

pursuant to P.L. 1997, [c.272] c. 272 (N.J.S.A. 30:4I-1 et seq.); the FamilyCare Health Coverage Program [under] pursuant to P.L. 2000, c. 71 (N.J.S.A. 30:4J-1 et seq.); or any other program administered by the Division of Medical Assistance and Health Services in the New Jersey Department of Human Services.

SUBCHAPTER 56. SELF-FUNDED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS AND INSURED MULTIPLE EMPLOYER ARRANGEMENTS

11:4-56.9 Financial reporting of self-funded MEWAs

(a) A self-funded MEWA shall file with the Commissioner an annual report for the separate trust account established pursuant to N.J.A.C. 11:4-56.8 no later than May 15 of each calendar year, or four months and 15 days after the end of each fiscal year of the self-funded MEWA for the immediately preceding year.

1.-2. (No change.)

3. The annual report shall be submitted using the NAIC health blank in effect at the time of the year reported, and submitted to the following address:

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
20 West State Street[, 10th Floor]  
PO Box 325  
Trenton, NJ 08625-0325

SUBCHAPTER 59. DISCLOSURE REQUIREMENTS FOR ANNUITIES DIRECTLY SOLICITED TO CONSUMERS

11:4-59.3 Buyer's guide

(a) (No change.)

(b) For purposes of complying with N.J.S.A. 17B:25-37b, such a person or entity shall utilize the Buyer's Guide to Fixed Deferred Annuities, or however otherwise designated, approved by the NAIC and in use at the time the buyer's guide is required to be provided, modified to reflect the 10-day cancellation period for consumers set forth at N.J.S.A. 17B:25-39, and the 15-day cancellation period set forth [in] at N.J.S.A. 17B:25-37d(3) and (a)3 above. The buyer's guide approved for use shall be posted on the Department's website at: [www.njdoabi.org](http://www.njdoabi.org)

APPENDIX

ANNUITY DISCLOSURE STATEMENT

(a)-(t) (No change.)

(u) A statement that the annuity is subject to regulatory oversight by the New Jersey Department of Banking and Insurance and that consumers may contact the Department at [609-272-7272] 609-292-7272 or 1-800-446-7467 or at the website [www.njdoabi.org](http://www.njdoabi.org) [www.dobi.nj.gov](http://www.dobi.nj.gov) for assistance.

(a)

**DIVISION OF INSURANCE**

**Notice of Readoption Health Benefit Plans**

**Readoption with Technical Changes: N.J.A.C. 11:22**

Authorized By: Susan Ochs, Acting Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, 17:48H-32, 17B:27B-25, 17B:30-13.1, 17B:30-23 et seq., 17B:30-55, 17B:30-56, and 26:1A-36.11 through 36.12.

Effective Dates: February 17, 2026, Readoption;  
March 16, 2026, Technical Changes.

New Expiration Date: February 17, 2033.

**Take notice** that in accordance with N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:22 were scheduled to expire on March 20, 2026. The rules in

this chapter were promulgated to implement the statutes applicable to health benefit plans, including prompt payment of claims, health wellness promotion plans, electronic receipt and transmission of health care claims, and organized delivery systems.

The rules codified in this chapter concern the following subjects, listed by subchapter.

Subchapter 1, Prompt Payment of Claims, was promulgated to implement N.J.S.A. 17B:30-26 through 34, which sets standards for the payment of claims relating to health benefits plans and dental plans as well as claim submission requirements. This subchapter addresses internal appeals, external appeals, alternative dispute resolution, and sets forth the minimum requirements for an Explanation of Benefits.

Subchapter 2, Health Wellness Promotion Plans, governs provisions of a health wellness promotion program, and establishes that health benefits plans delivered, issued, executed, or renewed in this State are required to offer certain screening tests and counseling to covered persons.

Subchapter 3, Electronic Receipt and Transmission of Health Care Claims, was promulgated to implement N.J.S.A. 17B:30-23 et seq., P.L. 1999, c. 154 (the Health Information Electronic Data Interchange Technology Act (HINT)). This subchapter establishes timetables for the electronic receipt and transmission of health care claim information, including, but not limited to, eligibility, premium payments, reports of injury, enrollment, disenrollment, and other health care claims transactions in accordance with the standards developed by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA) for the electronic administration of health care benefits.

