



STATE OF CONNECTICUT INSURANCE DEPARTMENT

Public Health Fee Assessment Request

For Number of Insured or Enrolled Lives in CT as of May 1st, 2020

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

Report Due Date: September 1st, 2020

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 1st 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 1st, 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)

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

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