

INSTRUCTIONS FOR COMPLETING AND FILING STATEMENT OF PREMIUM TAXES AND FEES INSURERS USING HEALTH BLANK

1. Read these instructions carefully before completing the *Statement of Premium Taxes and Fees*. If there are any questions regarding this filing, contact the Premium Tax Section at (208) 334-4282, (208) 334-4281 or premiumtax@doi.idaho.gov.
2. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax and fee filings must be submitted electronically. Idaho Code §41-402. Electronic filings must be submitted by one of the following methods:
 - ❖ Directly through TriTech Premium Pro software or;
 - ❖ Idaho Department of Insurance Electronic Filing System located [here](#). Or visit <https://tritechsoft.com/efilenetid/efilenet/efiledefault.aspx>

Payments must be submitted by one of the following methods:

- ❖ Electronic Funds Transfer (EFT). Idaho does not accept ACH Debit. ACH Acredit or Wire Transfers are acceptable.
 - ❖ Check (to be submitted with payment voucher).
 - ❖ To enroll in the Electronic Fund Transfer payment system, please complete the EFT Enrollment Form located on the Idaho Department of Insurance website at <https://doi.idaho.gov/Company/PremiumTax/Instructions> , and submit it to the Premium Tax Section at premiumtax@doi.idaho.gov.
3. All Non-Idaho Exhibits, Schedules and Supplements referred to within the *Statement of Premium Taxes and Fees* and these instructions may be found in the *NAIC Annual Statement*.
 4. Each authorized insurance company shall file a *Statement of Premium Taxes and Fees* regardless of whether any insurance business was transacted in Idaho during the year. Each formerly authorized insurer, with respect to insurance transacted while an authorized insurer, shall file a statement for any renewal premiums received during the calendar year. Enclose a written notice if transferring policies from one insurer to another insurer because it also transfers the tax obligation with respect to those policies. Idaho Code § 41-402.
 5. Late filing of the statement and remittance will result in a penalty of \$25.00 for each day of delinquency, commencing March 2nd, as determined by the submission date. Idaho Code § 41-404, 41-3427 (2), and 41-3922 (2). Late filing penalties will be assessed for the following:
 - ❖ Late filing (electronic submission date) of the *Statement of Taxes and Fees* or any required schedule or exhibit.
 - ❖ Incomplete submission of the *Statement of Taxes and Fees* (missing signature).
 - ❖ Unpaid/underpaid tax (electronic submission date or official postmark).
 - ❖ Electronic Fund Transfer (EFT) payment not in the correct bank account on the due date.

If paying by check only an official U.S. Postal Service cancellation postmark on the envelope, rather than private postage meter stamp, shall qualify as proof of timely mailing. If a carrier service is used, the mailing date will be determined by the package pick-up date, not the delivery date.

Any tax payment in the amount of \$100,000.00 or more must be made electronically. Idaho Code §67-2026.

6. **To avoid a lost payment, attach the check for balance due to the payment voucher.** If payment is being processed by the Electronic Funds Transfer (EFT) method, check the box under Line 9-Amount Enclosed. Make sure when transmitting payment by EFT, it is sent to the correct **premium tax type code (07170)** for the Department of Insurance. Late penalties will be assessed if payment is not in the correct bank account on the due date. An EFT authorization approval should have been acquired prior to using this method. If you need an authorization form, see item #2 above.
7. Requests for 30 day extensions or exemptions for filing the *Annual Statement* beyond the regular due date will not be required providing approval was granted by the domiciliary state and NAIC has been notified. Extensions beyond 30 days will require a written request for extension and domiciliary approval. However, the Annual Continuation Fee **MUST** be submitted with the *Statement of Premium Taxes and Fees* on or before March 1st, regardless of extensions. Idaho Code §41-402 (1), 41-324.
8. For all electronic filings, the typed name of the company officer submitting the return on the signature line under oath is acceptable. If you need additional instructions or forms, contact this office as listed in Item #1. Idaho Code § 41-402 (1).
9. The Tax Statement and continuation fee must be filed/paid regardless of negative premiums or if no business was written.
10. **PAGE 1 - STATEMENT OF PREMIUM TAXES AND FEES**