Subchapter 4, Organized Delivery Systems, sets forth the filing requirements for an entity to be licensed as an organized delivery system pursuant to N.J.S.A. 17:48H-1 through 35.

Subchapter 5, Minimum Standards for Health Benefit Plans, Prescription Drug Plans, and Dental Plans, establishes minimum standards for those plans.

Subchapter 6, Exclusions and Preauthorization Requirements, specifies standards for war and other exclusions and preauthorization requirements in health benefits plans.

Subchapter 7, Carrier/Provider Joint Negotiation Agreements, provides for joint negotiations regarding non-fee-related matters, fees, and fee-related matters by physicians and dentists with carriers. This subchapter establishes standards and procedures for carriers to report to the Department of Banking and Insurance (Department) certain information concerning the carrier's number of covered lives and the impact of provider negotiations.

Subchapter 8, Health Insurance Identification Cards, establishes standards and criteria regarding information on health insurance identification cards issued by carriers authorized to issue health benefits plans in this State.

Subchapter 9, Maternity Installment Payments, was promulgated to implement P.L. 2009, c. 113, by establishing a process whereby, if requested by a licensed obstetrical provider, a health insurance carrier shall reimburse a New Jersey licensed obstetrical provider in installments for maternity services rendered by the provider during the term of a covered person's pregnancy.

The Department has undertaken a review of these rules to determine their current effectiveness and viability. The Department examined the continuing relevance of the rules and considered whether they require unnecessary time and expense. The rules provide guidance to the insurance industry and protect consumers by requiring the provision of vital information and establishing useful standards concerning health insurance. The Department finds that the rules at Chapter 22 continue to be necessary, reasonable, and proper for the purposes for which they were originally promulgated. Accordingly, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the technical changes to update contact information and correct cross-references. Specifically, the following technical changes are made:

At N.J.A.C. 11:22-1.2, a change is made to the cross-reference N.J.S.A. 17B:30-51 to reflect the correct cross-reference, N.J.S.A. 17B:30-55.4.

At N.J.A.C. 11:22-1.14(c), the name of the Office of Life and Health is updated and an email address is added.

At N.J.A.C. 11:22-1.15(b), a change is made to the cross-reference N.J.S.A. 2A:58-1 to reflect the correct cross-reference, N.J.S.A. 2A:58-10 and to correct the name of the law cited from the “Penalty Enforcement Law” to the “Penalty Enforcement Law of 1999.”

At N.J.A.C. 11:22-2.2, a change is made to the cross-reference N.J.S.A. 17B:48E-12 to reflect the correct cross-reference, N.J.S.A. 17:48E-12.

At N.J.A.C. 11:22-2.3(a)5, changes are made to correct cross-references from N.J.S.A. 17:48-60 to 17:48-60, and from N.J.S.A. 26:2J-2.12 to 26:2J-4.12.

At N.J.A.C. 11:22-2.3(a)6, a change is made to the cross-reference N.J.S.A. 17:48-7f to reflect the correct cross-reference, N.J.S.A. 17:48A-7f.

At N.J.A.C. 11:22-2.4, N.J.A.C. 11:22-3.3(a) and (b), the name of the Department of Health and Senior Services is corrected to refer to the Department of Health.

At N.J.A.C. 11:22-3.8(b), the address of the Division of Anti-Fraud Compliance within the Department is updated, and an email address is added.

At N.J.A.C. 11:22-4.8(i), a change is made to the cross-reference N.J.A.C. 8:38-11 to reflect the correct cross-reference, N.J.A.C. 11:24-11.

At N.J.A.C. 11:22-4.9(b), a change is made to the cross-reference N.J.A.C. 8:38-11.6(a)2 to reflect the correct cross-reference, N.J.A.C. 11:24-11.6(a)2.

At N.J.A.C. 11:22-4.13(b), a change is made to the cross-reference N.J.S.A. 47:1A-2 to reflect the correct cross-reference, N.J.S.A. 47:1A-1 et seq., and to correct the name of the law cited from the “Right-to-Know” law to the Open Public Records Act.

At N.J.A.C. 11:22-5.2, a change is made to the cross-reference N.J.A.C. 8:38-14.7 to reflect the correct cross-reference, N.J.A.C. 11:24-14.7.

