



# STATE OF CONNECTICUT INSURANCE DEPARTMENT

## Public Health Fee Assessment Request

For Number of Insured or Enrolled Lives in CT as of May 1<sup>st</sup>, 2021

Per Conn. Gen. Stat. Sec. 19a-7p

Report Due Date: September 1<sup>st</sup>, 2021

### I. FILLING AS:

Domestic Insurer

Health Center

### II. REPORTING ENTITY:

Company Name:

Street Address:

City, State, Zip:

Contact Person:

Phone:

E-Mail:

**Note: All letters and email will be sent to this address. Email should be address used for assessment invoices.**

### III. NUMBER OF INSURED OR ENROLLED LIVES IN CT:

**Report Number: *If none, please report as "NONE"*** \_\_\_\_\_

Not later than September 1<sup>st</sup> annually, each such insurer and health care center shall report to the Insurance Commissioner... the number of insured or enrolled lives in this state as of the preceding May 1<sup>st</sup>, for which such insurer or health care center is providing health insurance coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469. Do 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. Stats. Sec. 19a-7p).

**IV. CERTIFICATION:**

The undersigned hereby certifies (a) that he or she duly executed this report on the date shown below on behalf of the company named above as the Reporting Entity; (b) that he or she is an officer or representative of such company and is authorized to make this certification; and (c) that the facts set forth in this Report are true and correct to the best of his/her knowledge, information and belief.

BY \_\_\_\_\_ (signature) \_\_\_\_\_ (print date)  
\_\_\_\_\_ (print name) \_\_\_\_\_ (Title)

**Note:** Any insurer or health care center that fails to file this report by the due date shall pay a late filing fee 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 or health care center shall pay a civil penalty for each report filed for which the Insurance Commissioner determines there is such a discrepancy. (Conn. Public Act No.15-5).

**V. DIRECTIONS/INFORMATION:**

*Original ink signature not required. Emailed copy is the preferred reporting method.*

Electronic Filings: Electronic filings are **preferred**; sent to [cid.phfa@ct.gov](mailto:cid.phfa@ct.gov)

Mailing Address: Connecticut Insurance Department  
Attn: Business Office  
P.O. Box 816  
Hartford, CT 06142-0816

Inquiries / Questions? Please send all inquiries to [cid.phfa@ct.gov](mailto:cid.phfa@ct.gov)