RECAP OF TAXES AND FEES

- A. Enter the company information. The Idaho Certificate of Authority Number (C/A No.) box located on Page 1 must be completed. Enter your Company NAIC Identification Number in the box provided. The company name, address, and state of domicile must be completed as all tax forms, refunds, and correspondence will be sent to this address.
- B. Line 1. Taxes Due. Precalculated total from *Schedule E*.
- C. Line 2. Less Premium GA Tax Credit. Precalculated total from *Schedule 8* Line 3.
- D. Line 3. Less Total Workers Compensation Credit. Precalculated total from *Schedule 7*, Line 6. Tax credit cannot exceed the premium tax liability.
- E. Line 4. Total Tax Liability. Precalculated total. (Line 1, less Line 2, Less Line 3) Total credits cannot exceed the total tax on Line 1.
- F. Line 5. Less Prepayments. Enter the amount of quarterly prepayments.
- G. Line 6. Total Tax Due. Precalculated total. If the estimated quarterly prepayments paid toward your tax obligation exceed the total premium tax amount due for the calendar year end, **you must still submit payment of the required continuation fee.** If the amount on Line 6 is negative (an overpayment), the overpayment amount should be carried forward to Line 10 - Refund Due for Tax Overpayment. Any refund due for the overpayment of premium taxes will be mailed to the company address indicated on the tax statement, after the company's statement has been audited. Tax overpayments cannot be applied toward continuation fees or future quarterly tax prepayment obligations. Idaho Code § 41-402 (10).
- H. Line 7. Annual Continuation Fee. Idaho Code § 41-324, Idaho Insurance Rule 44 (IDAPA 18.01.02). To determine correct fee amount, use the total capital and surplus amount reported on *Annual Statement, Liabilities, Surplus and Other Funds*. Payment of required fee **MUST** be included. If required fee is not being paid you must attach a written explanation.
- I. Line 8. Penalty Due. Enter the number of days of delinquency commencing March 2nd, based on the electronic submission date. A late penalty is assessed if Electronic Fund Transfer (EFT) payment is not in the correct bank account on the due date. See also item #5 in these instructions.

- J. Line 9. Amount Enclosed. Overpayment of tax may not be used to offset fees or penalties. **Do not apply tax overpayment to payment of fee. Payment of required continuation fees must be enclosed.**
- ❖ If a refund of premium tax is due on Line 10 (also negative amount of Line 6), submit payment for Lines 7 and 8 (continuation fee and applicable penalties).
 - ❖ If there is premium tax due on Line 6 (positive amount on Line 6), submit payment for the total of Lines 6, 7 and 8 (tax due, continuation fee and applicable penalties).
- K. Line 10. Refund Due. This is the overpaid tax amount calculated on Line 6. Per Idaho 41-402A. Refunds. "Where there has been an overpayment of any taxes, fines or penalties due under this chapter, the director is authorized to refund all such taxes, fines or penalties erroneously or illegally collected or paid. No such refund shall be paid after one (1) year from the due date of the statement required in section 41-402(4), Idaho Code, unless before the expiration of such period a written claim is filed therefore by the insurer on such forms and in such manner as is prescribed by the director."
- L. The tax statement must be signed and dated by an Officer of the company. By the appropriate signature, being duly sworn upon oath, it is declared that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company for the reporting year ending on insurance or property or risks resident or located in Idaho. Unsigned forms will be considered incomplete. See item #8.
- M. All questions concerning the tax statement will be directed to the contact person as stated on Page 1 of the tax statement; therefore, include a telephone number with extension and E-mail address. If the contact person changes after the submission of the *Statement of Premium Taxes and Fees*, please contact the Premium Tax Section as indicated in item #1.

11. **PAGE 2 - SCHEDULE A - COMPUTATION OF PREMIUM TAX ACCIDENT AND HEALTH ONLY**

- A. Line 1. Total Accident and Health Premiums. Enter direct premiums written. Should agree with premium as reported on *Schedule T*, and *Idaho Business Page*. A complete explanation of any differences between the tax statement and the *NAIC Annual Statement* schedules must be submitted and signed by the person authorized by the company to prepare the tax statement.

