having conducted a performance audit through
its joint committee on government operations, pursuant
to section nine, article ten, chapter four of this code, the
Legislature hereby finds and declares that the public employees insurance board should be continued and reestablished. Accordingly, notwithstanding the provisions of section four, article ten, chapter four of this code, the public employees insurance board shall continue to exist until the first day of July, one thousand nine hundred eighty-eight.

§5-16-3a. Public employees insurance advisory board created and established.

On and after first day of July, one thousand nine hundred eighty-eight, the public employees insurance board is hereby abolished and the public employees advisory board is hereby created and established to provide advice and make recommendations to the director concerning group hospital and surgical insurance, group major medical insurance, and group life and accidental death insurance for all employees in the manner as hereinafter provided. All business of the advisory board shall be transacted in the name of West Virginia public employees insurance advisory board.

Notwithstanding any other provisions of this article, the public employees insurance board shall continue to exist until first day of July, one thousand nine hundred eighty-eight.

§5-16-3b. Public employees insurance agency created and established after specified date, and in replacement of public employees insurance board; appointment, qualification, compensation, and duties of director of agency; employees; and civil service coverage; director vested after specified date with powers of public employees insurance board; expiration of agency.

(a) On and after first day of July, one thousand nine hundred eighty-eight, there is hereby created a state agency known as the "Public Employees Insurance Agency," which agency shall consist of the director, the advisory board and such employees as may be authorized by law. The director shall be appointed by the governor, with the advice and consent of the Senate. He
or she shall serve at the will and pleasure of the governor, unless earlier removed from office for cause as provided by law. The director shall have at least three years experience in health insurance administration prior to appointment as director. The director shall receive an annual salary established by the governor not to exceed fifty-five thousand dollars and actual expenses incurred in the performance of official business. The director shall employ such administrative, technical and clerical employees as shall be required for the proper administration of the insurance programs herein provided. The director shall perform such duties as are required of him under the provisions of this article and shall be the chief administrative officer of the public employees insurance agency.

(b) All positions in the agency, except for the director and his or her personal secretary, shall be included in the classified service of the civil service system pursuant to article six, chapter twenty-nine of this code. Any person required to be included in the classified service by the provisions of this subsection who was employed in any of the positions included herein on or after the effective date of this article, shall not be required to take and pass qualifying or competitive examinations upon or as a condition to being added to the classified service: Provided, That no person required to be included in the classified service by the provisions of this section who was employed in any of the positions included herein as of the effective date of this section, shall be thereafter severed, removed or terminated in his or her employment prior to his or her entry into the classified service except for cause as if such person had been in the classified service when severed, removed or terminated.

(c) On and after the first day of July, one thousand nine hundred eighty-eight, the director shall be vested with and have the authority previously granted herein to the public employees insurance board.

(d) Notwithstanding the provisions of section four, article ten, chapter four of this code, the public employees insurance agency shall continue to exist until the first day of July, one thousand nine hundred ninety-
§5-16-4. First meeting of public employees insurance board; effective date of program.

The public employees insurance board shall meet as soon as possible after the effective date of this article for the purpose of negotiating and contracting to provide group insurance for those employees herein made eligible, such insurance coverage to be effective July one, one thousand nine hundred seventy-one, or as soon thereafter as practicable.

§5-16-5. Composition of public employees insurance board; powers and duties of public employees insurance board generally; expenses.

The public employees insurance board shall consist of:

(a) The auditor of the state by virtue of his office;

(b) The workers' compensation commissioner;

(c) The treasurer of the state by virtue of his office.

The public employees insurance board shall hold a meeting at least twice each year and shall designate the time and place. Two public employees insurance board members shall constitute a quorum at any meeting of the public employees insurance board. Each public employees insurance board member shall be entitled to one vote on each question before the public employees insurance board. A majority of the quorum present shall be required for a decision by the public employees insurance board at its meetings. The public employees insurance board shall adopt its own rules of procedure and shall keep a record of its proceedings.

The public employees insurance board shall be responsible for the administration and management of the public employees insurance system as provided for in this article and in connection therewith shall have the power and authority to make all rules and regulations necessary to effectuate the provisions of this article, except as is otherwise specifically provided in this article.
No member of the public employees insurance board shall receive any compensation for serving as such; however, each member of the public employees insurance board shall be reimbursed for all reasonable and necessary expenses actually incurred by him in carrying out his duties as a member of the public employees insurance board.

§5-16-5a. Composition of advisory board; powers and duties of board generally; expenses.

The advisory board shall consist of nine members who are citizens of the United States and residents of this State as follows:

(a) One representative of the West Virginia medical association, appointed by the governor, with the advice and consent of the Senate;

(b) One representative of the West Virginia hospital association, appointed by the governor, with the advice and consent of the Senate;

(c) Five members covered by the public employees insurance plan and program, appointed by the governor, with the advice and consent of the Senate, and selected so as to represent as broadly as possible all elements of the employees covered by the plan: Provided, That such members shall not be (1) employees of or contractors to any health care facility; (2) licensed health care professionals; (3) members of the immediate family of licensed health care professionals; or (4) an employee of or contractor to any such licensed health care professionals;

(d) The insurance commissioner or his or her designee;

(e) One representative of the West Virginia health care cost review authority, appointed by the governor, with the advice and consent of the Senate.

No more than five of such nine members shall be of the same political party and each member shall be from a different state senatorial district.

