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AS PASSED BY THE

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> J.S. McCarthy Company Augusta, Maine 1991

PUBLIC LAWS

OF THE **STATE OF MAINE**

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1991

CHAPTER 480

H.P. 1084 - L.D. 1578

An Act to Amend the Laws Relating to the Group Life Insurance Program for Members of the Maine State Retirement System

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §17001, sub-§3-A, as enacted by PL 1989, c. 710, §1, is amended to read:

3-A. Annual base compensation. "Annual base compensation" means a member's earnable gross compensation, as adjusted by board rule to provide an equitable and stable basis based upon amounts reported by the member's employer on the member's previous year's federal wage and tax statement, that is used the first day of each April for setting the amount of coverage for participants in the group life insurance program administered by the board.

Sec. 2. 5 MRSA §17057, as enacted by PL 1989, c. 76, is repealed and the following enacted in its place:

§17057. Information not public record

1. Medical information. Medical information of any kind in the possession of the retirement system, including information pertaining to diagnosis or treatment of mental or emotional disorders, is confidential and not open to public inspection and does not constitute "public records" as defined in Title 1, section 402, subsection Records containing medical information may be ex-3. amined by the employee to whom they relate or by the State or participating local district employer of the employee for any purposes related to any claim for workers' compensation or any other benefit. The employee must be advised in writing by the retirement system of any request by the employer to examine the employee's medical records. Medical information obtained pursuant to this section remains confidential, except as otherwise provided by law, when involved in proceedings regarding workers' compensation or claims for other benefits.

2. Group life insurance information. Information in the possession of the retirement system regarding a participant's designated beneficiary or amount of insurance coverage or group life insurance is confidential and not open to public inspection and does not constitute "public records" as defined in Title 1, section 402, subsection 3.

Sec. 3. 5 MRSA §18056, sub-§1, ¶**A**, as amended by PL 1989, c. 710, §12, is further amended to read:

(1) A participant insured under a basic insurance policy shall be is automatically covered for any change in the maximum due to a change in annual base compensation.

(2) The date of change in coverage under subparagraph (1) shall coincide with is the first day of the month of April following the effective date of the change in annual base compensation.

Sec. 4. 5 MRSA §18056, sub-§3, ¶D is enacted to read:

D. Any participant who is a participant through employment with 2 or more employers may not insure that participant's dependents more than once.

Sec. 5. 5 MRSA §18057, sub-§1, as enacted by PL 1985, c. 801, §§5 and 7, is amended to read:

1. Designated beneficiary. First, to the beneficiary or beneficiaries whom the employee designated in writing, if the written designation was received in the employing retirement system office or postmarked before the employee's death.

Sec. 6. 5 MRSA §18058, as enacted by PL 1985, c. 801, §§5 and 7, is amended to read:

§18058. Insurance; automatic application

1. Employees automatically insured. All employees eligible for basic insurance under this subchapter shall be are automatically insured for the amounts of basic coverage applicable under this subchapter, beginning on the date they first become eligible. Each employee shall complete an application for insurance coverage within 31 days of becoming eligible.

A. The employee shall indicate the types of coverage elected.

B. If an application is completed in a timely manner, any coverage in addition to basic becomes effective on the first day of the month following one month of employment after the employee becomes eligible.

C. If an application is not completed within 31 days of the employee's first becoming eligible, the employee may subsequently apply for supplemental and dependent insurance but must produce evidence of insurability at the employee's own expense and in accordance with the requirements of the insurance underwriter. 2. Employees not wanting to be insured. Any employee not wanting to be insured under this subchapter, at the time the employee first becomes eligible, shall, on the appropriate application form, give written notice to his the employee's employing officer and to the retirement system that he the employee does not want to be insured.

> A. If the notice is received before after being insured, the employee has become automatically insured, he shall not be insured wishes to cancel or reduce coverage, written notice must be given by the employee to the employee's employing officer and to the retirement system.

> B. If the notice is received after the employee has become automatically insured, his The employee's insurance shall coverage must cease effective or be reduced at the end of the pay period during month in which the notice is received by the employing office.

C. Any person <u>employee</u> who does not want to be insured <u>or who cancels insurance coverage</u> may subsequently apply for insurance, but must produce evidence of insurability at his <u>the employee's</u> own expense and in accordance with the requirements of the insurance underwriter.

3. Dependent coverage. An employee may apply for coverage for a dependent in the application provided in subsection 1. If an employee has no dependents at the time the application provided in subsection 1 is completed and if application is made for coverage within 31 days of acquiring a dependent, coverage becomes effective the first day of the month following the month in which the application is received by the employing office. An employee who does not apply for dependent coverage within 31 days may subsequently apply for dependent coverage but must produce evidence of insurability at the employee's own expense. Coverage for subsequently acquired dependents is effective immediately.

