

**EXHIBIT K: New Jersey Individual Health Coverage Program Assessment Report  
For the Two-Year Calculation Period 2017-2018**

All carriers reporting accident and health premium to the New Jersey Department of Banking and Insurance shall submit this report and attachments in accordance with the provisions of N.J.A.C. 11:20-8. Reports must be completed and returned on or before April 1, 2019.

**Part A. Carrier Information**

Carrier's Name:	
NAIC Number:	
Affiliated Carriers: (Name and NAIC Number)	

**Part B. Information of Person completing this Report**

Name:			
Title:			
Phone:		Fax:	
Email:			
Mailing Address:			

**Part C. Program Membership for the Two-Year Calculation Period (Attach worksheet(s))**

Members and Non-members with reportable accident and health premium in New Jersey MUST complete and return one copy of the attached "Exhibit K-Part C Premium Data Worksheet" for each of the affiliates listed above. If any of the affiliates has any net earned premium for the two-year period, the carrier is a Member and shall record the amount below. If no affiliates have net earned premium, then the carrier is a Non-member and the carrier shall check the Non-member box below.

Member's net earned premium, including all affiliates, for the two-year period:	\$
OR <input type="checkbox"/> Non-member of the IHC Program with no net earned premium.	

**Part D. Certification**

I certify that I am an officer of the company, that the information provided in this report and all attachments is accurate and complete, and that it has been prepared in accordance with the provisions of N.J.A.C. 11:20-8.

Printed Name:			
Title:			
Signature:		Date:	

**Exhibit K Part C Premium Data Worksheet for the Two-Year Calculation Period 2017-2018**

Name of Affiliate: \_\_\_\_\_ Name of Carrier on Exhibit K: \_\_\_\_\_  
 Carriers shall complete and return this page for each affiliate along with Exhibit K.

<b>Section 1: Total A&amp;H Premium</b>	<b>Premium for 2017</b>	<b>Premium for 2018</b>	<b>Two-Year Total</b>
Amount of Accident & Health Premium on New Jersey NAIC Statement Blank:	\$	\$	\$

<b>Section 2: List of Excepted Benefits and Premium</b>	<b>Premium for 2017</b>	<b>Premium for 2018</b>	<b>Two-Year Total</b>
a. Medicare Advantage and Medicare + Choice coverage and Medicare Demonstration and Medicare Part D Coverage	\$	\$	\$
b. contracts funded pursuant to the "Federal Employee Health Benefits Act of 1959," 5 U.S.C. § 8901-8914	\$	\$	\$
c. excess risk or stop loss insurance coverage issued by a carrier in connection with any self insured health benefits plan	\$	\$	\$
d. Medicare supplement policies or contracts	\$	\$	\$
e. non-expense incurred specified disease coverage	\$	\$	\$
f. coverage only for accident, disability income insurance, or any combination	\$	\$	\$
g. coverage issued as a supplement to liability insurance	\$	\$	\$
h. liability insurance, including general liability insurance and automobile liability insurance	\$	\$	\$
i. workers' compensation or similar insurance	\$	\$	\$
j. automobile medical payment insurance	\$	\$	\$
k. credit-only insurance	\$	\$	\$
l. coverage for on- site medical clinics	\$	\$	\$
m. other similar insurance coverage, as specified in federal regs., under which benefits for medical care are secondary or incidental to other insurance benefits	\$	\$	\$
n. limited scope dental or vision benefits*	\$	\$	\$
o. benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof *	\$	\$	\$
p. such other similar, limited benefits as are specified in federal regulations*	\$	\$	\$
q. hospital confinement indemnity coverage if the benefits are provided under a separate policy, certificate or contract of insurance, there is no coordination between the provision of the benefits and any exclusion of benefits under any group health benefits plan maintained by the same plan sponsor, and those benefits are paid with respect to an event without regard to whether benefits are provided with respect to such an event under any group health plan maintained by the same plan sponsor	\$	\$	\$
r. coverage supplemental to the coverage provided under chapter 55 of Title 10, United States Code (10 U.S.C. § 1071 et seq.)	\$	\$	\$
s. similar supplemental coverage provided to coverage under a group health plan	\$	\$	\$
<b>Total excepted premium:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Include as an excepted benefit if the coverage is provided under a separate policy, certificate or contract of insurance or is otherwise not an integral part of the plan.