Of the members first appointed by the governor to the
advisory board, the member who is the representative of the West Virginia medical association shall be appointed for a term of two years; the member who is the representative of the West Virginia hospital association shall be appointed for a term of four years; the member who is the representative of the West Virginia health care cost review authority shall be appointed for a term of three years; and the five members who are participants in the public employees insurance plan shall be appointed to terms of one, two, three, four and five years respectively. Subsequent appointed members shall be appointed to five-year terms except for members appointed to fill vacancies who shall serve for the remainder of the vacant term. Members of the advisory board are eligible for reappointment upon the expiration of their terms but may not serve more than two full five-year terms consecutively. Members' terms shall commence on the first day of September of the year of appointment and end on the thirty-first day of August in the year in which the term expires. The term of the members first appointed shall commence on the first day of September, one thousand nine hundred eighty-eight, with the governor to have made the appointments of such members by such date.

The advisory board shall hold a meeting at least twice each year and shall designate the time and place of such meeting. Five advisory board members shall constitute a quorum at any meeting of the advisory board. Each advisory board member shall be entitled to one vote on each question before the advisory board. A majority of the quorum present shall be required for a decision by the advisory board at its meetings. The advisory board shall keep a record of its proceedings.

The advisory board shall be responsible for advising and making recommendations to the director regarding the administration and management of the public employees insurance agency as provided for in this article. Under no circumstances, however, will the decisions, advice or recommendations of the advisory board be controlling or binding on the director.

No member of the advisory board shall receive any
compensation for serving as such; however, each member of the advisory board shall be reimbursed for all reasonable and necessary expenses actually incurred by him in carrying out his duties as a member of the advisory board.

§5-16-6. Chairman of public employees insurance board; executive secretary.

The public employees insurance board shall elect from its own number a chairman who shall serve for one year, or until a successor is elected.

The public employees insurance board shall appoint an executive secretary of the West Virginia public employees insurance board, and said executive secretary shall be the chief administrative officer of the public employees insurance board. He shall perform such duties as are required of him under the provisions of this article and as the public employees insurance board shall delegate to him from time to time. The compensation of the executive secretary shall be fixed by the public employees insurance board. The executive secretary shall, with the approval of the public employees insurance board, employ such administrative, technical and clerical employees as shall be required for the proper administration of the insurance program herein provided.

§5-16-7. Authorization to establish group hospital and surgical insurance plan, group major medical insurance plan and group life and accidental death insurance plan; rules and regulations for administration of plans; what plans may provide; optional plans; separate rating for claims experience purposes and annual review.

The public employees insurance board is hereby empowered and authorized to establish a group hospital and surgical insurance plan or plans, a group major medical insurance plan or plans, and a group life and accidental death insurance plan or plans for those employees herein made eligible, and to establish and promulgate rules and regulations for the administration
of such plans, subject to the limitations contained in this article. Such plans may provide for group hospital and surgical and group major medical insurance against the financial cost of hospitalization, surgical and medical treatment and care, and may also include, among other things, prescribed drugs, medicines, prosthetic appliances, hospital inpatient and outpatient service benefits, and medical expenses and indemnifying benefits, and group life and accidental death insurance, and such other coverage and benefits deemed appropriate and desirable by the public employees insurance board.

The public employees insurance board shall make available to each employee herein made eligible, at full cost to the employee, the opportunity to purchase optional group life and accidental death insurance in an amount not to exceed fifty thousand dollars for life insurance and fifty thousand dollars for accidental death insurance as established under the rules and regulations of the public employees insurance board. In addition, each employee shall be entitled to have his spouse and dependents, as defined by the rules and regulations of the public employees insurance board, included in such optional coverage, at full cost to the employee, in an amount not to exceed five thousand dollars for life insurance and five thousand dollars for accidental death insurance for the spouse and not to exceed two thousand dollars in life insurance and two thousand dollars in accidental death insurance for each eligible dependent; and with full authorization hereby to the public employees insurance board to make the same available and provide such opportunity of purchase to each employee.

The public employees insurance board may cause to be separately rated for claims experience purposes (1) all employees of the state of West Virginia, (2) all teaching and professional employees of the West Virginia board of regents and county boards of education, (3) all nonteaching employees of the West Virginia board of regents and county boards of education, or (4) any other categorization which would ensure the stability of the overall program.
§5-16-8. Conditions of insurance program.

1 The insurance plans herein provided for shall be designed by the public employees insurance board:

3 (1) To provide a reasonable relationship between the hospital, surgical and medical benefits to be included and the expected reasonable and customary hospital, surgical and medical expenses as established by the director to be incurred by the affected employee, his spouse and his dependents. The establishment of reasonable and customary expenses by the public employees insurance board pursuant to the preceding sentence is not subject to the state administrative procedures act in chapter twenty-nine-a of this code.

5 (2) To include reasonable controls which may include deductible and coinsurance provisions applicable to some or all of the benefits, and shall include other provisions including, but not limited to, copayments, preadmission certification, case management programs, statewide preferred provider arrangements and prescription drug programs.

7 (3) To prevent unnecessary utilization of the various hospital, surgical and medical services available.

9 (4) To provide reasonable assurance of stability in future years for the plans.

11 (5) To provide major medical insurance for said employees.

13 (6) To provide certain group life and accidental death insurance for the employees covered under this article.

15 (7) To include provisions for the coordination of benefits payable by the terms of such plans with the benefits to which such employee, or his spouse or his dependents may be entitled by the provisions of any other group hospital, surgical or medical or group major medical insurance or any combination thereof.

