



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 DIVISION OF INSURANCE
 OFFICE OF SOLVENCY REGULATION
 PO BOX 325
 TRENTON, NJ 08625-0325

PHIL MURPHY
Governor

SHEILA OLIVER
Lt. Governor

MARLENE CARIDE
Commissioner

TEL (609) 292-7272
 FAX (609) 292-6765

Dental Plan Organizations – Annual and Quarterly Financial Reporting Requirements

Summarized herein are the annual and quarterly financial reporting requirements for Dental Plan Organizations (DPOs) licensed in New Jersey. The license holder is responsible to ensure that all required data is properly captured and that all required reports are submitted in order to comply with New Jersey statutes and regulations. The major reporting requirements are as follows:

All filings must be postmarked no later than the indicated due date.

Reports due March 1	Pursuant to
Annual Statement for preceding year prepared by independent certified public accountant or independent public accountant and attested to by officer of DPO, completed as prescribed by NAIC Annual Statement Instructions on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Annual Health Blank	N.J.A.C. 11:10-1.7(e)
Management Discussion & Analysis	NAIC Health Statement Instructions
Supplemental Compensation Exhibit	NAIC Health Statement Instructions
DPO Supplement to Annual Statement, incl. General Interrogatories, Exhibits 1, 2, 3A, 3B, 4, 5, 6, 7, 8, 9, and 10, and Attachment for Multi-State DPOs	N.J.A.C. 11:10-1.7(a)
Risk-Based Capital Report, as applicable	N.J.A.C. 11:2-39A.3(a), Order No. A15-102
Reports due April 1	Pursuant to
NAIC April 1, Supplements, including but not limited to Investment Risk Interrogatories, Long-Term Care Insurance Experience Reporting Forms, and Supplemental Health Care Exhibit	NAIC Health Statement Instructions
Risk Assessment Discussion	N.J.A.C. 11:10-1.7(a)
Reports due May 15	Pursuant to
1st Qtr. Statement for current year completed as prescribed by NAIC Annual and Quarterly Statement Instructions, on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Quarterly Health Blank	N.J.A.C. 11:10-1.7(a)
DPO Supplement to Quarterly Statement, incl. Attachments A-E	N.J.A.C. 11:10-1.7(a)
Management Discussion & Analysis	NAIC Health Statement Instructions

DPOs – Annual and Quarterly Financial Reporting Requirements

Reports due June 1	Pursuant to
Audited Annual Statement, incl. CPA Qualification Letter and Internal Control Letter	N.J.A.C. 11:10-1.7(f)
Corporate Governance Annual Disclosure	N.J.S.A. 17:23-42
Reports due August 15	Pursuant to
2nd Qtr. Statement for current year completed as prescribed by the NAIC Annual and Quarterly Statement Instructions, on SAP basis in accordance with the NAIC Accounting Practices and Procedures Manual, and via the NAIC Quarterly Health Blank	N.J.A.C. 11:10-1.7(a)
DPO Supplement to Quarterly Statement, incl. Attachments A-E	N.J.A.C. 11:10-1.7(a)
Management Discussion & Analysis	NAIC Health Statement Instructions
Reports due November 15	Pursuant to
3rd Qtr. Statement for current year completed as prescribed by NAIC Annual and Quarterly Statement Instructions, on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Quarterly Health Blank	N.J.A.C. 11:10-1.7(a)
DPO Supplement to Quarterly Statement, incl. Attachments A-E	N.J.A.C. 11:10-1.7(a)
Management Discussion & Analysis	NAIC Health Statement Instructions

General Information:

All form submissions must be completed in their entirety; if a specific field or schedule is not applicable to the DPO, the DPO should indicate that by responding “N/A” or “None.”

Original signatures are required on all filings. The Annual and Quarterly Statements must be signed by the President and Secretary of the company or, in their absence, by two principal officers of the company.

Requests for exemptions from filing requirements must be submitted in writing at least 30 days prior to the due date. Any deviation absent written permission of the Commissioner, may be considered non-compliance and may cause the filing to be rejected and subject to penalties and enforcement measures as prescribed by N.J.A.C. 11:10-1.13(a).