At N.J.A.C. 11:22-5.3, a change is made to the cross-reference 45 CFR 156-130 to reflect the correct cross-reference of 45 CFR 156.130.

At N.J.A.C. 11:22-5.9(b)6ii and 8, a change is made to the reference to the Department of Health and Senior Services, to correctly refer to the Department of Banking and Insurance, which oversees the Independent Health Care Appeals Program.

At N.J.A.C. 11:22-6.4, the cross-reference to N.J.A.C. 11:4-42.8(a)5 is deleted, because that paragraph has been deleted.

At N.J.A.C. 11:22-7.3(c), the name of the Office of Life and Health is updated and an email address is added.

At N.J.A.C. 11:22-8.5(b), the name of the Office of Life and Health is updated and an email address is added.

**Full text** of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

#### SUBCHAPTER 1. PROMPT PAYMENT OF CLAIMS

##### 11:22-1.2 Definitions

(a) The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

... “Clean claim” means:

1. (No change.)
2. The claim is submitted with all the information requested by the carrier on the claim form or in other instructions distributed to the provider or covered person in accordance with N.J.S.A. 17B:30-[51]**55.4** and N.J.A.C. 11:22-1.4;
- 3.-5. (No change.)

##### 11:22-1.14 Reporting requirements

- (a)-(b) (No change.)
- (c) The report shall be submitted by the due date to:  
New Jersey Department of Banking and Insurance  
**Office of Life & Health [Actuarial]**, 11th Floor  
Prompt Payment Reports  
20 West State Street (for private Express Delivery)  
PO Box 325 (for regular US mail)  
Trenton, New Jersey 08625-0325

or emailed to: [lifehealthreporting@dobi.nj.gov](mailto:lifehealthreporting@dobi.nj.gov)  
(d)-(g) (No change.)

##### 11:22-1.15 Remediation/penalty

- (a) (No change.)
- (b) The Commissioner may impose a civil penalty of not more than \$10,000 upon the carrier, ODS, or the agent of a carrier or ODS, to be collected pursuant to the Penalty Enforcement Law of 1999, N.J.S.A. 2A:58-[1]**10** et seq., if, following the remediation measures [in] at (a) above, the Commissioner determines that:
  - 1.-2. (No change.)
  - (c) (No change.)

#### SUBCHAPTER 2. HEALTH WELLNESS PROMOTION PLANS

##### 11:22-2.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

... “Health care provider” or “provider” means an individual or entity which, acting within the scope of its license or certification, provides a covered service or supply as defined by the health benefits plan. Health care provider includes, but is not limited to, the health professions specified [in] at N.J.S.A. [17B:48E]**17:48E**-12, [N.J.S.A.] 17B:27-50, and [N.J.S.A.] 17B:27-51.1a.

##### 11:22-2.3 Provision of a health wellness promotion program

- (a) Every health benefits plan issued by a carrier shall provide benefits for a health wellness promotion program, which shall include, at a minimum, the following tests and services:
  - 1.-4. (No change.)
  5. For all women 20 years of age or older, a pap smear as required [by] at N.J.S.A. 17:48-[60]**60**, 17:48E-35.12, 17B:27-46.1n, or 26:2J-[2.12]**4.12**, as applicable;
  6. For all women 40 years of age or older, a mammogram examination as required [by] at N.J.S.A. 17:48-6g, [17:48]**17:48A**-7f, 17:48E-35.4, 17B:26-2.1e, 17B:27-46.1f, or 26:2J-4.4, as applicable;
  - 7.-8. (No change.)
  - (b)-(d) (No change.)

##### 11:22-2.4 Dollar amounts to be provided for services or benefits

The Department and the Department of Health [and Senior Services] for [HMO’s] **HMOs**, in consultation with the Department of the Treasury, shall calculate the maximum dollar amount of services or benefits to be provided no later than July 1 annually, and shall publish the results of the calculation as a public notice in the New Jersey Register and post it on the [web site] **website** of each Department.