17 (8) To provide a cash incentive plan for employees, spouses, and dependents by the thirty-first day of December, one thousand nine hundred eighty-eight, to increase utilization of, and to encourage the use of, lower
(9) To provide a "wellness" program which will include, but not be limited to, an aggressive campaign against tobacco, alcohol and chemical abuse and an educational program to encourage proper diet and exercise. In establishing a "wellness" program, the division of vocational rehabilitation shall cooperate with the public employees insurance board in establishing a statewide wellness program and with such division of vocational rehabilitation to contact county boards of education for the use of facilities, equipment or any service related to such purpose, at the request of the director, under the authority hereby granted to contract therefor. Boards of education shall be limited to charging only the cost of janitorial service and increased utilities for the use of the gymnasium and related equipment. The cost of the exercise program shall be paid by county boards of education, the public employees insurance board, the public employees insurance agency, or participating employees, their spouses or dependents. All exercise programs shall be made available to all employees, their spouses or dependents and shall not be limited to employees of county boards of education.

(10) To provide a program, to be administered by the director, for a patient audit plan with reimbursement up to a maximum of one thousand dollars annually, to employees for discovery of health care provider or hospital overcharges when the affected employee brings such overcharge to the attention of the plan. The hospital or health care provider shall certify to the director that it has provided, prior to or simultaneously with the submission of the statement of charges for payments, an itemized statement of the charges to the employee participant for which payment is requested of the plan.

(11) To require that all employers give written notice to each covered employee prior to institution of any
changes in benefits to employees, and to include
appropriate penalty for any employer not providing the
required information to any employee.
§5-16-9. Authorization to execute contracts for group
hospital and surgical insurance, group major
medical insurance, and group life and accidental death insurance; limitations; awarding
of contracts; reinsurance; certificates for covered employees; discontinuance of contracts.
1 The public employees insurance board is hereby given
exclusive authorization to execute such contract or
contracts as are necessary to carry out the provisions of
this article and to provide the plan or plans of group
hospital and surgical insurance coverage, group major
medical insurance coverage, and group life and accidental death insurance coverage selected in accordance
with the provisions of this article, such contract or
contracts to be executed with one or more agencies,
corporations, insurance companies or service organiza-
tions licensed to sell group hospital and surgical
insurance, group major medical insurance, and group
life and accidental death insurance in this state.
14 The group life and accidental death insurance herein
provided for shall be in the amount of ten thousand
dollars for every employee. The amount of the group life
and accidental death insurance to which an employee
would otherwise be entitled shall be reduced to five
thousand dollars upon such employee attaining age
sixty-five.
All of the insurance coverage to be provided for under
this article may be included in one or more similar
contracts issued by the same or different carriers.
The provisions of article three, chapter five-a of this
code, relating to the division of purchases of the
department of finance and administration, shall not
apply to any contracts for any insurance coverage
authorized to be executed under the provisions of this
article; however, before entering into any contract for
any insurance coverage, as herein authorized, said
public employees insurance board shall invite competent
bids from all qualified and licensed insurance compan-
ies or carriers, who may wish to offer plans for the
insurance coverage desired. The public employees
insurance board shall deal directly with insurers in
presenting specifications and receiving quotations for
bid purposes. No commission or finder's fee, or any
combination thereof, shall be paid to any individual or
agent; but this shall not preclude an underwriting
insurance company or companies, at their own expense,
from appointing a licensed resident agent, within this
state, to service the companies' contracts awarded under
the provisions of this article. Commissions reasonably
related to actual service rendered for such agent or
agents may be paid by the underwriting company or
companies: Provided, That in no event shall payment be
made to any agent or agents when no actual services are
rendered or performed. The public employees insurance
board shall award such contract or contracts on a
competitive basis. In awarding the contract or contracts
the public employees insurance board shall take into
account the experience of the offering agency, corpora-
tion, insurance company or service organization in the
group hospital and surgical insurance field, group major
medical insurance field, and group life and accidental
death insurance field, and its facilities for the handling
of claims. In evaluating these factors, the public
employees insurance board may employ the services of
impartial, professional insurance analysts or actuaries
or both. Any contract executed by the public employees
insurance board with a selected carrier shall be a
contract to govern all eligible employees subject to the
provisions of this article. Nothing contained in this
article shall prohibit any insurance carrier from
soliciting employees covered hereunder to purchase
additional hospital and surgical, major medical or life
and accidental death insurance coverage.

The public employees insurance board may authorize
the carrier with whom a primary contract is executed
to reinsure portions of such contract with other carriers
which elect to be a reinsurer and who are legally
qualified to enter into a reinsurance agreement under
the laws of this state.

Each employee who is covered under any such contract or contracts shall receive a certificate setting forth a fee schedule of the hospital, surgical or medical benefits to which such employee, his spouse and his dependents are entitled hereunder, to whom such benefits shall be payable, to whom claims shall be submitted, and a summary of the provisions of any such contract or contracts as they affect the employee, his spouse and his dependents.

The public employees insurance board may at the end of any contract period discontinue any contract or contracts it has executed with any carrier and replace the same with a contract or contracts with any other carrier or carriers meeting the requirements of this article.

§5-16-10. Contract provisions for group hospital and surgical, group major medical, and group life and accidental death insurance for retiring employees, their spouses and dependents.

