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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



JASON KANDER
SECRETARY OF STATE

MISSOURI
REGISTER

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February 18, 2014	March 17, 2014	March 31, 2014	April 30, 2014

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 15—Format for Concealed Carry Permits**

EMERGENCY RULE

11 CSR 30-15.010 Format for Concealed Carry Permits

PURPOSE: This emergency rule sets out the required information that shall appear on a concealed carry permit. Pursuant to section 571.101.8, HCS for SB 75, First Regular Session, Ninety-seventh General Assembly 2013, beginning August 28, 2013 county sheriffs are responsible for issuing a concealed carry permit to qualifying applicants. This rule will ensure that there is a uniform format for each concealed carry permit issued by all county sheriffs.

EMERGENCY STATEMENT: This emergency rule requires that, beginning August 28, 2013, sheriffs issuing a concealed carry permit shall include only certain information in that permit. Section 571.101.8, HCS for SB 75, First Regular Session, Ninety-seventh General Assembly 2013, requires that the permit be no larger than two inches wide by three and one-fourth inches long (2" × 3 1/4") and shall be of a uniform style prescribed by the Department of Public Safety.

Currently, sheriffs issue a certificate of qualification which authorizes the successful applicant to obtain a concealed carry endorsement from the Department of Revenue on his or her driver's license or nondriver's license. Beginning August 28, 2013, SB 75 will require

sheriffs to issue a concealed carry permit to the successful applicant.

House Committee Substitute for Senate Bill 75 was signed by the governor July 12, 2013 and the provisions relating to issuance of concealed carry permits become effective August 28, 2013. Because there is not adequate time for the department to promulgate a rule through the normal rulemaking process and be effective by August 28, 2013, the department is filing this emergency rule and simultaneously filing proposed rulemaking.

The emergency rule will provide guidance for all sheriffs issuing concealed carry permits between August 28, 2013 and the date the proposed rulemaking becomes effective. This emergency rule will ensure that those seeking a concealed carry permit from the sheriff will not be delayed in obtaining the permit because of a delay in promulgating a rule setting out a uniform permit style. This emergency rule also provides necessary direction to all sheriffs to avoid the possibility that sheriffs develop differing permit styles which could lead to confusion among law enforcement, permittees, and the public as to which individuals have valid concealed carry permits.

*The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Department of Public Safety believes this emergency rule is fair to all interested parties. This emergency rule was filed August 2, 2013, becomes effective August 28, 2013, and expires February 27, 2014.*

(1) For purposes of this section, the following terms mean:

(A) "Concealed carry permit," a permit issued by the sheriff or his or her designee that authorizes the permittee to carry a concealed firearm subject to the limitations set out in sections 571.101 to 571.121, RSMo; and

(B) "Provisional concealed carry permit," a temporary permit issued by the sheriff or his or her designee that authorizes the permittee, while the permittee's criminal background check is pending, to carry a concealed firearm subject to the limitations set out in sections 571.101 to 571.121, RSMo.

(2) When a sheriff or designee issues a concealed carry permit to a successful applicant, the permit shall include only the following information in the manner and location prescribed in form 1 included herein:

- (A) Name;
- (B) Address;
- (C) Date of birth;
- (D) Gender;
- (E) Height;
- (F) Weight;
- (G) Hair color;
- (H) Eye color;
- (I) Signature of permit holder;
- (J) Signature of sheriff;
- (K) Date permit is issued;
- (L) Expiration date; and
- (M) Permit number assigned by the sheriff or designee pursuant to section 571.101.8, RSMo. The permit number shall include the three

(3) digit county code followed by a unique permit number assigned to the individual obtaining the permit.