#### SUBCHAPTER 3. ELECTRONIC RECEIPT AND TRANSMISSION OF HEALTH CARE CLAIMS

##### 11:22-3.3 Standard enrollment/change request forms and application/change request forms

- (a) 45 [C.F.R.] **CFR** 162.1101, Subpart K, the Health Care Claims or Equivalent Encounter Information Standard, and 45 CFR 162.1501, Subpart O, the Enrollment and Disenrollment in a Health Plan Standard, are adopted by the Department, in consultation with the Department of Health [and Senior Services], as the electronic standard format for enrollment, disenrollment, and claim forms, and are incorporated and made a part herein by reference.
- (b) The UB-04, CMS 1450 (the uniform claim form for use by health care institutions and facilities) and the CMS-1500 (the uniform claim form for use by health care providers) are recognized and adopted by the Department, in consultation with the New Jersey Department of Health [and Senior Services], as the paper standard format for claims by medical institutions, facilities, and providers. Information concerning these forms is located at the website maintained by the Centers for Medicare and Medicaid Services (CMS), [www.cms.gov](http://www.cms.gov) and incorporated herein by reference.
- (c)-(e) (No change.)

11:22-3.8 Fraud prevention and detection

(a)-(c) (No change.)

(d) Those payers not required to have a fraud prevention and detection plan [under] **pursuant to** N.J.A.C. 11:16-6 shall file a description of the system required by this section with:

New Jersey Department of Banking and Insurance  
 Division of Anti-Fraud Compliance  
 Attn: HINT/HIPAA-Fraud Prevention and Detection Plans  
 PO Box [324] **329**  
 20 West State Street  
 Trenton, NJ [08625-0324] **08625-0329**  
**or emailed to: MCEAFC@dobi.nj.gov**

(e) (No change.)

SUBCHAPTER 4. ORGANIZED DELIVERY SYSTEMS

11:22-4.8 Net worth, deposits, and bond

(a)-(h) (No change.)

(i) Any organized delivery system that, pursuant to the terms of the contract, accepts risk in an amount represented by 50 percent or more of any carrier’s consideration received to provide services or benefits, shall satisfy all net worth and financial requirements set forth [in] **at** N.J.A.C. [8:38]**11:24-11.**

(j)-(k) (No change.)

11:22-4.9 Financial reports

(a) (No change.)

(b) A licensed organized delivery system shall submit, no later than June 1, audited annual financial reports for the immediately preceding calendar year for the segregated account established pursuant to N.J.A.C. 11:22-4.8(b), and shall also file a report with respect to all of its operations, completed on a generally accepted accounting principles basis, certified by an independent certified public accountant, in accordance with N.J.A.C. 11:2-26. In addition, a statement by a qualified actuary setting forth the actuary’s opinion as to the adequacy of reserves shall be filed with the annual report filed pursuant to (a) above, which shall satisfy the requirements set forth [in] **at** N.J.A.C. [8:38]**11:24-11.6(a)2.**

(c) (No change.)

11:22-4.13 Confidentiality

(a) (No change.)

(b) In addition to (a) above, the following documents shall be confidential and shall not be considered public documents pursuant to the [“Right-to-Know” law] **Open Public Records Act**, N.J.S.A. 47:1A-[2]**1 et seq.:**

1.-5. (No change.)

SUBCHAPTER 5. MINIMUM STANDARDS FOR HEALTH BENEFITS PLANS, PRESCRIPTION DRUG PLANS, AND DENTAL PLANS

11:22-5.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

“Point of service contract” or “POS contract” means a health benefit plan issued by a health maintenance organization or health service corporation that provides covered services and supplies through a network of providers, and pays benefits for covered services and supplies provided by out-of-network providers. The term also includes dual contracts issued pursuant to N.J.A.C. [8:38]**11:24-14.7,** whereby a health maintenance organization contract provides network benefits and an insurance company contract provides out-of-network benefits.

...

11:22-5.3 Network deductible

(a) (No change.)

1. Effective with contracts or policies effective on or after January 1, 2019, health carriers shall use an individual network out-of-pocket limit that is no greater than the maximum annual limitation on cost sharing

provided [under] **pursuant to** 45 CFR [156-130] **156.130** and a family network out-of-pocket limit that is no greater than two times the individual network out-of-pocket limit, unless the Commissioner issues an Order within 45 days of the issuance of final Federal rules governing benefits and payment parameters to freeze the out-of-pocket limit at the prior policy year maximum;

2.-7. (No change.)

