



# STATE OF CONNECTICUT INSURANCE DEPARTMENT

## Health and Welfare Fee (Childhood Vaccinations) Assessment Request For Number of Insured or Enrolled Lives in CT as of May 1<sup>st</sup>, 2024

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

Report Due Date: September 1<sup>st</sup>, 2024

### I.

Insurer

Exempt Insurer

TPA

Explanation if exempt insurer is checked:

A reporting entity must file a separate form for each applicable category. **Note:** "Exempt Insurer" above is also referred to as a "Registered TPA." If you checked the "Exempt Insurer" box, please include a brief explanation.

### I.

Entity Name:

Street Address:

City, State, Zip:

Contact Person:

Phone:

E-Mail:

Note: All letters and invoices will be sent to this address. Email should be the person or generic address used for invoicing.

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

**NOTE: Your assessment will be based on the number reported below.**

Total Reported Number of CT only Insured or Enrolled Lives that meet at least one of the coverage types of following subdivisions of Conn. Gen. Stat. Sec. 38a-469 (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<sup>st</sup>, 2024:**

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

Not later than September 1st 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 the preceding May 1<sup>st</sup> 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 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) \_\_\_\_\_ (print title)

**Note:** Any insurer, health care center, TPA or exempt insurer that fails to file this report by September 1st is liable to pay a late filing fee of \$100 per day for each day from the date such report was due. If the 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 reporting entity is liable to pay a civil penalty of not more than \$15,000 for each report filed for which it is determined that there is such a discrepancy. (Conn. Gen. Stat. Sec. 19a-7j(b)(6)).

**V. DIRECTIONS/INFORMATION:**

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

- Electronic Filings: Electronic filings are **preferred**; sent to [cid.vax@ct.gov](mailto:cid.vax@ct.gov)
- Mailing Address: Connecticut Insurance Department  
Attn: Business Office  
P.O. Box 816  
Hartford, CT 06142-0816
- Inquiries / Questions? Contact the department at [cid.vax@ct.gov](mailto:cid.vax@ct.gov)