(3) When a sheriff or designee issues a provisional concealed carry permit to an applicant whose criminal background check is pending, the provisional permit shall include only the following information in the manner and location prescribed in form 2 included herein:

- (A) Name;
- (B) Address;
- (C) Date of birth;
- (D) Gender;
- (E) Height;

- (F) Weight;
- (G) Hair color;
- (H) Eye color;
- (I) Signature of permit holder;
- (J) Signature of sheriff;
- (K) Date permit is issued;
- (L) In lieu of an expiration date, the word "PROVISIONAL" shall appear on the permit; and

(M) Permit number assigned by the sheriff or designee pursuant to section 571.101.8, RSMo. The permit number shall include the three (3) digit county code followed by a unique permit number assigned to the individual obtaining the provisional permit.

(4) Any concealed carry permit or provisional concealed carry permit issued shall include the Missouri state seal in the manner and location prescribed in forms 1 and 2.

(5) Pursuant to section 571.101.8, RSMo, the permit shall be two inches wide by three and one-fourth inches long (2" x 3 1/4").

(6) The concealed carry permit or provisional concealed carry permit shall not include a photograph of the permit holder.


Concealed Carry Permit Samples:

MISSOURI
CONCEALED CARRY PERMIT

Permit Number XXX-XXXXXXX

LAST NAME
FIRST AND MIDDLE
ADDRESS
CITY, STATE
ZIP

Birthdate
XX-XX-XXXX



(Sheriff Signature)
County

Permit Issue Date Expiration Date
XX-XX-XXXX XX-XX-XXXX

Gender Height Weight
M/F X'X XXX

Eye Color Hair Color
XXXXX XXXXX


Signature _____

MISSOURI
PROVISIONAL CONCEALED CARRY PERMIT

Permit Number XXX-XXXXXXX

LAST NAME
FIRST AND MIDDLE
ADDRESS
CITY, STATE
ZIP

Birthdate
XX-XX-XXXX



(Sheriff Signature)
County

Permit Issue Date PROVISIONAL
XX-XX-XXXX

Gender Height Weight
M/F X'X XXX

Eye Color Hair Color
XXXXX XXXXX

Signature _____

AUTHORITY: section 571.101, HCS for SB 75, First Regular Session, Ninety-seventh General Assembly 2013. Emergency rule filed Aug. 2, 2013, effective Aug. 28, 2013, expires Feb. 27, 2014. A proposed rule, which covers this same material, is published in this issue of the Missouri Register.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 400—Life, Annuities and Health
Chapter 11—Navigators**

EMERGENCY RULE

**20 CSR 400-11.100 Navigator Examination and Licensing
Procedures and Standards**

PURPOSE: This rule prescribes the application process, fees, examination, and initial training for navigators.

*EMERGENCY STATEMENT: Because sections 376.2000–376.2014, RSMo Supp. 2012, became law with an emergency clause on July 12, 2013, this emergency rule is required to implement this legislation and to ensure that navigators are licensed prior to the exchange becoming operational in this state. On October 1, 2013, the open enrollment period begins for the federally facilitated exchange. Therefore the Department of Insurance, Financial Institutions and Professional Registration finds a compelling governmental interest exists which requires this emergency action. A proposed rule that covers this same material is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections in the **Missouri and United States Constitutions**. The Department of Insurance, Financial Institutions and Professional Registration believes this emergency rule is fair to all interested parties under these circumstances. This emergency rule was filed July 24, 2013, becomes effective August 3, 2013, and expires January 29, 2014.*

(1) Application and Fees. Application for a navigator license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual navigator.

A. A completed application form, which is included herein as Exhibit 1 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Twenty-five dollar (\$25) application fee.

2. Entity navigator.

A. A completed application form, which is included herein as Exhibit 2 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Fifty dollar (\$50) application fee.

C. List of all Missouri-licensed navigators conducting business on behalf of the entity.

(2) Required Examination.

(A) Before an individual may be licensed as a navigator, the applicant must first take and pass an examination testing the individual's knowledge regarding health insurance, health insurance exchanges, and navigator roles and responsibilities. The department may contract with an independent testing service(s) to administer an examination. In order to take the examination, an individual must register and pay an applicable testing fee.