11:22-5.9 Prescription drug benefits

(a) (No change.)

(b) Health benefit plans and stand-alone prescription drug plans that provide prescription drug benefits through use of a formulary, shall meet the following criteria:

1.-5. (No change.)

6. The carrier shall establish an approval process to enable health care providers and covered persons to obtain coverage of nonformulary drugs at the same level as formulary drugs where the prescribing health care provider certifies the medical necessity of the drug.

i. (No change.)

ii. The approval process for nonformulary drugs shall provide that the carrier respond to the prescribing health care provider by telephone or other telecommunication device within one business day of a request for prior authorization. Failure to respond within one business day shall be deemed an approval of the request. Initial denials shall also be provided to the prescribing health care provider and covered person, in writing, within five business days of receipt of the request for approval of a nonformulary drug, and shall include the clinical reason for the denial. Such denials are appealable to the Independent Health Care Appeals Program in the Department of [Health and Senior Services] **Banking and Insurance** pursuant to P.L. 1997, c. 192, § 11.

7. (No change.)

8. The contract and evidence of coverage form shall disclose the existence of the drug formulary, describe the approval process to obtain coverage of nonformulary drugs as formulary drugs, and describe the process to appeal a denial of a request for approval of a nonformulary drug, including the right to appeal to the Independent Health Care Appeals Program in the Department of [Health and Senior Services] **Banking and Insurance** pursuant to P.L. 1997, [c.192, §11] **c. 192, § 11.** The contract and evidence of coverage form shall state that a copy of the formulary will be provided by the carrier to a covered person upon request.

(c) (No change.)

SUBCHAPTER 6. EXCLUSIONS AND PREAUTHORIZATION REQUIREMENTS

11:22-6.4 Requirements for preauthorization provisions

Preauthorization provisions may be included in health benefit plans only upon compliance with the requirements [of] **at** N.J.A.C. 11:4-42.8[, except for N.J.A.C. 11:4-42.8(a)5].

SUBCHAPTER 7. CARRIER/PROVIDER JOINT NEGOTIATION AGREEMENTS

11:22-7.3 Quarterly and annual reports

(a)-(b) (No change.)

(c) The reports described [in] **at** (a) and (b) above shall be submitted to the Department by the due dates referenced in those subsections to **lifehealthreporting@dobi.nj.gov** or:

New Jersey Department of Banking and Insurance  
**Office of Life & Health** [Actuarial Bureau]  
 Provider Negotiation Reports  
 20 West State Street  
 PO Box 325  
 Trenton NJ 08625-0325

SUBCHAPTER 8. HEALTH INSURANCE IDENTIFICATION CARDS

11:22-8.5 Informational filing

(a) (No change.)

(b) Informational filings shall be submitted to the Department at the following address:

New Jersey Department of Banking and Insurance  
Attention: **Office of Life and Health** [Division]  
Health Benefit Card Filings  
20 West State Street  
PO Box 325  
Trenton, NJ 08625-0325  
or emailed to: [lifehealthreporting@dobi.nj.gov](mailto:lifehealthreporting@dobi.nj.gov)

## (a)

### DIVISION OF INSURANCE

#### Notice of Redoption Captive Insurance

#### Redoption with Technical Changes: N.J.A.C. 11:28

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, and 17:47B-1 et seq.

Authorized By: Susan Ochs, Acting Commissioner, Department of Banking and Insurance.

Effective Dates: February 18, 2026, Redoption;  
March 16, 2026, Technical Changes.

Expiration Date: February 18, 2033.

**Take notice** that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:28 were scheduled to expire on April 18, 2026. N.J.A.C. 11:28 establishes the admission procedures and financial reporting requirements which are necessary to implement N.J.S.A. 17:47B-1 et seq., which governs captive insurance companies.

The Department of Banking and Insurance (Department) believes that the redoption of this chapter will continue to provide a regulatory framework by which a company may form or redomesticate a captive insurance company in New Jersey. Additionally, the redoption of this chapter helps the Department ensure the registration of captive managers, actuaries, and certified public accountants retained by captive insurance companies.

The Department has reviewed these rules and has determined that the chapter remains necessary, reasonable, proper, efficient, understandable, and responsive to the purposes for which it was originally promulgated. Accordingly, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period with technical changes to correct the Department's website.

