



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

OFFICE OF THE COMMISSIONER

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MARLENE CARIDE
Acting Commissioner

BULLETIN NO. 18-06

TO: ALL INSURERS AUTHORIZED OR ADMITTED TO TRANSACT BUSINESS IN THIS STATE AND ALL HEALTH MAINTENANCE ORGANIZATIONS, HEALTH SERVICE CORPORATIONS, DENTAL SERVICE CORPORATIONS, AND DENTAL PLAN ORGANIZATIONS LICENSED IN THIS STATE

FROM: MARLENE CARIDE, ACTING COMMISSIONER

RE: REQUEST FOR CONTACT INFORMATION RELATING TO DISASTER PREPARATION PLANS

The purpose of this Bulletin is to advise all insurers authorized or admitted to transact business in this State and all health maintenance organizations, health service corporations, dental plan organizations, and dental service corporations licensed in this State (collectively, "carriers") of the importance to identify and provide the Department of Banking and Insurance ("Department") with the names of a primary and a secondary contact person, as well as the phone numbers and email addresses at which those individuals may be contacted, in the event of a disaster or catastrophic event.

According to established practice and the terms of Department Order Nos. A07-126 (http://www.state.nj.us/dobi/orders/a07_126.pdf) and A09-103 (http://www.state.nj.us/dobi/orders/a09_103.pdf), all property and casualty insurers have been required to provide the Department with primary and secondary contact person information for those individuals designated to be contacted in the event of a disaster or catastrophic event. The Department believes that it is also necessary that all life and health carriers provide the Department with this contact information as well.

Therefore, the Department requests that all carriers provide and/or update the Department with primary and secondary contact person information, including phone numbers and email addresses for the designated contact persons, within 30 days of the date of this Bulletin. Should the contact information submitted to the Department under the request of this Bulletin change in the future, the Department requests that carriers provide the Department with all changes to this contact information within 30 days of the date of the change. All requested information should be submitted via U.S. Postal Service mail, email, or fax to Gabrielle N. Gallagher, Manager of Emergency Planning, at the address listed below:

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Attn: Gabrielle N. Gallagher, Manager of Emergency Planning
Fax: (609) 984-5273
Email: gabrielle.gallagher@dobi.nj.gov

In conclusion, the Department thanks all carriers for their anticipated cooperation. We value your continued vigilance in serving the insurance needs of our residents.

5/17/18
Date

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Marlene Caride
Acting Commissioner