Line 1A. Premiums Written Through Associations. Report total premiums written through Associations, Trusts or Groups that are located in a state other than Idaho but are for residents or risks located in Idaho and have been reported on *Schedule T* as premiums written in a state other than Idaho. Must enter an amount even if zero. **Idaho law does not permit an exemption based on the Rule of 500 or any other allocation method.**

Line 1B. Total Premiums. Precalculated total. (Total of Line 1, plus Line 1A)

- B. Line 2. Idaho Domestic Insurers. Must be completed only by Idaho domestic insurers. Enter total premiums minus dividends for accident and health premiums written in jurisdictions where insurer is not licensed. Complete Supplement 2.
- C. Line 3. Line 3. Less Policy Dividends and Return Coupons. Report dividends. Should match the *Idaho Business Page*, Column 3. Do not include dividends derived from exempt premiums. Attach a detailed explanation of any amounts of dividends derived from exempt premiums.
- D. Line 4. Premiums Exempt by State Law and/or Federal Law. Itemize and identify premiums exempt under state law and/or preempted by federal law.
- ❖ Enter Federal Employers Health Care Premiums
 - ❖ Enter Federal Medicare Title XVIII Premiums
 - ❖ Enter Dental Premiums from Page 6, Schedule D.
 - ❖ Enter and identify any other exempt premiums.

- E. Line 5. Net Taxable Accident and Health Premiums. Precalculated total. (Line 1B, plus Line 2, less Line 3, less Line 4)
- F. Line 6. Premium Tax. Precalculated total. (Total of Line 5 multiplied by Idaho tax rate of 1.5%)

12. **PAGE 3 - SCHEDULE B1 - COMPUTATION OF PREMIUM TAX - LIFE**

- A. Total Annuity Premiums. Enter the amount of Annuity premiums written.
- B. Line 1. Total Life Premiums. Should agree with premium as reported on the *NAIC State Page*. A complete explanation of any differences between the tax statement and *NAIC Annual Statement* schedules must be submitted and signed by the person authorized by the company to prepare the tax statement.

Line 1A. Dividends allocated as premium payments and paid-up additions. Report dividends allocated as premium payments and paid-up additions. Should match the *NAIC Supplement 31*, Line 6.2 and 6.3, Column 5. If dividends applied to renewal (Line 6.2) are included in Direct Premiums Written on Schedule T and NOT included on line 1A, attach an explanation.

Line 1B. Total Premiums Written Through Associations. Report total premiums written through Associations, Trusts or Groups that are located in a state other than Idaho but are for residents or risks located in Idaho and have been reported on *Schedule T* as premiums written in a state other than Idaho. Must enter an amount even if zero. **Idaho Tax Law does not allow the Rule of 500 to apply to tax obligation.**

Line 1C. Total premiums. Precalculated total (Line 1, plus Line 1A, plus Line 1B).

- C. Line 2. Idaho Domestic Insurers. Must be completed only by Idaho domestic insurers. Enter total life premiums minus dividends for Life premiums written in jurisdictions where insurer is not licensed. Complete Supplement 1.
- D. Line 3. Less Policy Dividends and Return Coupons. Report dividends. Amount should match the *NAIC State Page*. Do not include dividends derived from exempt premiums. Attach a detailed explanation of any amount of dividends derived from exempt premiums.
- E. Line 4. Premiums Exempt and/or Preempted by Federal Law. Itemize premiums exempt from state taxes under federal law, and identify applicable preemption.
- F. Line 5. Net Taxable Life Premiums. Precalculated Total. (Line 1C, plus Line 2, minus Line 3, minus Line 4).
- G. Line 6. Premium Tax. Precalculated total (Multiply amount on Line 5 by 1.5% and enter total on Line 6). If less than zero, enter zero.

13. **PAGE 4 - SCHEDULE B2 - COMPUTATION OF PREMIUM TAX – PROPERTY AND CASUALTY**

- A. Line 1. Total Direct Premiums Written Plus Service or Finance Charges. Enter direct premiums written plus service or finance charges. Should agree with premium as reported on the *Exhibit of Premiums and Losses*. A complete explanation of any differences between the tax statement and *NAIC Annual Statement* schedules must be submitted and signed by the person authorized by the company to prepare the tax statement.