Any contract or contracts entered into hereunder may provide for group hospital and surgical, group major medical, and group life and accidental death insurance for retiring employees and their spouses and dependents as defined by rules and regulations of the public employees insurance board, and on such terms as the public employees insurance board may deem appropriate.

In the event the public employees insurance board provides the above benefits for retiring employees, their spouses and dependents, the public employees insurance board shall adopt rules and regulations prescribing the conditions under which retiring employees may elect to participate in or withdraw from the plan or plans. Any contract or contracts herein provided for shall supplement any hospital, surgical, major medical or health insurance plan administered by the United States department of health, education, and welfare to which the employee, spouse or dependent may be eligible.
under any law or regulation of the United States.

§5-16-11. **To whom benefits paid.**

Any benefits payable under any group hospital and surgical and group major medical plan or plans may be paid either directly to the attending physician, hospital, medical group, or other person, firm, association or corporation furnishing the service upon which the claim is based, or to the insured upon presentation of valid bills for such service, subject to such provisions designed to facilitate payments as may be made by the public employees insurance board.

§5-16-11a. **Misrepresentation by employee or provider; penalty.**

Any person who shall knowingly secure or attempt to secure benefits payable under this article to which the person is not entitled, or who shall knowingly secure or attempt to secure greater benefits than those to which the person is entitled, by willfully misrepresenting the presence or extent of benefits to which the person is entitled under a collateral insurance source, or by willfully misrepresenting any material fact relating to any other information requested by the director or public employees insurance board, or by willfully overcharging for services provided, or by willfully misrepresenting the diagnosis or nature of the service provided, may be found to be overpaid and shall be civilly liable for any overpayment. In addition to the civil remedy provided herein, the director, or public employees insurance board prior to first day of July, one thousand nine hundred eighty-eight, shall withhold payment of any benefits due to that person until any overpayment has been recovered or may directly set off, after holding internal administrative proceedings to assure due process, any such overcharges or improperly derived payment against benefits due such person hereunder. Nothing in this section shall be construed to limit any other remedy or civil or criminal penalty provided by law.

§5-16-12. **Payment of costs by employer and employee; coverage for employee's spouse and depend-
ents generally; short term continuance of coverage for involuntary employee termination; extended insurance coverage for retired employees with accrued annual leave and sick leave; increased retirement benefits for retired employees with accrued annual and sick leave; additional eligible retired employees; option for health insurance coverage without life insurance coverage made available to retirees; health insurance for surviving dependents of deceased employees.

(a) The public employees insurance board is hereby authorized to provide under any contract or contracts entered into under the provisions of this article that the costs of any such group hospital and surgical insurance, group major medical insurance, group life and accidental death insurance benefit plan or plans may be paid by the employer and employee. In addition, each employee shall be entitled to have his spouse and dependents, as defined by the rules and regulations of the public employees insurance board, included in any group hospital and surgical insurance or group major medical insurance coverage: Provided, That such spouse and dependent coverage shall be limited to excess coverage for each spouse and dependent who has primary coverage from any other source. For purposes of this section, the term “primary coverage” shall mean individual or group hospital and surgical insurance coverage or individual or group major medical insurance coverage in which the spouse or dependent is the named insured or certificate holder. The public employees insurance board may require proof regarding spouse and dependent primary coverage and shall adopt rules and regulations governing the nature, discontinuance and resumption of any employee’s coverage for his spouse and dependents. The public employees insurance board shall adopt rules and regulations governing the discontinuance and resumption of any employees coverage for his or her spouse and dependants.

(b) Should a participating employee be terminated from employment involuntarily or in reduction of work
force, the employee’s insurance coverage provided under this article shall continue for a period of three months at no additional cost to the employee: Provided, That an employee discharged for misconduct shall not be eligible for extended benefits under this section: Provided, however, That coverage may be extended up to the maximum period of three months, while administrative remedies contesting the charge of misconduct are pursued: Provided further, That should the discharge for misconduct be upheld, the full cost of the extended coverage shall be reimbursed by the employee. If the employee is again employed or recalled to active employment within twelve months of his prior termination, he shall not be considered a new enrollee and shall not be required to again contribute his share of the premium cost, if he had already fully contributed such share during the prior period of employment.

(c) Except as otherwise provided in subsection (f) for higher education full-time faculty employed on an annual contract basis other than for twelve months, when a participating employee, who has elected to participate in the plan before the first day of July, one thousand nine hundred eighty-eight, is compelled or required by law to retire before reaching the age of sixty-five, or when a participating employee voluntarily retires as provided by law, that employee’s accrued annual leave and sick leave, if any, shall be credited toward an extension of the insurance coverage provided by this article, according to the following formulae:

Such insurance coverage for a retired employee shall continue one additional month for every two days of annual leave or sick leave, or both, which the employee had accrued as of the effective date of his retirement. For a retired employee, his spouse and dependents, such insurance coverage shall continue one additional month for every three days of annual leave or sick leave, or both, which the employee had accrued as of the effective date of his retirement.