<b>Section 3: Calculation of "Net Earned Premium"</b>	<b>Premium for 2017</b>	<b>Premium for 2018</b>	<b>Two-Year Total</b>
Net Earned Premium = (Section 1 premium – Section 2 premium)	\$	\$	\$

**EXHIBIT K: New Jersey Individual Health Coverage Program Assessment Report**  
**For the Calendar Year Ended December 31, 20xx**  
(Beginning for Calendar Year Ended December 31, 2019)

All carriers reporting accident and health premium to the New Jersey Department of Banking and Insurance shall submit this report and attachments in accordance with the provisions of N.J.A.C. 11:20-8. Reports must be completed and returned on or before April 1, 20xx.

**Part A. Carrier Information**

Carrier's Name:			
NAIC Number:			
Affiliated Carriers:			
(Name and NAIC Number)			

**Part B. Information of the Person completing this Report**

Name:			
Title:			
Phone:		Fax:	
Email:			
Mailing Address:			

**Part C. Program Membership for the Calendar Year Calculation Period (Attach worksheet(s))**

Members and Non-members with reportable accident and health premium in New Jersey MUST complete and return one copy of the attached "Exhibit K-Part C Premium Data Worksheet" for each of the affiliates listed above. If any of the affiliates has any net earned premium for the year, the carrier is a Member and shall record the amount below. If no affiliates have net earned premium, then the carrier is a Non-member and the carrier shall check the Non-member box below.

Member's net earned premium, including all affiliates, for the year (from Part C):	\$
OR <input type="checkbox"/> Non-member of the IHC Program with no net earned premium.	

**Part D. Certification**

I certify that I am an officer of the company, that the information provided in this report and all attachments is accurate and complete, and that it has been prepared in accordance with the provisions of N.J.A.C. 11:20-8.

Printed Name:			
Title:			
Signature:		Date:	

## Exhibit K Part C Premium Data Worksheet for the Calendar Year Ended December 31, 20xx

Name of Carrier on Exhibit K: \_\_\_\_\_

Name of Affiliate: \_\_\_\_\_ NAIC# \_\_\_\_\_

Carriers shall complete and return this page for each affiliate along with Exhibit K.

Section 1: Total A&H Premium	Premium for 20xx
Amount of Accident & Health Premium on New Jersey NAIC Statement Blank	\$ -

Section 2: List of Excepted Benefits and Premium	Premium for 20xx
a. Medicare Advantage and Medicare + Choice coverage and Medicare Demonstration and Medicare Part D Coverage	\$ -
b. contracts funded pursuant to the "Federal Employee Health Benefits Act of 1959," 5 U.S.C. § 8901-8914	\$ -
c. excess risk or stop loss insurance coverage issued by a carrier in connection with any self insured health benefits plan	\$ -
d. Medicare supplement policies or contracts	\$ -
e. non-expense incurred specified disease coverage	\$ -
f. coverage only for accident, disability income insurance, or any combination	\$ -
g. coverage issued as a supplement to liability insurance	\$ -
h. liability insurance, including general liability insurance and automobile liability insurance	\$ -
i. workers' compensation or similar insurance	\$ -
j. automobile medical payment insurance	\$ -
k. credit-only insurance	\$ -
l. coverage for on- site medical clinics	\$ -
m. other similar insurance coverage, as specified in federal regs., under which benefits for medical care are secondary or incidental to other insurance benefits	\$ -
n. limited scope dental or vision benefits*	\$ -
o. benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof *	\$ -
p. such other similar, limited benefits as are specified in federal regulations*	\$ -
q. hospital confinement indemnity coverage if the benefits are provided under a separate policy, certificate or contract of insurance, there is no coordination between the provision of the benefits and any exclusion of benefits under any group health benefits plan maintained by the same plan sponsor, and those benefits are paid with respect to an event without regard to whether benefits are provided with respect to such an event under any group health plan maintained by the same plan sponsor	\$ -
r. coverage supplemental to the coverage provided under chapter 55 of Title 10, United States Code (10 U.S.C. § 1071 et seq.)	\$ -
s. similar supplemental coverage provided to coverage under a group health plan	\$ -
Total excepted premium:	\$ -

Section 3: Calculation of "Net Earned Premium"	Net Earned Premium
Net Earned Premium = (Section 1 premium – Section 2 premium)	\$ -

\*Include as an excepted benefit only if the coverage is provided under a separate policy, certificate or contract of insurance or is otherwise not an integral part of the plan.