**Full text** of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

#### SUBCHAPTER 1. CAPTIVE INSURANCE

##### 11:28-1.3 Captive formation; general admission requirements

(a) A captive that intends to be formed and licensed to do business in any of the lines of insurance authorized [by] **pursuant to** N.J.S.A. 17:47B-1 et seq., shall submit the following to the Department, as applicable:

1. A captive application for admission (form can be found on the Department's website at [[http://www.state.nj.us/dobi/division\\_insurance/captive/app\\_formation.htm](http://www.state.nj.us/dobi/division_insurance/captive/app_formation.htm)] **[nj.gov/dobi/division\\_insurance/captive/app\\_formation.htm](http://www.state.nj.us/dobi/division_insurance/captive/app_formation.htm)**). The application requests the name of the proposed captive, the type of captive, the parent, the directors, capital and surplus information and the names and addresses of professional service providers;

(b)-(c) (No change.)

##### 11:28-1.4 Redomestication of captive insurance companies

(a) All captive insurance companies redomesticating to New Jersey shall file the following documentation with the Department:

1. A captive application for admission (form can be found on the Department's website at [[http://www.state.nj.us/dobi/division\\_insurance/captive/app\\_redomestication.htm](http://www.state.nj.us/dobi/division_insurance/captive/app_redomestication.htm)] **[nj.gov/dobi/division\\_insurance/captive/app\\_redomestication.htm](http://www.state.nj.us/dobi/division_insurance/captive/app_redomestication.htm)**). The application requests the name of the proposed captive, the type of captive, the parent, the directors,

capital and surplus information, and the names and addresses of professional service providers;

2.-11. (No change.)

(b)-(c) (No change.)

##### 11:28-1.6 Captive managers

(a) No person shall act as a captive manager in this State unless they are registered with the Department as a captive manager. The Department shall maintain a list of registered captive managers in this State and shall post on its website a list of all registered captive managers who indicated on their application that their contact information may be published. Individuals seeking registration as a captive manager shall submit an application for captive manager and a Biographical Affidavit (forms can be found on the Department's website at [[http://www.state.nj.us/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)] **[nj.gov/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)**) to the Department for approval. The application requests the name and address of the captive manager/firm, the date of formation and incorporation, and the names of any captives currently under management.

(b) (No change.)

##### 11:28-1.8 Annual audit

(a)-(e) (No change.)

(f) The annual audit shall include a Certification of Loss Reserves and Loss Expense Reserves (which can be submitted separately).

1.-3. (No change.)

4. No individual shall certify loss reserves and loss expense reserves for captives unless the individual is registered with the Department. The Department shall maintain a list of registered actuaries who may certify loss reserves and loss exposure reserves for captives and shall post this list on its website. An individual seeking such registration who is not on the Department's list shall submit an application for Authorization to Certify Loss Reserves and Loss Expense Reserves for Captives and a Biographical Affidavit (form can be found on the Department's website at [[http://www.state.nj.us/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)] **[nj.gov/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)**) to the Department for approval.

##### 11:28-1.9 Designation of independent certified public accountant

(a) (No change.)

(b) No person or firm shall act as an independent certified public accountant for a captive insurer unless they are registered with the Department. The Department shall maintain a list of registered independent certified public accountants and shall post this list on its website. A person or firm seeking such registration who is not on the Department's list shall submit an application for Authorization as an Independent Certified Public Accountant for Captive Insurance Business and a Biographical Affidavit to the Department for approval. (Forms are available on the Department's website at [[http://www.state.nj.us/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)] **[nj.gov/dobi/division\\_insurance/captive/serviceproviders.html](http://www.state.nj.us/dobi/division_insurance/captive/serviceproviders.html)**).

## TREASURY—GENERAL

### (b)

#### NEW JERSEY CANNABIS REGULATORY COMMISSION

#### Notice of Redoption Medicinal Cannabis Rules

#### Redoption: N.J.A.C. 17:30A

Authority: N.J.S.A. 24:6I-1 et seq.

Authorized By: New Jersey Cannabis Regulatory Commission,  
Dianna Houenou, Chair.

Effective Date: January 14, 2026.

New Expiration Date: January 14, 2033.