(d) Notwithstanding the preceding paragraph, except as otherwise provided in subsection (f) for higher education full-time faculty employed on an annual
contract basis other than for twelve months, when a
participating employee who elects to participate in the
plan on and after the first day of July, one thousand nine
hundred and eighty-eight, is compelled or required by
law to retire before reaching the age of sixty-five, or
when such a participating employee voluntarily retires
as provided by law, that employee's annual leave or sick
leave, if any, shall be credited toward one-half of the
premium cost of the insurance provided by this article,
for periods and scope of coverage determined according
to the following formulae: (1) One additional month of
single retiree coverage for every two days of annual
leave or sick leave, or both, which the employee had
accrued as of the effective date of his or her retirement;
(2) One additional month of coverage for a retiree, his
or her spouse and dependents for every three days of
annual leave or sick leave, or both, which the employee
had accrued as of the effective date of his or her
retirement. The remaining premium cost shall be borne
by such retired employee if he or she elects such
coverage. For purposes of this paragraph, an employee
who has been a participant under spouse or dependent
coverage and who reenters the plan within twelve
months after termination of his or her prior coverage,
shall be considered to have elected to participate in the
plan as of the date of commencement of the prior
coverage. For purposes of this paragraph, an employee
shall not be considered a new employee after returning
from extended authorized leave on or after the first day
of July, one thousand nine hundred eighty-eight.

(e) In the alternative to the extension of insurance
coverage through premium payment provided in the two
preceding paragraphs, on and after the first day on
July, one thousand nine hundred eight-eight, the
participating employee's accrued annual leave and sick
leave may be applied, on the basis of two days retire-
ment service credit for each one day of accrued annual
and sick leave, toward an increase in the employee's
retirement benefits with such days constituting addi-
tional credited service in computation of such benefits
under any state retirement system. However, such
credited service shall not be used in meeting initial
eligibility for retirement criteria, but only as additional service credited in excess thereof.

(f) When a participating employee, who is a higher education full-time faculty member employed on an annual contract basis other than for twelve months, is compelled or required by law to retire, on or after first day of August, one thousand nine hundred eighty-eight, before reaching the age of sixty-five, or when such a participating employee voluntarily retires as provided by law, on or after first day of August, one thousand nine hundred eighty-eight, that employee's insurance coverage, as provided by this article, shall be extended according to the following formulae: Such insurance coverage for a retired higher education full-time faculty member, formerly employed on an annual contract basis other than for twelve months, shall continue beyond the effective date of his retirement one additional year for each three and one-third years of teaching service, as determined by uniform guidelines established by the West Virginia board of regents, for individual coverage, or one additional year for each five years of teaching service for "family" coverage.

(g) Any employee who retired prior to the twenty-first of April, one thousand nine hundred seventy-two, and who also otherwise meets the conditions of the "retired employee" definition in section two of this article, shall be eligible for insurance coverage under the same terms and provisions of this article. The premium cost for any such coverage as established by the public employees insurance board shall be borne by such retired employee.

(h) All retirees under the provisions of this article, including those defined in section two of this article; those retiring prior to the twenty-first day of April, one thousand nine hundred seventy-two; and those hereafter retiring, shall be eligible for and permitted to obtain health insurance coverage. The premium cost for any such coverage as established by the public employees insurance board, shall be borne by such retired employee.
(i) A surviving spouse and dependents of a deceased employee, who was either an active or retired employee just prior to such decease, shall be entitled to be included in any group insurance coverage provided under this article, and such spouse and dependents shall bear the premium cost of such insurance coverage. The public employees insurance board shall establish the premium cost of any such coverage.

(j) In construing the provisions of this section or any other provisions of this code, the Legislature declares that it is not now nor has it ever been the Legislature's intent that elected public officials be provided any sick leave, annual leave or personal leave, and the enactment of this section is based upon the fact and assumption that no statutory or inherent authority exists extending sick leave, annual leave or personal leave to elected public officials and the very nature of such positions preclude the arising or accumulation of such, so as to be thereafter usable as premium paying credits for which such officials may claim extended insurance benefits.

§5-16-12a. Payment of deductible by employees; annual review of deductible; required deductible option.

For each calendar year beginning on and after the first day of January, one thousand nine hundred eighty-eight, each employee and dependent with public employees insurance coverage shall pay a deductible of one hundred dollars per individual per calendar year upon admission to a hospital. The maximum total hospitalization deductible per calendar year shall be one hundred dollars for an employee with individual coverage and two hundred dollars for an employee with “family” coverage.

For each calendar year beginning on and after the first day of January, one thousand nine hundred eighty-eight, in addition to the employee percentage payment provisions of the present major medical insurance coverage for amounts exceeding the deductible, each employee and dependent with public employees insu-

... coverage shall pay major medical deductible, excluding outpatient surgery, of one hundred fifty dollars per individual per calendar year with an aggregate of three hundred dollars per family per calendar year.

Beginning on the first day of January, one thousand nine hundred eighty-nine, these deductible limits may be reviewed and increased by the director in order to maintain the efficient and solvent operation of the public employees insurance system, except that the major medical maximum will be two hundred dollars per individual per calendar year and the “family” major medical aggregate will be four hundred dollars per calendar year. The increase in deductibles pursuant to the preceding sentence is not subject to the state administrative procedures act in chapter twenty-nine-a of this code and any increase in deductibles shall be effective no sooner than sixty consecutive days after being filed in the state register.

The director shall develop, implement and have in place by the thirty-first day of December, one thousand nine hundred eighty-eight, further deductible and employee premium programs which qualify for favorable federal income tax treatment under section 125 of the Internal Revenue Code to allow employees to choose either deductible limits or deductible withholding from wages payments based upon their individual needs.

§5-16-12b. Employee percentage payment for outpatient x-rays and laboratory services; maximum payment specified.