4. Evidence of insurability. When the insurance underwriter approves an application for coverage or increase in coverage with which evidence of insurability has been filed as provided under subsection 1, paragraph C or subsection 2, paragraph C, the coverage or increased coverage becomes effective as of the first day of the first month following completion of one month of employment after the date of approval.

Sec. 7. 5 MRSA §18061, sub-§2, as amended by PL 1989, c. 710, §13, is further amended to read:

2. Retirement. If, on the date the insurance would otherwise terminate, the employee retires, in accordance with <u>Title 3, chapter 29, Title 4, chapter 27 or 29 or</u> this Part, the employee's basic life insurance only shall <u>must</u>

be continued without cost to him the employee and in the amounts provided in this subsection.

A. On retirement for reasons other than disability, the average amount of basic insurance in force for the last 3 years prior to retirement shall must be continued in force at no cost to the participant, if he the employee has participated in the group life insurance program for a minimum of 10 years. For the purpose of determining the average amount of basic insurance in force, there must be excluded from the amount of basic coverage in force during the last 3 years prior to retirement that portion of basic coverage that exceeds the previous year's coverage by 10%.

(1) Except as provided in paragraph B, the average amount shall <u>must</u> be reduced at the rate of 15% per year to a minimum of 40% of the average amount or \$2,500, whichever is greater.

(2) In determining benefits under this subchapter, the reductions shall become effective at 12:01 a.m. of the day following the first year anniversary of the date of retirement and each succeeding retirement anniversary thereafter until the minimum has been reached.

B. The reduction set out in paragraph A, subparagraph (1) does not apply to any Justice of the Supreme Judicial Court or Superior Court, to any Judge of the District Court or Administrative Court, to any workers' compensation commissioner nor to any retired justice or judge who was insured and who was living on September 14, 1979.

(1) The average amount of insurance referred to in this subsection for any justice or judge shall <u>must</u> be continued in force at no cost to the justice or judge until he the justice or judge reaches 70 years of age.

(2) When a justice or judge reaches 70 years of age, the amount of insurance in force shall become becomes 25% of the average amount of insurance.

C. On retirement for disability, the amount of basic insurance in force at the time of retirement shall must be continued in force until normal retirement age, after which the amount shall must be reduced, as provided in paragraphs A and B, at no cost to the recipient. The 10-year participation requirement does not apply to recipients of disability retirement benefits.

D. The premiums for the coverage provided by this subsection must be paid from reserves established for that purpose.

Sec. 8. 5 MRSA §18656, sub-§1, ¶A, as amended by PL 1989, c. 710, §23, is further amended to read:

A. The amount of life insurance to be paid upon death is to be equal to the participant's annual base compensation rounded up to the next 1,000.

(1) A participant insured under a basic insurance policy shall be is automatically covered for any change in the maximum due to a change in annual base compensation.

(2) The date of change in coverage under subparagraph (1) shall coincide with is the first day of the month of April following the effective date of the change in annual base compensation.

Sec. 9. 5 MRSA §18656, sub-§3, ¶D is enacted to read:

D. Any participant who is a participant through employment with 2 or more employers may not insure that participant's dependents more than once.

Sec. 10. 5 MRSA §18657, sub-§1, as enacted by PL 1985, c. 801, §§5 and 7, is amended to read:

1. Designated beneficiary. First, to the beneficiary or beneficiaries whom the employee designated in writing, if the written designation was received in the employing retirement system office or postmarked before the employee's death.

Sec. 11. 5 MRSA §18658, as enacted by PL 1985, c. 801, §§5 and 7, is amended to read:

§18658. Insurance; automatic application

1. Employees automatically insured. All employees eligible for basic insurance under this subchapter shall be are automatically insured for the amounts of basic coverage applicable under this subchapter, beginning on the date they first become eligible. Each employee shall complete an application for insurance coverage within 31 days of becoming eligible.

A. The employee shall indicate the types of coverage elected.

B. If an application is completed in a timely manner, any coverage in addition to basic becomes effective on the first day of the month following one month of employment after the employee becomes eligible.

C. If an application is not completed within 31 days of the employee's first becoming eligible, the employee may subsequently apply for supplemental and dependent insurance but must produce evidence of insurability at the employee's own expense and in accordance with the requirements of the insurance underwriter.

2. Employees not wanting to be insured. Any employee not wanting to be insured under this subchapter, at the time the employee first becomes eligible, shall, on the appropriate application form, give written notice to his the employee's employing officer and to the retirement system that he the employee does not want to be insured.