Within these instructions, references are made to the NAIC Health Blank, Health Annual and Quarterly Statement Instructions, and Accounting Policies and Procedures Manual. These forms may be purchased directly from the NAIC or through several independent insurance service companies throughout the United States. Should the DPO wish to procure the forms through the NAIC, please contact the following:

National Association of Insurance Commissioners
Insurance Products and Services Division
Telephone: (816) 783-8300
Facsimile: (816) 460-7593
Website: http://www.naic.org/prod_serv_publications.htm

It is the DPO’s responsibility to ensure all forms are current and up-to-date at all times.

Note regarding the Annual Statement preparation:

On or before March 1, the DPO shall submit an Annual Statement for the immediately preceding calendar year, using the “Annual Health Blank” established by the NAIC for DPOs.

In the section on the Jurat Page labeled “Licensed as Business Type,” DPOs domiciled in New Jersey should check the “Hospital, Medical & Dental Service or Indemnity” box. DPOs not domiciled in New Jersey are to check the box directed by their state of domicile.

DPOs – Annual and Quarterly Financial Reporting Requirements

In accordance with SAP, the DPO shall segregate assets into categories of “Admitted Assets” and “Non-Admitted Assets.” The Non-Admitted Assets shall be excluded by the Department in consideration of the DPO’s minimum statutory net worth, solvency, deposit, and reserve requirements.

All expenses paid to medical providers (including dentists) should be included on Line 9 “Hospital/Medical Benefits” of the Statement of Revenue and Expenses; they should not be included on Line 10 “Other Professional Services” or Line 29 “Aggregate write-ins for other income or expenses.”

If the DPO is not a separate legal entity in New Jersey, please provide a second “Underwriting and Investment Exhibit – Part 1 – Premiums” which reflects the DPO’s New Jersey business only.

The Notes to the Financial Statement are an essential part of the Annual Statement. When addressing the notes, show a “None” or “Not Applicable” if appropriate. The numbering of the notes is not to be altered. These disclosures are to be consistent with those required by the standards set by the AICPA. The NAIC Health Annual Statement Instructions contain complete instructions and examples for each note. All items listed as “other” with a value of 10% or greater of total assets, total liabilities, total revenue, total expenses, etc. must be broken out as a “Detailed Write-In” with an appropriate identification including: (a) “Aggregate write-ins for gains or (losses) in surplus” in Statement of Revenue and Expenses, Page 5, Line 47 and, (b) “Other cash provided (applied)” in the Statement of Cash Flow, Line 16.6. Disclose these items in the Management’s Discussion & Analysis and in the Notes to Financial Statement when applicable.

Pursuant to N.J.A.C. 11:10-1.7(e), DPOs shall submit three (3) hardcopies of the complete Annual Statement filing to the Department. Please send to the following address:

Chief Insurance Examiner
NJ Department of Banking and Insurance
Office of Solvency Regulation – 8th Floor

BY US MAIL

P.O. Box 325
Trenton, NJ 08625-0325

BY OVERNIGHT MAIL

20 West State Street
Trenton, NJ 08608-120

Company filings should also be sent electronically in .pdf format to DomesticAnnual@dobi.nj.gov for Domestic Company filings and ForeignAnnual@dobi.nj.gov for Foreign Company filings. Please include the Company Name, NAIC#, and Name of Filing in the subject.

Note regarding Management’s Discussion and Analysis preparation:

The Management’s Discussion and Analysis (MD&A) must be submitted with each Annual Statement and Quarterly Statement. The MD&A is primarily a narrative document setting forth information which enables the Department to enhance its understanding of the DPO’s financial position, results of operations, changes in capital and surplus accounts, and cash flow. The narrative may refer to such schedules, exhibits, General Interrogatories and five-year historical data contained in the Annual and Quarterly Statements as management believes to be necessary. In addition to facts which may be ascertained from the statement, provide variance analysis discussion with the prior period filing. See the NAIC’s MD&A instructions for the specific format and detailed guidance.

Note regarding Supplemental Compensation Exhibit preparation:

The Supplemental Compensation Exhibit (SCE) is filed with the state and is not filed with the NAIC. The purpose of this Exhibit is to provide information concerning payments to senior management and directors. DPOs that are part of a group of insurers or other holding company system may file amounts paid to officers and employers of more than one insurer in the group or system either on a total gross basis or by allocation to each insurer. Compensation shall consist of any and all remuneration paid to or on behalf of an officer, employee, or director covered by this requirement, including, but not limited to wages, salaries, bonuses, commissions, stock grants, and gains from the exercise of stock options, and any other emolument. Part 1 consists of three interrogatories to be answered by all companies. Part 2 reports the DPO’s five (5) most highly-compensated employees including the CEO. In addition, the next five most highly compensated

DPOs – Annual and Quarterly Financial Reporting Requirements

officers and/or employees that are compensated in excess of \$100,000 are to be included in the report for a maximum of ten (10) reported officers/employees. The form requires amounts for the current year and the last two years for each officer/employee. See the NAIC Health Annual Statement Instructions for further guidance.

