

## INSTRUCTIONS FOR COMPLETING AND FILING STATEMENT OF TAXES AND FEES HOSPITAL AND PROFESSIONAL SERVICE CORPORATIONS

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](mailto:premiumtax@doi.idaho.gov).
2. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax filings must be submitted electronically. Idaho Code §41-3427. Electronic filings may be submitted by 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 Fund Transfer (EFT). Idaho does NOT accept ACH Debit. ACH Credit 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](mailto:premiumtax@doi.idaho.gov).
3. 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.

Late filing of the statement and remittance will result in a penalty of \$25.00 for each day of delinquency, commencing March 2<sup>nd</sup>, as determined 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 is 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 or more must be made electronically. Idaho Code §67-2026.

5. **If making payment by check, 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 5- Total Amount Enclosed. Make sure when transmitting payment by EFT, it is sent to the correct premium **tax type code (07170)** for the Idaho Department of Insurance. Late penalties will be assessed if the 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.
6. 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 1<sup>st</sup>, regardless of extensions. Idaho Code §41-402 (1), 41-324.
7. 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 at the telephone number listed in Item #1. Idaho Code §41-402(1). Forms are considered incomplete if not properly signed.

8. **PAGE 1 - STATEMENT OF PREMIUIM TAXES AND FEES**

**RECAP OF TAXES AND FEES**

- A. Complete all company information, including the Idaho Certificate of Authority Number (C/A No.). Enter the 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. Precalculated total from *Schedule A*.
- C. Line 2. Enter the total tax due of all *Schedule Cs* for all self-funded plans.
- D. Line 3. Annual Continuation Fee. Idaho Code § 41-324 and Idaho Insurance Rule 44 (IDAPA 18.01.02.020.03.a.v). Payment of required continuation fee **MUST** be included. If the Continuation Fee is not being paid you must attach a written explanation.
- E. Line 4. Penalty. Enter the number of days late commencing March 2<sup>nd</sup> and continuing until the date of submission date. See also item # 4 in these instructions.
- F. Line 5. Total Amount Enclosed. Add Lines 1, 2, 3, and 4. Check the box below Line 5 if paying by EFT.
- G. 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. Please also see item # 7 in these instructions.
- H. All questions and correspondence 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, please contact the Premium Tax Section as indicated in item # 1.

9. **PAGE 2 - SCHEDULE A - HOSPITAL AND PROFESSIONAL SERVICE CORPORATION**

Each Hospital and Professional Service Corporation as defined by Idaho Code §41-3403 shall pay tax “upon each subscriber’s contract, at the rate of four cents (\$0.04) per subscriber’s contract, per month, such amount to be computed each month.” Idaho Code §41-3427.

- A. All figures reported on this page should agree with *NAIC Annual Statement* schedules, or a complete explanation with documentation for the differences must be submitted with the tax statement and signed by the person authorized by the company to prepare this statement.
- B. Enter the amount of Total Premiums Written in Idaho. Amounts should agree with *NAIC Annual Statement, Exhibit of Premiums, Enrollment and Utilization Exhibit* – Column 1 Line 12 Health Premiums Written and *Schedule T*, Line 13, sum of Column 2, 3, 4, and 5.
- C. Enter the Net Subscriber Members in Force Per Month. Total number should agree with *Annual Statement Exhibit 1 - Enrollment By Product Type for Health Business Only*, Column 5, Line 7 and *Exhibit of Premiums, Enrollment and Utilization*, Column 1, Line 5.

**This statement does not have a SCHEDULE B.**

**11. PAGE 3- 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, per 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.

1. Each self-funded plan must file a separate *Schedule C*.
2. Enter the name of the Plan, complete address, contact name, telephone number and email address.
3. Enter the number of beneficiaries covered by month.
4. Total the number of beneficiaries for the year.
5. Multiply total annual beneficiaries by \$0.04 and enter in Total Tax Due.
6. Bring the sum total tax of all self-funded plan forward to Page 1, Line 2.