> A. If the notice is received before, after being insured, the employee has become automatically insured, he shall not be insured wishes to cancel or reduce coverage, written notice must be given by the employee to the employee's employing officer and to the retirement system.

> B. If the notice is received after the employee has become automatically insured, his The employee's insurance shall coverage must cease, effective or be reduced at the end of the pay period during the month in which the notice is received by the employing office.

C. Any person employee who does not want to be insured or who cancels insurance coverage may subsequently apply for insurance, but shall be required to must produce evidence of insurability at his the employee's own expense and in accordance with the requirements of the insurance underwriter.

3. Dependent coverage. An employee may apply for coverage for a dependent in the application provided in subsection 1. If an employee has no dependents at the time the application provided in subsection 1 is completed and if application is made for coverage within 31 days of acquiring a dependent, coverage becomes effective the first day of the month following the month in which the application is received by the employing office. An employee who does not apply for dependent coverage within 31 days, may subsequently apply for dependent coverage, but must produce evidence of insurability at the employee's own expense. Coverage for subsequently acquired dependents is effective immediately.

4. Evidence of insurability. When the insurance underwriter approves an application for coverage or increase in coverage with which evidence of insurability has been filed as provided under subsection 1, paragraph C or subsection 2, paragraph C, the coverage or increased coverage becomes effective as of the first day of the first month following completion of one month of employment after the date of approval.

Sec. 12. 5 MRSA §18661, sub-§2, as amended by PL 1989, c. 710, §24, is further amended to read:

2. Retirement. If, on the date the insurance would otherwise terminate, the employee retires, in accordance

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with this Part, the United States Social Security Act or other local retirement program, the employee's basic life insurance only shall <u>must</u> be continued without cost to the employee and in the amounts provided in this subsection.

> A. On retirement for reasons other than disability, the average amount of basic insurance in force for the last 3 years prior to retirement shall <u>must</u> be continued in force at no cost to the participant, if the participant has participated in the group life insurance program for a minimum of 10 years continuously and immediately before retirement. For the purpose of determining the average amount of basic insurance in force, there must be excluded from the amount of basic coverage in force during the last 3 years prior to retirement that portion of basic coverage that exceeds the previous year's coverage by 10%.

> > (1) Except as provided in paragraph B, the average amount shall <u>must</u> be reduced at the rate of 15% a year to a minimum of 40% of the average amount or \$2,500, whichever is greater.

(2) In determining benefits under this subchapter, the reductions shall become effective at 12:01 a.m. of the day following the first year anniversary of the date of retirement and each succeeding retirement anniversary thereafter until the minimum has been reached.

B. On retirement for disability, the amount of basic insurance in force at the time of retirement shall must be continued in force until normal retirement age, after which the amount shall must be reduced, as provided in paragraph A at no cost to the recipient. The 10-year participation requirement does not apply to recipients of disability retirement benefits.

C. The premiums for the coverage provided by this subsection must be paid by the participating local district which employed the participant immediately before the participant's retirement. Delinquent payments under this section may be collected as provided under section 18303, subsection 3.

See title page for effective date.

CHAPTER 481

H.P. 824 - L.D. 1178

An Act to Improve Outdoor Lighting

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §1768 is enacted to read:

§1768. Outdoor lighting

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Direct light" means light emitted directly from a lamp off a reflector or through a refractor of a luminaire.

B. "Fixture" means the assembly that holds the lamp and may include an assembly housing, a mounting bracket or pole socket, a lamp holder, a ballast, a reflector or mirror and a refractor or lens.

C. "Footcandle" means an illuminance equal to one lumen per square foot.

D. "Full cutoff luminaire" means a luminaire that allows no direct light emissions above a horizontal plane through the luminaire's lowest light-emitting part.

E. "Glare" means direct light emitting from a luminaire that causes reduced vision or momentary blindness.

F. "Illuminance" means the level of light measured at a surface.

G. "Lamp" means the component of a luminaire that produces the light.

H. "Light trespass" means light emitted by a luminaire that shines beyond the boundaries of the property on which the luminaire is located.

I. "Lumen" means a unit of measurement of luminous flux.

J. "Luminaire" means the complete lighting system, including the lamp and the fixture.

K. "Permanent outdoor luminaire" means any luminaire or system of luminaires that is outdoors and that is intended to be used for 7 days or longer.

L. "State funds" means any bond revenues or any money appropriated or allocated by the Legislature.

2. Permanent outdoor luminaires. A person may not use any state funds to install or replace any permanent outdoor luminaire unless:

A. The luminaire is a full cutoff luminaire when the rated output of the luminaire is greater than 1,800 lumens;

B. The luminaire's maximum illuminance does not exceed the minimum illuminance recommended for that purpose by the Illuminating Engineering Society