On and after first day of April, one thousand nine hundred eighty-eight, each employee covered by the public employees insurance plan shall pay ten percent, not to exceed one hundred dollars per calendar year, of the cost of any outpatient x-rays or outpatient laboratory services.

§5-16-12c. Optional dental, optical, mental health, disability and prepaid retirement plan.

On and after the first day of July, one thousand nine
25 hundred eighty-nine, the director shall make available
to participants in the public employees insurance system
(1) a dental insurance plan; (2) an optical insurance plan;
(3) an out-patient mental health counseling insurance
plan providing for not to exceed twelve visits per year
to a professional mental health provider; (4) a disability
insurance plan; and (5) a prepaid retirement insurance
plan. Public employees insurance participants may elect
to participate in any one of these plans separately or in
combination. Notwithstanding anything in this article to
the contrary, all actuarial and administrative costs of
each plan shall be totally borne by the premium
payments of the participants or local governing bodies
electing to participate in that plan. The director is
authorized to employ such administrative practices and
procedures with respect to these optional plans as are
authorized for the administration of other plans under
this article. The director shall establish separate funds
(1) for deposit of dental insurance premiums and
payment of dental insurance claims, (2) for deposit of
optical insurance premium payments and payment of
optical insurance claims, (3) for deposit of mental health
insurance premium payments and payment of mental
health claims, (4) for deposit of disability insurance
premium payments and payment of disability insurance
claims. Such funds shall not be supplemented by nor be
used to supplement any other funds.
§5-16-12d. Preferred provider plan.

1 The public employees insurance board shall, on or
before the first day of April, one thousand nine hundred
eighty-eight, or as soon as practicable, establish a
preferred provider system for the delivery of health care
to plan participants by all health care providers,
including, but not limited to, medical doctors, chiroprac-
tors, physicians, osteopathic physicians, surgeons,
hospitals, clinics, nursing homes, pharmacies and
pharmaceutical companies.

10 The public employees insurance board shall establish
the terms of the preferred provider system and the
incentives therefor. The terms and incentives may
include multi-year renewal options as are not prohibited
§5-16-12e. Preexisting conditions not covered; defined.

A preexisting condition is an injury, sickness or pregnancy, or any condition relating to that injury, sickness or pregnancy, for which a participant receives treatment, incurs expenses or manifest symptoms within three months prior to the effective date of coverage: Provided, That a preexisting condition shall not include a condition which meets the definition of handicap as provided in section three, article eleven, chapter five of the code.

For all participants enrolling in the plan after the effective date of this section, no payment shall be made for expenses incurred for or in connection with a preexisting condition unless the expenses are incurred after the expiration of a one-year period during which the participant is continuously participating in the plan: Provided, That these provisions shall not apply to employees who return from extended authorized leave on or after the effective date of this section.

§5-16-13. Payment of costs by employer; schedule of insurance; special funds created; duties of treasurer with respect thereto.

All employers operating from state general revenue or special revenue funds or federal funds or any combination thereof shall budget the cost of insurance coverage provided by the public employees insurance agency to current and retired employees of the employer as a separate line item, titled PEI, in its respective annual budget and shall be responsible for the transfer of funds to the director for the cost of insurance for employees covered by the plan. Each spending unit shall pay to the director its proportionate share from each source of funds. Any agency wishing to charge general revenue funds for insurance benefits for retirees under section twelve of this article must provide documentation to the director that such benefits cannot be paid for by any special revenue account or that the retiring employee has been paid solely with general revenue funds for twelve months prior to retirement.
All other employers not operating from the state
general revenue fund shall pay to the public employees
insurance board their share of premium costs from their
respective budgets. The public employees insurance
board shall establish such employers' share of premium
costs to reflect and pay the actual costs of such coverage:
Provided, That the difference between premium costs
charged to such employers on the effective date of this
section and the actual costs to be established by the
public employees insurance board shall be eliminated
over the two fiscal years next succeeding the effective
date of this section.

In the event an employer not operating from the state
general revenue fund terminates its participation in the
plan, said employer shall pay to the public employees
insurance board an estimated sum of all incurred but
not reported claims relating to coverage of employees of
said employer. Said estimate of incurred but not
reported claims shall be determined by the public
employees insurance board pursuant to standard
insurance industry procedures and practices.

Unless otherwise provided, the state's contribution for
employees of the state of West Virginia, its boards,
agencies, commissions, departments, institutions or
spending units and county boards of education, shall be,
effective July one, one thousand nine hundred seventy-
four, all or that portion of the total costs of premiums
for each employees' complete insurance and medical
benefits package as follows:

(a) For each employee who has elected to participate
in the plan prior to July one, one thousand nine hundred
seventy-four, and is currently employed on and after the
first day of July, one thousand nine hundred seventy-
four, as an employee of an employer as hereinabove
specified, the state's contribution shall be one hundred
percent of the total costs of premiums;

(b) For each employee of employers as hereinabove
specified, who elects to participate in the plan on and
after the first day of July, one thousand nine hundred
seventy-four, but before the first day of July, one
thousand nine hundred eighty-eight, the state's contribution shall be seventy percent of the total costs of premiums for a period of one year from the date of such election and shall be one hundred percent of the total costs of premiums for all periods thereafter.

