

Carrier:
Respondent:
Phone:
Fax:
Email:

New Jersey
Individual Health Coverage Program
Quarterly Enrollment Report
Part 1 of Exhibit L

A. Report by Contract	Issued Prior to 8/1/93	Plan A		Plan A/50		Plan B		Plan C		Plan D		Basic & Essential		HMO Plans	Total Plans
		Indemnity	Indemnity	Indemnity	PPO	Indemnity	PPO/POS	Indemnity	PPO/POS	Indemnity	HMO				
I. # of Contracts Inforce Beginning of Period	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of New Sales and Conversions Issued During Period															
1. # of New Contracts Issued to Employed Individuals															
2. # of New Contracts Issued to Unemployed Individuals															
3. # of New Contracts Issued with Unknown Employment Status															
4. # of Replacement Contracts Issued to Previously Insured Individuals															
5. # of Replacement Contracts Issued to Previously Uninsured Individuals															
6. # of Contracts Issued with Unknown Replacement Status															
III. # of Contracts Lapsed in Period	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # of Contracts Inforce End of Period [IV=(I+II)-III]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B. Report by Persons Insured															
I. # Insured Beginning of Period	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of New Insureds During Period															
III. # of Insureds Lapsed During Period	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # Insured End of Period [IV=(I+II)-III]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C. Report of Contracts by Rating Category															
I. # of Single Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of Husband and Wife Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III. # of Parent and Child(ren) Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # of Family Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
V. # of Child(ren) only Contracts															
VI. # of Contracts Inforce End of Period [VI=I+II+III+IV+V]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D. Report of Contracts by Deductible/Copayment Option (End of Period)															
I. # of Contracts with \$10 Copay	-	-													
II. # of Contracts with \$500 Deductible or \$15 Copay															
III. # of Contracts with \$1000 Deductible or \$20 Copay															
IV. # of Contracts with \$2500 Deductible or \$30 Copay															
V. # of Contracts with \$1500, \$2250, \$3000, or \$4500 Deductible															
VI. # of Contracts with Inflation-Adjusted Deductible															
VII. # of Contracts with \$5000 Deductible															
VIII. # of Contracts with \$10000 Deductible															
IX. # of Contracts with Deductible/Copay for basic&essential plan															
IX. # of Contracts Inforce End of Period [IX=I+II+III+IV+V+VI+VII+VIII+IX]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
% of Contracts Issued to Persons Previously Uninsured	-														

Note: A.IV=C.V=D.IX