

**Connecticut Insurance Department  
Health and Welfare Fee Assessment  
Request For Number of Insured or Enrolled Lives in CT  
As of May 1, 2016  
Per Conn. Gen. Stat. Sec. 19a-7j  
Report Due Date: September 1, 2016**

**I. Filing As:**

Insurer:	<input type="checkbox"/>
Exempt Insurer:	<input type="checkbox"/>
TPA:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**Note:** Each reporting entity must file separately on a separate form for each of the three reporting categories above, if applicable. Also, "Exempt Insurer" above is also referred to as a "Registered TPA." If you checked the "Not Applicable" box, please explain why.

**II. Reporting Entity:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Note:** Contact information is where all correspondence, including invoices will be sent.

**III. Number of Insured or Enrolled Lives in CT As of May 1, 2016:**

**Total Reported Number of CT only Insured or Enrolled Lives that meet at least one of the coverage types of Section 38a-469 in subdivisions (1) Basic Hospital Expense Coverage, (2) Basic Medical-Surgical Expense Coverage, (4) Major Medical Expense Coverage, (11) Hospital or Medical Service Plan Contract, and (12) Hospital and Medical Coverage Provided to Subscribers of a Health Care Center as of May 1, 2016:**

**Reported Number**

\_\_\_\_\_  
**If none, please report as "NONE"**

**Note:** Not later than September first, annually, each such insurer, health care center, third-party administrator and exempt insurer shall report to the Insurance Commissioner... the number of insured or enrolled lives in this state as of May first immediately preceding for which such insurer, health care center, third-party administrator or exempt insurer is providing health insurance or administering a self-insured health benefit plan that provides coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469.... Such Numbers shall not include lives enrolled in Medicare, any medical assistance program administered by the Department of Social Services, workers compensation insurance or Medicare Part C plans. (Conn. Gen. Stat. Sec. 19a-7j(b)(3)).

**IV. Certification:**

The undersigned deposes and says that (s)he had duly executed this report dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that (s)he is the ) (Title of Officer) of (Name Reporting Entity) of such company and that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Name of Reporting Entity

BY \_\_\_\_\_  
(Name) (Title)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public / Commissioner of the Superior Court

**Note:** Any insurer, health care center, third-party administrator or exempt insurer that fails to file this report by the due date shall pay a late filing fee of one hundred dollars per day for each day from the date such report was due. Also, If the Insurance Commissioner determines that there is other than a good faith discrepancy between the actual number of insured or enrolled lives that should have been reported and the number actually reported, such insurer, health care center, third-party administrator or exempt insurer shall pay a civil penalty of not more than fifteen thousand dollars for each report filed for which the Insurance Commissioner determines there is such a discrepancy. (Conn. Gen. Stat. Sec. 19a-7j(b)(6)).

**V. Directions / Information:**

Mailing Address:	Connecticut Insurance Department Attn: Business Office P.O. Box 816 Hartford, CT 06142-0816 Electronic filings may be sent to cid.vax@ct.gov
Inquiries / Questions ?	Contact the department at cid.vax@ct.gov