(c) For each employee of employers as hereinabove specified, who elects to participate in the plan on and after the first day of July, one thousand nine hundred eighty-eight, the state's contribution shall be seventy percent of the total costs of premiums for a period of one year from the date of such election, eighty percent of the total costs of premiums for the second year after the date of such election, ninety percent of the total costs of premiums for the third year from the date of such election and for all periods thereafter: Provided, That the maximum contribution of any participating employee after the second year after the date of such election shall be no more than an amount equal to one and one-half percent of the participating employee's gross annual wage and the remainder of the total premium shall be contributed by the state. For the purposes of this paragraph, any employee shall not be considered a new employee, for purposes of these contribution limits, after returning from extended authorized leave on or after the first day of July, one thousand nine hundred eighty-eight.

The contribution of other employers (namely: a county, city or town in the state; any separate corporation or instrumentality established by one or more counties, cities or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities or towns; any organization or agency established by, or approved by the department of mental health for the provision of community health or mental retardation services, and which is supported in part by state, county or municipal funds; and a combined city-county health department created pursuant to article two, chapter sixteen of the code) shall be
such percentage of the cost of the employees' insurance package as the employers deem reasonable and proper under their own particular circumstances.

The employee's proportionate share of the premium or cost shall be withheld or deducted by the employer from such employee's salary or wages as and when paid and such sums shall be forwarded to the public employees insurance board with such supporting data as the public employees insurance board may require.

All moneys received by the public employees insurance board shall be deposited in a special fund or funds as are necessary in the state treasury and the treasurer of the state shall be custodian of such fund or funds and shall administer such fund or funds in accordance with the provisions of this article or as the director may from time to time direct. The treasurer shall pay all warrants issued by the state auditor against such fund or funds as the director may direct in accordance with the provisions of this article. On and after first day of July, one thousand nine hundred eighty-eight, all payments previously required to be made to the public employees insurance board shall be made to the public employees insurance agency.

§5-16-13a. Authorization to assess premiums and adjust rates; maximum amount established; procedure for imposition.

(a) Authorization.—Notwithstanding any provisions in this article to the contrary the director is authorized pursuant to limitations provided in this section to assess a monthly health insurance premium which shall provide differing rates for family and individual coverage not to exceed the maximum amount, as specified in subsection (b), upon each employee of the state of West Virginia, its boards, agencies, commissions, departments, institutions or spending units and county boards of education who has elected to participate in the plan and to similarly adjust the premium rates charged to other employers (namely: a county, city or town in the state, any separate corporation or instrumentality established by one or more counties,
cities or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities or towns; any organization or agency established by or approved by the department of mental health for the provision of community mental health or mental retardation services, and which is supported in part by state, county or municipal funds; and a combined city-county health department created pursuant to article two, chapter sixteen of the code) who may elect to pass through such premium rate adjustment to their employees who have elected to participate in the plan.

(b) Maximum amount.—For purposes of subsection (a) the maximum amount shall be one and one-half percent of the participating employee's gross monthly wage: Provided, That the maximum amount shall be reduced but not below zero by such employee's monthly share of health insurance premium costs incurred pursuant to section thirteen of this article.

(c) Rules and regulations.—Premium assessments established or increased pursuant to this section shall be implemented by rules and regulations of the director promulgated in accordance with chapter twenty-nine-a of this code: Provided, That notwithstanding anything in article three, chapter twenty-nine-a of this code to the contrary, it is hereby deemed that an emergency does not and will not hereafter exist with respect to implementing by rule and regulation employee premiums authorized by this section.

(d) Collection.—The premium assessment shall be withheld or deducted by the employer from such employee's salary or wages as and when paid and such funds shall be forwarded to the director with such supporting data as the director may require.

The public employees insurance board is authorized to take full advantage of the benefits and provisions of any acts of Congress and to accept any and all gifts, grants and matching funds, whether in the form of money or services.

§5-16-15. Expense fund.

The Legislature shall annually appropriate such sums as may be necessary to pay the proportionate share of the administrative costs for the state as an employer, and each division, agency, board, commission or department of the state which operates out of special revenue funds or federal funds or both shall pay its proportionate share of the administrative costs of the insurance plan or plans authorized under the provisions of this article. All other employers not operating from the state general revenue fund shall pay their proportionate share of the administrative costs of the insurance plan or plans authorized under the provisions of this article.

§5-16-16. No member or employee of public employees insurance agency shall gain directly or indirectly from any contract or contracts provided for hereunder; criminal penalties.

No elected or appointed official of the state of West Virginia; nor any member, officer, or employees of the Legislature; nor any officer, agent, servant or employee in the executive branch of state government shall have any interest, direct or indirect, in the gain or profits arising from any contract or contracts provided for in this article. Any such person who shall gain, directly or indirectly, from any contract or contracts herein provided for, except as an insured beneficiary thereof, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be punished by a fine not exceeding one thousand dollars, or by imprisonment in the county jail for a period not exceeding one year, or by both, in the discretion of the court: Provided, That nothing in this section shall be construed to prohibit an elected or appointed official of this state, nor an employee of the legislative, judicial or executive branches from provid-
§5-16-17. Permissive participation; exemptions.

The provisions of this article shall not be mandatory upon any employee or employer who is not an employee of or is not the state of West Virginia, its boards, agencies, commissions, departments, institutions or spending units or a county board of education, and nothing contained in this article shall be construed so as to compel any employee or employer to enroll in or subscribe to, any insurance plan authorized by the provisions of this article.