Note regarding Exhibit 2 – Projections preparation:

Projections must be in electronic format and contain detailed Statutory Balance Sheet, Income Statement, and Cash Flow projections and include leverage, profitability, RBC, and liquidity ratios. In addition to such quantitative information, projections are to contain a qualitative Business Plan narrative addressing the assumptions underlying the projections, including how the company plans to achieve its projections noting rate and territory changes, etc. as well as a discussion of the process in place to evaluate actual results to the projections. Projections can be submitted using UCAA Form 13 available on the NAIC website or in a substantially similar format of the Company's choosing, provided all required information is included.

Note regarding Risk Assessment Discussion:

Below are the nine (9) categories of insurers' branded risks as identified by the NAIC. On or before April 1, of each year, the DPO shall submit a Risk Assessment Discussion identifying the Board of Directors' and Executive Management's assessment of the three (3) areas of risk that have most significantly impacted the DPO over the past year, and a prospective narrative of all nine (9) risks on a going-forward basis.

1. Credit Risk
2. Market Risk
3. Pricing & Underwriting Risk
4. Reserving Risk
5. Liquidity Risk
6. Operational Risk
7. Legal Risk
8. Strategic Risk
9. Reputational Risk

More information concerning the Risk Assessment Discussion can be found under separate cover on the Department's website.

Note regarding Audited Annual Financial Statement:

The DPO's audited annual financial report, certified by the independent certified public accountant having conducted the audit, shall be forwarded to the Department on or before June 1, of each year.

Note regarding Quarterly Statement preparation:

The DPO shall submit quarterly reports no later than 45 days following the close of each of the first three calendar quarters (that is, May 15, August 15, and November 15, respectively). DPOs shall submit the Quarterly Statements using the "Quarterly Health Blank." format established by the NAIC for DPOs.

Questions or Concerns

If you have any questions concerning this correspondence, please contact Tim Stroud or Shail Mankad of the Department of Banking and Insurance, Office of Solvency Regulation at Tim.Stroud@dobi.nj.gov or at Shail.Mankad@dobi.nj.gov, respectively.

GENERAL INFORMATION AND INSTRUCTIONS

For Dental Plan Organizations Filing Supplements to Annual & Quarterly Reports

Please read these instructions carefully. Submissions that are incomplete, inaccurate, and/or late may be found out of compliance with N.J.A.C. 11:10-1.13(b), which states that a DPO which “fails to reply to any inquiry of the Commissioner or fails to file quarterly or annual reports pursuant to this subchapter shall be subject to penalties pursuant to [N.J.S.A.] 17B:21-2.”

1. The supplements to the annual and quarterly reports are to be filed in conjunction with the due dates for their corresponding annual or quarterly reports – i.e. for the annual supplement, on or before March 1 for the preceding calendar year; for the 1st, 2nd, and 3rd quarterly supplements, on or before May 15, August 14, and November 14, respectively, of the current calendar year.
2. The reporting date and the name and NAIC # of the DPO must be prominently written or stamped atop all pages in the designated headers provided, including all Exhibits, duplicate Exhibits, inserted Exhibits, loose sheets, etc.
3. Unanswered questions and blank lines or exhibits are not acceptable. If no answers or entries are to be made, please write “None,” “Not Applicable (N/A),” “-0-,” or similar as appropriate in the applicable spaces provided.
4. On any schedule or exhibit, any item which cannot be readily classified under one of the provided categories should be disclosed on a blank line and adequately described.
5. If additional supporting pages are added in connection with answering interrogatories or providing other information, the added pages should be properly cross-referenced to the item being answered (Example: “Interrogatories, # 7”).
6. If this report does not contain the required information in the blanks or is not prepared in accordance with these instructions, it will not be accepted and late fees may be assessed.
7. The Annual and Quarterly Supplements relates to the Dental Plan Organization only; any private practice dentistry or other non-dental plan activities should not be included herein.