(B) An individual may satisfy the examination requirement by demonstrating achievement of a passing score on any approved certification examination that allows the individual to perform duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the examination is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(3) Initial Training. Initial training shall be that training which is sufficient to pass the examination referenced in section (2) above.



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR LICENSE

EXHIBIT 1

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE										
1. SOCIAL SECURITY NUMBER						2. DATE OF BIRTH				
3. LAST NAME			JR./SR., ETC.			4. FIRST NAME			5. MIDDLE NAME	
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)				7. P.O. BOX		8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER				13. MOBILE TELEPHONE NUMBER			14. PERSONAL EMAIL ADDRESS			
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?								
17. BUSINESS ENTITY NAME										
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)				19. P.O. BOX		20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)			25. BUSINESS FAX NUMBER			26. BUSINESS E-MAIL ADDRESS			27. BUSINESS WEBSITE ADDRESS	
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX		30. CITY			31. STATE	32. ZIP CODE	33. COUNTRY	
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.										

BACKGROUND INFORMATION

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime? YES NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? YES NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

BACKGROUND INFORMATION

3. Have you failed to pay state or federal income tax? YES NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax? YES NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order;
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
- c) a certified copy of each administrative or court order, judgment, and/or lien; and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
- b) copies of all relevant documents.

6. Do you currently have or have you had a child support obligation? YES NO

If you answer yes:

a) are you in arrearage? YES NO

b) by how many months are you in arrearage? _____ months

c) what is the total amount of your arrearage? _____

d) are you currently subject to a repayment agreement to cure the arrearage? YES NO

e) are you in compliance with said repayment agreement? YES NO

f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) YES NO

g) have you ever been convicted of a misdemeanor or felony for failure to pay child support? YES NO

EMPLOYMENT HISTORY

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

NAME	CITY	STATE	COUNTRY	FROM		TO		POSITION HELD
				MONTH	YEAR	MONTH	YEAR	

EXAMINATION REQUIREMENT

37. Have you successfully passed a written examination relating to the license for which you are applying? YES NO

UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE.

APPLICANT'S CERTIFICATION AND ATTESTATION

38. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

INSTRUCTIONS

1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Mail completed application to: MO DIFP - Insurance
P.O. Box 4001
Jefferson City, MO 65102-4001



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR ENTITY LICENSE

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

EXHIBIT 2

PLEASE PRINT OR TYPE					
1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE
7. CONTACT NAME					
8. BUSINESS ADDRESS		9. CITY		10. STATE	11. ZIP OR FOREIGN COUNTRY
12. TELEPHONE NUMBER		13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS	15. BUSINESS EMAIL ADDRESS
16. MAILING ADDRESS		17. P.O. BOX	18. CITY		19. STATE
20. ZIP OR FOREIGN COUNTRY					

BACKGROUND INFORMATION

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? YES NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? YES NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation? YES NO

If you answer yes, identify the jurisdiction(s): _____

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

APPLICANT'S CERTIFICATION AND ATTESTATION

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
 2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
 3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
 4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
 5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

NOTARY

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

INSTRUCTIONS

- Application for initial licensure for a navigator entity shall include the following, as applicable:
1. A completed Application for Navigator Entity License.
 2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
 3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
 4. Mail completed application packet to:
 - MO DIFP – Insurance
 - PO Box 4001
 - Jefferson City MO 65102-4001

AUTHORITY: section 374.045, RSMo Supp. 2012 and CCS HCS SS SB 262, First Regular Session, Ninety-seventh General Assembly 2013, sections 376.2000–376.2014, RSMo Supp. 2012. Emergency rule filed July 24, 2013, effective Aug. 3, 2013, expires Jan. 29, 2014. A proposed rule covering this same material is published in this issue of the Missouri Register.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership**

EMERGENCY RESCISSION

22 CSR 10-2.130 Additional Plan Options. This rule established the policy of the board of trustees in regard to the additional plan options provided by Missouri Consolidated Health Care Plan.