Those employees enrolled in the insurance program authorized under the provisions of article two-b, chapter twenty-one-a of this code shall not be required to enroll in or subscribe to an insurance plan or plans authorized by the provisions of this article, and the employees of any department which has an existing insurance program for its employees to which the government of the United States contributes any part or all of the premium or cost thereof may be exempted from the provisions of this article. Any employee or employer exempted under the provisions of this paragraph may enroll in any insurance program authorized by the provisions of this article at any time, to the same extent as any other qualified employee or employer, but any such employee or employer shall not remain enrolled in both such programs. The provisions of articles fourteen, fifteen and sixteen, chapter thirty-three of the code, relating to group life insurance, accident and sickness insurance, and group accident and sickness insurance, shall not be applicable to the provisions of this article whenever the provisions of said articles and chapter are in conflict with or contrary to any provision set forth herein.

Employers, other than the state of West Virginia, its boards, agencies, commissions, departments, institutions, spending units, or a county board of education shall be exempt from participating in the insurance program provided for by the provisions of this article.
unless participation by the employer has been approved
by a majority vote of the employer's governing body. It
shall be the duty of the clerk or secretary of the
governing body of an employer who by such majority
vote becomes a participant in the insurance program to
notify the public employees insurance board not later
than ten days after such vote.

§5-16-17a. Members of Legislature may be covered, if
cost of the entire coverage is paid by such
members.

Notwithstanding the definition of the term “employee”
contained in section two of this article and notwithstand-
ing any other provision of this article to the contrary,
members of the Legislature may participate in and be
covered by any insurance plan or plans authorized
hereunder for state officers and employees, except that
all members of the Legislature who elect to participate
in or to be covered by any such plan or plans shall pay
their proportionate individual share of the full cost for
all group coverage on themselves and their spouses and
dependents, so that there will be no cost to the state for
the coverage of any such members, spouses and depend-
ents.

§5-16-18. Rules and regulations for administration of
article; eligibility of certain retired em-
ployees and dependents of deceased
members for coverage; employees on medi-
cal leave of absence entitled to coverage; life
insurance.

The public employees insurance board or director
shall promulgate such rules and regulations as may be
required for the effective administration of the provi-
sions of this article. Unless otherwise specifically
provided, all rules and regulations of the public
employees insurance board or director and all hearings
held by the public employees insurance board or
director shall be exempt from the provisions of chapter
twenty-nine-a of the code. Any rules and regulations
now in existence promulgated by the public employees
insurance board shall remain in full force and effect
until they are amended or replaced by the public employees' insurance board pursuant to law.

Such regulations shall provide that any employee of the state who has been compelled or required by law to retire before reaching the age of sixty-five years shall be eligible to participate in the public employees' health insurance program at his own expense for the cost of coverage after any extended coverage to which he, his spouse and dependents may be entitled by virtue of his accrued annual leave or sick leave, pursuant to the provisions of section twelve of this article, has expired. The dependents of any deceased member shall be entitled to continue their participation and coverage upon payment of the total cost for such coverage. Any employee who voluntarily retires, as provided by law, shall be eligible to participate in the public employees' health insurance program at his own expense for the cost of coverage after any extended coverage to which he, his spouse and dependents may be entitled by virtue of his accrued annual leave or sick leave, pursuant to the provisions of section twelve of this article, has expired.

Any employee who is on a medical leave of absence, approved by his employer, shall, subject to the following provisions of this paragraph, be entitled to continue his coverage until he returns to his employment, and such employee and employer shall continue to pay their proportionate share of premium costs as provided by this article: Provided, That the employer shall be obligated to pay its proportionate share of the premium cost only for a period of one year: Provided, however, That during the period of such leave of absence, the employee shall, at least once each month, submit to the employer the statement of a qualified physician certifying that the employee is unable to return to work.

Any retiree, retiring heretofore or hereafter, shall be eligible to participate in the public employees' life insurance program, including the optional life insurance coverage as already available to active employees under this article, at his own expense for the cost of coverage, based upon actuarial experience; and the public em-
employees insurance board shall prepare, by rule and regulation, for such participation and coverages under declining term insurance and optional additional coverage for such retirees.


In the event that the budgeted allocation to the public employees insurance board or agency exceeds actual costs in any given month, the public employees insurance board or director shall deposit those moneys in a reserve fund maintained by the public employees insurance board or director, for the exclusive purpose of offsetting any future increases in health care costs.

§5-16-20. Quarterly report.

By the thirtieth day of October, one thousand nine hundred eighty-eight, and on or before the thirtieth day of January, April, July and October of each year thereafter, the director shall prepare and present to the joint committee on government and finance a quarterly report setting forth:

(a) A summary of the cost to the plan of health care claims incurred in the preceding calendar quarter;

(b) A summary of the funds accrued to the plan by legislative appropriation, employer and employee premiums or otherwise in the preceding calendar quarter for payment of health care claims;

(c) An explanation of all health care cost containment measures, increased premium rates and any other plan changes adopted by the director in the preceding calendar quarter and estimated cost savings and enhanced revenues resulting therefrom, and a certification that the director made a good faith effort to develop and implement all reasonable health care cost containment alternatives;

(d) Expected claim costs for the next calendar year;

(e) Such other information as the director deems appropriate; and

(f) Any other financial or other information as may be
25 requested by the joint committee on government and finance.

§5-16-21. Severability.

1 If any provision of this article or the application thereof to any person or circumstance is held unconstitutional or invalid, such unconstitutionality or invalidity shall not affect other provisions or applications of the article, and to this end the provisions of this article are declared to be severable.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originating in the House.

Takes effect from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within .......... this the .......... day of .........., 1988.

Governor