Line 1A. Premiums written through Associations. Report total premiums written through Associations, Trusts or Groups that are located in a state other than Idaho but are for residents or risks located in Idaho and that have been reported on *Schedule T* as premiums written in a state other than Idaho. Must enter an amount even if zero. Idaho law does not permit an exemption based on the Rule of 500 or any other allocation method.

Line 1B. Bail Bond Premiums. Report Bail Bond Premiums that are reported net on *Schedule T* and/or *State Business Page* per your domicile state permitted practice SSAP No 053 Bail Bond reporting. ADD the difference between net reported and gross written for bail bond premium in the state of Idaho.

- B. Line 2. Idaho Domestic Insurers. Must be completed only by Idaho domestic insurers. Enter total property & casualty premiums minus dividends for premiums written in jurisdictions where insurer is not licensed. Complete Supplement 3.
- C. Line 3. Dividends Paid or Credited to the Account of Policyholders. Enter dividends from the *Exhibit of Premiums and Losses* for property and casualty less exempt premiums. Include explanation of reduced amounts for exempt premiums.
- D. On Line 4. Premiums Exempt by State Law and/or Preempted by Federal Law. Itemize and identify premiums exempt under state law and/or preempted by federal law.
- E. Line 5. Net Taxable Property and Casualty Premiums. Precalculated total. (Lines D, plus Line 2, less, Line 3, less Line 4).
- F. Line 6. Premium Tax. Precalculated total. (Total of Line 5 multiplied by the Idaho tax rate of 1.5%) If less than zero, enter zero.

14. PAGE 5 - SCHEDULE C – SELF-FUNDED PLANS

Each self-funded plan that is not preempted by ERISA and is not exempt from registration under Idaho Code § 41-4003(2) is required to pay a four cent (\$.04) per month per beneficiary tax for all beneficiaries working or residing in this state. Idaho Code § 41-4012(1).

If the administrator is collecting this tax on behalf of the employer plan, then the administrator should **submit a *Schedule C form for each administered self-funded plan***, along with the correct tax payment. If the administrator is not collecting this tax, please forward the *Schedule C form* to each self-funded plan’s Trustee.

Examples of self-funded plans not preempted by ERISA and that are required to pay the tax unless exempted by Idaho Code § 41-4003(2) are:

- ❖ A plan for a governmental entity (29 U.S.C. 1003(b)(1)).
- ❖ A church plan (29 U.S.C. 1003(b)(2)).
- ❖ An unfunded excess benefit plan (29 U.S.C. 1003(b)(5)).
- ❖ A self-funded Multiple Employer Welfare Arrangement.

Examples of self-funded plans exempt from registration pursuant to Idaho Code § 41-4003(2) and therefore not liable for the tax include:

- ❖ Any plan established and maintained for the purpose of complying with any workers’ compensation law or unemployment compensation disability law;
- ❖ Plans administered by or for the federal government or any agency thereof, or by or for any county in this state.

- A. Each self-funded plan must file a separate *Schedule C*.
- B. Enter the name of the Plan, complete address, contact name, telephone number or email address.
- C. Enter the number of beneficiaries covered by month.
- D. Total the number of beneficiaries for the year.
- E. Multiply total annual beneficiaries by \$0.04 and enter in Total Tax Due.
- F. Bring the total tax of each self-funded plan forward to Page 9, Line 5.

15. PAGE 6 - SCHEDULE D – DENTAL PLANS

- A. Total Premiums for the Year. Enter total dental premiums. Should agree with *NAIC Annual Statement Schedules*.
- B. Enter the number of contracts for each month for individual insured, group certificate holder, or blanket policy participants.
- C. Total Contracts. Precalculated total. (The number of contracts for the calendar year).
- D. Total Tax Due. Precalculated total (Multiply the total contracts by \$.04 to calculate the total tax due). The dental tax rate is \$.04 per contract, per month. Idaho Code §41-402(9).