State of New Jersey
Department of Banking and Insurance
DPO Annual and Quarterly Supplements

Page	Description
1	General Information and Instructions
2	Table of Contents

Required with each Annual Statement filing	3	Cover Sheet for Annual Supplement
	4	General Interrogatories
	5	
	6	Exhibit 1 - Restricted Deposit, General Surplus, & Special Contingent Surplus*
	7	Exhibit 2 - Projections
	8	Exhibit 3A - Complaint Data (Internal Only)
	9	Exhibit 3B - Complaint Data (External Only)
	10	Exhibit 4 - Malpractice Claims
		Exhibit 5 - Full-Time Equivalent Dentists
		Exhibit 6 - Management and Service Contracts
	11	Exhibit 7 - Enrollment Data
		Exhibit 8 - Specialist Pool
	12	Exhibit 9 - Benefit Plans
13	Exhibit 10 - Attachment for DPO Quarterly Chart of Payment Withholds	
14	Attachment for Multi-State DPOs*	

Required with each Quarterly Statement filing	15	Cover Sheet for Quarterly Supplement
	16	Attachment A - Restricted Deposit, General Surplus, & Special Contingent Surplus*
	17	Attachment B - Actuals/Projections
	18	Attachment C – Quarterly General Interrogatories
	19	Attachment D – Specialist Pools*
	20	Attachment E - Attachment for DPO Quarterly Chart of Payment Withholds

*** If applicable**



Department of Banking and Insurance

Dental Plan Organization (DPO)
Supplement to the Annual Report of

Name and NAIC # of DPO: _____
For the Year Ended: December 31,
Month Day Year

Submitted By:

Printed Name & Title of Responsible Financial Officer Completing Report

Original Signature of Officer

Date

Telephone #

Email Address

Name and NAIC # of DPO: _____

For the Year Ended: December 31, _____
Month Day Year

GENERAL INTERROGATORIES

1. Is the DPO directly or indirectly owned or controlled by any other company, corporation, or group of companies, partnership or individual? (If “Yes,” provide details in the space provide below. Add additional sheets if necessary.)

RESPONSE (choose one): _____

2. Are all dentists currently employed by or under contract with the DPO licensed to practice dentistry in their state of residence? (If “No,” provide details in the space provide below. Add additional sheets if necessary.)

RESPONSE (choose one): _____

3. Has any change been made since the last reporting date in the:

A. charter, articles of incorporation, or bylaws? (If “Yes,” please attach current copies of the documents if they have not been previously submitted to the Department.)

RESPONSE (choose one): _____

B. contracts with dentists or group or individual contract holders? (If “Yes,” please submit these forms to the Health Insurance Bureau on proper filing format for review, if not already submitted.

RESPONSE (choose one): _____

C. current schedules of premiums. (If “Yes,” please submit current schedules to the Office of Life and Health Actuaries if not previously submitted.)

RESPONSE (choose one): _____

4. Has any present or former officer, director or any other person or firm had any claim of any nature whatsoever against the DPO which is not included in the Statement of Liabilities? (If “Yes,” provide details in the space provide below. Add additional sheets if necessary.)

RESPONSE (choose one): _____

5. Are officers and employees of the DPO covered by a fidelity bond pursuant to 11:10-1.11(a)? (If “Yes,” please provide a copy of the certificate of coverage.)

RESPONSE (choose one): _____

6. Have damage claims for medical or dental injury been initiated against the DPO during the reporting year? (If “Yes,” please attach additional sheets providing full details.)

RESPONSE (choose one): _____

7. Have any other legal actions been taken against the DPO during the reporting year? (If “Yes,” please attach additional sheets providing full details.)

RESPONSE (choose one): _____

8. Provide the following information on the DPO’s general liability and malpractice insurance coverage, if any:

	General Liability	Malpractice
Name / NAIC # of Carrier		
Limits of Coverage	\$	\$
Deductible	\$	\$
Coinsurance	\$	\$
Maximum Benefit	\$	\$
Expiration Date		

Name and NAIC # of DPO: _____
For the Year Ended: December 31, _____
Month Day Year

EXHIBIT 3A – Complaint Data (Internal Only)

A. Outstanding Complaints

Name	Group	Date	Reason

B. Summary by Number

1. # of Complaints outstanding as of prior reporting year: _____
2. # of Complaints made as of current reporting year: _____
3. # of Complaints resolved as of current reporting year: _____
4. # of Complaints outstanding as of current reporting year: _____