PURPOSE: This rule is being rescinded as additional plan options are no longer permitted by statute.

EMERGENCY STATEMENT: This emergency rescission is necessary to serve a compelling governmental interest by ensuring that all members are provided plan benefits as required by law and to ensure all Missouri Consolidated Health Care Plan (MCHCP) plan offerings remain compliant with applicable state and federal law and protect the trust and its members from financial liability. It is imperative that this rescission be filed as an emergency rescission to maintain the integrity of the health care plan and avoid potential litigation and penalties by complying with applicable laws and regulations regarding mandated coverage as soon as reasonably possible in light of the recent federal court decision, Missouri Insurance Coalition, v. Huff, 2013 WL 2250430 (E.D.Mo.), issued May 22, 2013, and becoming final on June 22, 2013. Because the court in this case found the statutory provisions requiring other plan options without contraceptive coverage are void as they are pre-empted by the federal Affordable Care Act and its implementing regulations, MCHCP must now immediately come into compliance with federal mandated coverage required by the Affordable Care Act, as MCHCP does not qualify for any federal exemption from these requirements and there is no longer a state statutory requirement on which to base this rule. MCHCP will come into compliance by transferring members into a plan with contraceptive coverage. This rescission reflects changes made by the MCHCP Board of Trustees due to developments concerning the applicability and relationship between state and federal law applicable to MCHCP. A proposed rescission, which covers the same material, is published in this issue of the Missouri Register. This emergency rescission complies with the protections extended in the Missouri and United States Constitutions. MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency rescission was filed on July 16, 2013, becomes effective July 26, 2013, and expires January 21, 2014.

AUTHORITY: section 103.059, RSMo 2000, and section 103.080.3., RSMo Supp. 2012. Emergency rule filed Oct. 30, 2012, effective Jan. 1, 2013, expired June 29, 2013. Original rule filed Oct. 30, 2012, effective May 30, 2013. Emergency rescission filed July 16, 2013, effective July 26, 2013, expires Jan. 21, 2014. A proposed rescission covering this same material is published in this issue of the Missouri Register.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

EMERGENCY RESCISSION

22 CSR 10-3.130 Additional Plan Options. This rule established the policy of the board of trustees in regard to the additional plan options provided by Missouri Consolidated Health Care Plan.

PURPOSE: This rule is being rescinded as additional plan options are no longer permitted by statute.

EMERGENCY STATEMENT: This emergency rescission is necessary to serve a compelling governmental interest by ensuring that all members are provided plan benefits as required by law and to ensure all Missouri Consolidated Health Care Plan (MCHCP) plan offerings remain compliant with applicable state and federal law and protect the trust and its members from financial liability. It is imperative that this rescission be filed as an emergency rescission to maintain the integrity of the health care plan and avoid potential litigation and penalties by complying with applicable laws and regulations regarding mandated coverage as soon as reasonably possible in light of the recent federal court decision, Missouri Insurance Coalition, v. Huff, 2013 WL 2250430 (E.D.Mo.), issued May 22, 2013, and becoming final on June 22, 2013. Because the court in this case found the statutory provisions requiring other plan options without contraceptive coverage are void as they are pre-empted by the federal Affordable Care Act and its implementing regulations, MCHCP must now immediately come into compliance with federal mandated coverage required by the Affordable Care Act, as MCHCP does not qualify for any federal exemption from these requirements and there is no longer a state statutory requirement on which to base this rule. MCHCP will come into compliance by transferring members into a plan with contraceptive coverage. This rescission reflects changes made by the MCHCP Board of Trustees due to developments concerning the applicability and relationship between state and federal law applicable to MCHCP. A proposed rescission, which covers the same material, is published in this issue of the Missouri Register. This emergency rescission complies with the protections extended in the Missouri and United States Constitutions. MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency rescission was filed on July 16, 2013, becomes effective July 26, 2013, and expires January 21, 2014.

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