16. PAGE 7 – SCHEDULE 7 - WORKER’S COMPENSATION TAX CREDIT

- A. All worker’s compensation insurers must pay 2.00% premium tax on Idaho worker’s compensation premiums written to the Idaho Industrial Commission. Insurers are allowed to offset 50% of the tax paid to the Industrial Commission against the worker’s compensation premium tax liability to the Department of Insurance. Do not confuse the 2.0% premium taxes paid to the Industrial Commission with the additional 1.5% premium taxes due to the Department of Insurance. The worker’s compensation tax credit can only offset the worker’s compensation premium tax liability to the Idaho Department of Insurance and cannot be allowed against any other lines of insurance. Idaho Code § 72-523.
- B. Line 1 and 2. Net Premiums Written. Report SEMI-ANNUAL Industrial Commission Net Premiums Written. Enter the same amounts as reported on the June and December *Semi-Annual Report of Premiums* filed with the Idaho Industrial Commission.
- C. Line 1A and 2A. Report Tax Amount Paid to the Industrial Commission. Enter the amount paid to the Industrial Commission for each of the June and December periods. If minimum payments were made, enter the minimum amount paid of \$75.00.
- D. Lines 1B and 2B. 50% Deduction. Precalculated total. (Multiply each, Lines 1A and 2A by 50%). Only 50% of the worker’s compensation premium tax paid to the Industrial Commission is allowed for deduction against the additional 1.5% premium tax imposed by the Idaho Department of Insurance.
- E. Line 3. Maximum Credit. Precalculated total. (Total Lines 1B and 2B).

IDAHO DEPARTMENT OF INSURANCE PREMIUM TAX LIABILITY

The worker’s compensation tax credit can never exceed the worker’s compensation premiums tax liability at the Idaho rate of 1.50%. The lesser amount of the maximum allowable credit (50% of fees paid to the Idaho Industrial Commission) or the Idaho Premium Tax Liability for worker’s compensation premium must be used as the credit. **If no worker’s compensation premiums were written, no credit can be taken.**

- F. Line 4A. Worker’s Compensation Premiums. Enter Worker’s Compensation premiums.
- G. Line 4B. Worker’s Compensation Dividends. Enter Worker’s Compensation dividends.
- H. Line 4C. Taxable Worker’s Compensation Premiums. Precalculated Total. (Subtract Line 4B from Line 4A).
- I. Line 5. Total Worker’s Compensation Tax. Precalculated total. (Multiply Line 4C by 1.50%).
- J. Line 6. Allowable Credit. Precalculated total. (Enter the smaller of Line 3 or Line 5.)
- K. The sum of the Idaho Industrial Commission Worker’s Compensation Credits cannot exceed the total worker’s compensation premium tax liability.

17. PAGE 8 - SCHEDULE 8 – CLASS B ASSESSMENTS 2015 and 2017

- A. Read these instructions carefully before completing *Schedule 8*. If you have any questions, contact the Premium Tax Section at (208) 334-4282, (208) 334-4281, or premiumtax@doi.idaho.gov.
- B. Each authorized insurance company filing a *Statement of Premium Taxes and Fees* and requesting Tax Credits on Page 1 must complete schedules where tax credits are being requested. Total tax credits cannot exceed the calculated premium tax liability.
- C. Each formerly authorized insurer, with respect to insurance transacted while an authorized insurer, must enclose a written notice if transferring policies from one insurer to another. The effect of transferring policies from one insurer to another insurer is to transfer the tax obligation or credit with respect to the policies. Before credit can be taken for a company other than the company shown on the original Certificate of Contribution, an explanation must be attached. Idaho Code § 41-402 (1) (5).
- D. Schedules are in date order by the *Notice of Assessment, Certificate of Contribution*, and each assessment is listed by company in the same order as on the Certificate. Do not attach a copy of checks or *Certificate of Contributions*. They will be requested only if a discrepancy is discovered.
- E. Enter only the actual tax credit amount being requested for each individual company assessment. Do not report the actual amounts paid to the Guaranty Association. The Guaranty Association provides the Department of Insurance with the amount and date each assessment is paid. Credits can only be taken for Class B assessments paid. Idaho Code §41-3616.
- F. Do not confuse calendar year paid with tax year. For example:
- ❖ If a *Notice of Assessment* dated November 2000 was paid before calendar year ending 2000 (Portion Paid in 2000), it can be included as a credit for 2000 on the Tax Statement due March 2001.
 - ❖ If any portion of the assessment was not paid until 2001 (Portion paid in 2001), then only that portion would be included as a credit for 2001 on the Tax Statement due March 2002.
- G. A credit of twenty percent (20%) of the assessment is allowed for each of the five (5) calendar years following the calendar year in which the assessment was paid. (If an assessment was paid in 2000, the first credit may be taken for the calendar year ending 12/31/2000, due the following year on 3/1/2001) The 20% credit or portion thereof not used in any calendar year cannot be carried forward or back to another year. Idaho Code § 41-4313
- H. An assessment expires five (5) calendar years following the calendar year in which the assessment was paid. Refer to the expiration dates listed on each assessment.
- I. Line 1. 2015 Class B National States Insurance Company Insolvency Assessment 7/28/15. Informational purposes only. No data entry required.
- Line 1A. Maximum of 20% portion paid in 2015. Enter the maximum allowable credit of 20% of the amount paid in 2015.
- Line 2. 2017 Class B Penn Treaty Insolvency Assessment 10/13/17. Informational purposes only. No data entry required.
- Line 2A. Maximum of 20% portion paid in 2017. Enter the maximum allowable credit of 20% of the amount paid in 2017.
- J. Line 3. Total Credits. Precalculated total. (Line 1A plus Line 2A)