C. Summary by Cause (top four reasons) of Complaints made during the year

	# of Complaints	Cause
1.		
2.		
3.		
4.		

D. Please furnish a description of the member complaint procedure.

Name and NAIC # of DPO: _____

For the Year Ended: December 31,
Month Day Year

EXHIBIT 3B – Complaint Data (External Only)

B. Outstanding Complaints

Name	Group	Date	Reason

B. Summary by Number

1. # of Complaints outstanding as of prior reporting year: _____
2. # of Complaints made as of current reporting year: _____
3. # of Complaints resolved as of current reporting year: _____
4. # of Complaints outstanding as of current reporting year: _____

C. Summary by Cause (top four reasons) of Complaints made during the year

	# of Complaints	Cause
1.		
2.		
3.		
4.		

D. Please furnish a description of the member complaint procedure.

Name and NAIC # of DPO: _____

For the Year Ended: December 31, _____
Month Day Year

EXHIBIT 4

Malpractice Claims (those made during the year preceding or still outstanding)

Dentist	Date Made	Amount	Disposition	Date Disposed

EXHIBIT 5

In reverse chronological order, specify the number of “full-time equivalent dentists” (FTE) as defined at NJAC 11:10-1.3 under contract with the DPO at the end of the year specified.

Year Ended	# of FTE Dentists
At most recent year-end:	
At year-end of directly preceding year:	
At year-end as of two years prior:	

EXHIBIT 6

On a separate sheet, list and describe any management and service contracts and all cost-sharing arrangements, other than cost-allocation arrangements based upon generally accepted accounting principles, involving the organization or any affiliated organization.

Name and NAIC # of DPO: _____

For the Year Ended: December 31,
Month Day Year

EXHIBIT 7

List the number of group and non-group contracts in force and the group and non-group enrollees at:

Date	Group Contracts	Group Employees	Group Dependents	TOTAL Enrollees
Most recent-year-end				
Prior year-end				

Date	Non-Group Contracts	Non-Group Subscribers	Non-Group Dependents	TOTAL Enrollees
Most recent-year-end				
Prior year-end				

EXHIBIT 8

Specialist Pools

1. Does the DPO have a Specialist Pool? (If “Yes,” please estimate total estimate payments incurred during the most recent year preceding.)

RESPONSE (choose one):

2. Does the DPO have any methods of compensation other than periodic capitation or specialist pool? (If “Yes,” please briefly describe in the space provided below. Within such description, please estimate total payments made during the most recent year preceding using such other methods of compensation.)

RESPONSE (choose one):

Name and NAIC # of DPO: _____

For the Year Ended: December 31,
Month Day Year

EXHIBIT 9

Benefit Plans

List in reverse chronological order how many types of benefit plans are being offered.

Year Ended	# of Benefit Plan types offered
At most recent year-end:	
At prior year-end:	
At year-end as of two years prior:	

Name and NAIC # of DPO: _____

For the Year Ended: December 31,
Month Day Year

ATTACHMENT FOR MULTI-STATE DPOs				
New Jersey Only Business				
	1st Qtr. - Actual	2nd Qtr. Actual	3rd Qtr. Actual	4th Qtr. Actual
Premium	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Total Revenue	\$	\$	\$	\$
Primary Capitation	\$	\$	\$	\$
Specialty Pool Exp.	\$	\$	\$	\$
Total Medical Exp.	\$	\$	\$	\$
Medical Loss Ratio	%	%	%	%
Total Admin. Exp.	\$	\$	\$	\$
Admin. Exp. Ratio	%	%	%	%
Income/(Loss)	\$	\$	\$	\$
Taxes	\$	\$	\$	\$
Net Income/(Loss)	\$	\$	\$	\$
Membership #				
Member Months ##				
General Surplus	\$	\$	\$	\$
Gen. Surp. Req.	\$	\$	\$	\$
Restricted Deposits	\$	\$	\$	\$
FTE Dentists (Primary)				
FTE Dent. (Special)				
Contingent Surplus	\$	\$	\$	\$

At the end of each Quarter (Include both Employees and Dependents)

