

# IDAHO Department of Insurance

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## Industry > Idaho Survey Page > Idaho Individual and/or Small Employer Health Reinsurance Program Survey

Under Idaho Code § 41-4711(12)(c) and Idaho Code 41-5508(3)(b), assessments for the reinsurance program are determined by each carrier's share of the assessable market. In Idaho the assessable market includes all disability premium where Idaho premium is reportable:

- Health benefit plans;
- Specific disease coverages;
- Hospital confinement indemnity coverages and
- Reinsurance by way of excess loss and stop-loss.

This information is necessary to determine each carrier's proper level of assessment in support of the program.

**NOTE:** Assessments cannot be offset against premium or other taxes due.

This form is not an assessment. The information will be used to determine your annual assessment, which will then be billed under separate cover. You are required by Idaho Code §41-247 to promptly and accurately respond to this request for information.

Reporting Period: Calendar Year 2019

### **ELECTRONIC RETURN FILING MANDATORY NO HARD COPIES ACCEPTED - NO IDAHO PAGE ATTACHMENT**

PLEASE READ BEFORE CONTINUING - Important information about this electronic form:

- Do not use dollar signs, commas, decimal points, any negative numbers or spaces in the numeric fields.
- Round money amounts to the next whole dollar. No cents please.
- To move through the form use the "Tab" key or your mouse.
- Please do not use the "Enter" key to move through the form. The "Enter" key will submit the form.
- You must submit the electronic form, even though you may not have incurred any new or renewal disability premium in the past year.
- Only one submission is allowed. If you have a problem or questions email [Scott Frost](mailto:Scott.Frost@idaho.gov) or telephone [\(208\)334-4277](tel:2083344277).
- Please print each page for your records prior to submitting it.

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**TOTAL NUMBER OF RESIDENTS AS OF DECEMBER 31, 2018:** Based on Idaho Code Sections 41-4711(16) and 41-5505(5), all carriers shall file annually with the Director the total number of residents, including spouses and dependents, covered during the previous calendar year as of December 31 under all health benefit plans issued in this state.

|  |                                |
|--|--------------------------------|
| INDIVIDUAL:                                  | <input type="text" value="0"/> |
| SMALL EMPLOYER:                              | <input type="text" value="0"/> |
| LARGE EMPLOYER:                              | <input type="text" value="0"/> |
| LONG TERM CARE (LTC):                        | <input type="text" value="0"/> |
| ADMINISTRATIVE SERVICES ONLY (ASO):          | <input type="text" value="0"/> |
| ASSOCIATION HEALTH PLANS (AHPs):             | <input type="text" value="0"/> |
| SPECIFIC DISEASE:                            | <input type="text" value="0"/> |
| HOSPITAL INDEMNITY:                          | <input type="text" value="0"/> |
| REINSURANCE BY WAY OF EXCESS LOSS/STOP LOSS: | <input type="text" value="0"/> |
| MEDICARE SUPPLEMENT:                         | <input type="text" value="0"/> |
| MEDICARE PART D:                             | <input type="text" value="0"/> |

Instructions for lives covered section.

[I have included all applicable information. Let me submit this form.](#)