18. **PAGE 9 - SCHEDULE E - COMPUTATION OF RETALIATORY TAXES**

Idaho Code § 41-340 (2) and (3)

SCHEDULE E MUST BE INCLUDED WITH RETURN

Attach Retaliatory Calculation Worksheet

This schedule determines the higher aggregate of taxes due. For audit verification, we may be contacting the various state insurance departments, using copies of the domicile state's tax statements, retaliatory calculation worksheets, NAIC Retaliatory Guide and domiciliary code.

- A. Column A – Idaho Basis – is precalculated from entries on other schedules.
- B. Column B – Retaliatory Taxes. All foreign insurers must complete Column B. Entries should be calculated on the retaliatory basis of what an Idaho company, doing the identical volume of business, would be required to pay to the state of domicile. **Attach an explanation of calculations on taxes.**
- C. Column B Line 1. Accident & Health Premiums. Enter the net taxable health and accident premium for domicile state. Attach explanation if different from the Idaho basis.
- D. Column B Line 1A. Tax Rate. Enter the domiciliary tax rate for accident and health.
- E. Column B Line 1B. Premium Tax. Multiply Column B, Line 1 by the rate reported on Line 1A.
- F. Column B, Line 2. Life Premiums. Enter the net taxable life premium for the domiciliary state. Attach explanation if different from the Idaho basis.
- G. Column B, Line 2A. Tax Rate. Enter the domiciliary tax rate for life.
- H. Column B, Line 2B. Premium Tax. Multiply Column B, Line 2 by the rate in Column B, Line 2A.
- I. Column B, Line 3. Property and Casualty Premiums. Enter the net taxable property and casualty premium for the domiciliary state. Attach an explanation if different from the Idaho basis.
- J. Column B, Line 3A. Tax Rate. Enter the domiciliary tax rate for property and casualty.
- K. Column B, Line 3B. Premium Tax. Multiply Column B, Line 3 by the rate entered in Column B, Line 3A.
- L. Column B, Line 4. Municipal, City and County Premiums. Enter domiciliary taxes for municipal, city and county.
- M. Line 5, Column B - Other Taxes. Corporate/Income/Excise taxes must be stated, even if zero. All other taxes imposed by your state of domicile on foreign insurers, including state imposed income/excise/corporate/minimum tax, must be reported **except**:
 - ❖ Ad valorem taxes on real or personal property.
 - ❖ Personal income, capital or surplus taxes.
 - ❖ Taxes imposed for a special purpose on a particular kind of insurance.
- N. Line 6. Total Taxes. Add Lines 1B, 2B, 3B, 4B and 5. Carry the greater of Line 6, Column A or Column B to page 1, Line 1.

An explanation of retaliatory calculations will be requested for any discrepancies. Any discrepancies will be verified.