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 1st, 2026

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

Report Due Date: September 1st, 2026

I. FILLING AS:

☐ 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.

II. REPORTING ENTITY:

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 1st, 2026**:

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 1st 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
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