Summary of members for all three months in the quarter. Member Months exposed equals the sum of the number of months that each enrollee was covered during the quarter (e.g., if 100 enrollees were covered for 3 months and 50 enrollees were covered for 2 months, the total member months exposed would be 400 (100*3+50*2))

State of New Jersey



Department of Banking and Insurance

Dental Plan Organization (DPO) Supplement to the Quarterly Report of

Name and NAIC # of DPO: _____

For the Quarter Ended: _____
Month Day Year

Submitted By:

Printed Name & Title of Responsible Financial Officer Completing Report

Original Signature of Officer

Date

Telephone #

Email Address

Name and NAIC # of DPO: _____

For the Quarter Ended: _____
Month Day Year

Attachment A

Restricted Deposit per N.J.A.C. 11:10-1.8(a)

Minimum Deposit required at all times:	\$50,000.00
Market Value of Deposit at current quarter-end:	\$
Excess/(Deficiency):	\$

General Surplus per N.J.A.C. 11:10-1.8(a)3

General Surplus required:	Greater of \$100,000 <u>or</u> 1% of most recent annual premium
General Surplus at current quarter-end:	\$
Excess/(Deficiency):	\$

Special Contingent Surplus (if applicable) per N.J.S.A. 17:48D-7

Full-Time Equivalent (FTE) Dentists at quarter-end (if >20, Contingent Surplus required):	
Contingent Surplus required, if any:	\$
Contingent Surplus at current quarter-end, if required:	\$
Excess/(Deficiency):	\$

Name and NAIC # of DPO: _____

For the Quarter Ended: _____
Month Day Year

Attachment B – Only complete up to the quarter that is being submitted

Budget vs Actual for Current Year								
<i>(All \$ amounts in \$000s)</i>								
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
	Q1		Q2		Q3		Q4	
Premium	\$	\$	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$	\$	\$
Total Revenue	\$	\$	\$	\$	\$	\$	\$	\$
Primary Capitation	\$	\$	\$	\$	\$	\$	\$	\$
Specialist Pool Exp.	\$	\$	\$	\$	\$	\$	\$	\$
Total Medical Exp.	\$	\$	\$	\$	\$	\$	\$	\$
Medical Loss Ratio	%	%	%	%	%	%	%	%
Total Admin. Exp.	\$	\$	\$	\$	\$	\$	\$	\$
Admin. Exp. Ratio	%	%	%	%	%	%	%	%
Income/(Loss)	\$	\$	\$	\$	\$	\$	\$	\$
Taxes	\$	\$	\$	\$	\$	\$	\$	\$
Net Income/(Loss)	\$	\$	\$	\$	\$	\$	\$	\$
Membership #								
Mem Months ##								
General Surplus	\$	\$	\$	\$	\$	\$	\$	\$
Gen. Surp. Req.	\$	\$	\$	\$	\$	\$	\$	\$
Restricted Deposits	\$	\$	\$	\$	\$	\$	\$	\$
FTE Dentists (Prim)								
FTE Dentists (Spec)								

At the end of each Quarter (Include both Employees and Dependents)

Summary of members for all three months in the quarter. Member Months exposed equals the sum of the number of months that each enrollee was covered during the quarter (e.g., if 100 enrollees were covered for 3 months and 50 enrollees were covered for 2 months, the total member months exposed would be 400 (100*3+50*2))

Name and NAIC # of DPO: _____

For the Quarter Ended: _____
Month Day Year

Attachment C

DPO Quarterly General Interrogatories

1. List the number of group and non-group contracts in force and the group and non-group enrollees at quarter-end of the current year and at the corresponding quarter-end of the prior year:

Period	Group Contracts	Group Employees	Group Dependents	TOTAL Enrollees
Quarter-end of Current Year				
Quarter-end of Prior Year				

Period	Non-Group Contracts	Non-Group Employees	Non-Group Dependents	TOTAL Enrollees
Quarter-end of Current Year				
Quarter-end of Prior Year				

2. List in reverse chronological order how many types of benefit plans are being offered.

At quarter-end as of Current Year:	
At same quarter end as of directly preceding year:	
At same quarter-end as of two years prior:	

3. In reverse chronological order, specify the number of “full-time equivalent dentists” (FTE) as defined at N.J.A.C. 11:10-1.3 under contract with the DPO at the end of the quarter specified.

Period	# of FTE Dentists
At most recent quarter-end:	
At same quarter-end as of directly preceding year:	
At same quarter-end as of two years prior:	

