

General Data:

1	NAIC Company Code (Key)	
2	Group Code	
3	Carrier/Company Name	
4	Contact Name	
5	Contact Title	
6	Contact Phone Number	
7	Contact email address	
8	Past Marketing - Did the company market short term limited duration (STLD) forms during the prior 3 years, 2016 through 2018? (Yes/No)	
9	Current Marketing: Did the company market STLD forms during the data call period? (Yes/No)	
9a	If Yes, indicate how many distinct forms the company will market.	
10	Company Comments: (Optional)	

Short-Term Limited Duration Health Plan Data Call (1/1/2019 - 6/30/2019)

NAIC Company Code (Key-From General Information Sheet)	0
1 State (Key)	
2 Form Name	
3 Form Number (Key)	
4 SERFF Tracking Number	
5 Type of Insurance (TOI)	
6 Number of covered lives under individual plans	
7 Number of individual policies in force as the beginning of the data call period (January 1, 2019)	
8 Number of individual policies in force as of the end of the data call period (June 30, 2019)	
9 Number of individual policies renewed	
10 Number of covered lives under group plans	
11 Number of group certificates in force as the beginning of the data call period (January 1, 2019)	
12 Number of group certificates in force as of the end of the data call period (June 30, 2019)	
13 Number of group certificates renewed	
14 Number of member-requested cancellations	
15 Is health status used as a rating factor? (Yes/No)	
15a If Yes, provide the total number of denials issued based on health status at the point of initial applicator	
15b If Yes, provide the total number of cancellations based on health status at the point of renewal	
16 Maximum term of form (in months)	
17 Number of renewals allowed	
18 Does the form offer coverage for prescription drugs? (Yes/No)	
19 Maximum annual policy limits that apply to the form	
20 Maximum lifetime policy limits that apply to the form	
21 Total annual written premium	
22 Commission	
23 Other fees	
24 Number of claims received	
25 Number of claims paid	
26 Number of claims denied	
27 Number of complaints received	
28 Does the form cover state-mandated benefits for this state? (Yes/No)	
28a If Yes, list the benefits covered for individual policies	
28b If Yes, list the benefits covered for group policies	
29 Describe how this form is marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).	
30 Do the marketing materials advertise coverage for mental health services? (Yes/No)	
31 Do the marketing materials advertise coverage for substance use disorder services? (Yes/No)	
32 Do the marketing materials advertise coverage for organ transplants? (Yes/No)	
33 List all websites on which this form is being sold.	
34 Is a free look period offered for this form? (Yes/No)	
34a If yes, what is the time frame for the free look period?	
35 Describe how applications for this form are taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other)	
36 Number of individuals who were enrolled during the data call period by: Online – either directly or via web broker	
37 Number of individuals who were enrolled during the data call period by: Phone	
38 Number of individuals who were enrolled during the data call period by: In person	
39 Number of individuals who were enrolled during the data call period by: Other	
39a Specify "Other"	
40 How does the company oversee producers and/or websites selling this form?	
41 Does the company monitor sales and conduct follow-up contact with consumers to verify that they understood the product? (Yes/No)	
42 Indicate the age range of individuals to whom the company will offer coverage.	
43 Are there any restrictions applied to renewability? (Yes/No)	
43a If Yes, what are those restrictions?	
44 Does the company offer coverage with preexisting condition limitations or exclusions? (Yes/No)	
44a If Yes, provide the definition of a pre-existing condition as it appears in the form.	
44b If Yes, describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting/look back period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.	
45 Does the form include any dollar limits for specific benefits in addition to the annual and lifetime policy limits? (Yes/No)	
45a If Yes, itemize the benefits.	
46 Are riders/endorsements offered as part of the form? (Yes/No)	
46a If Yes, list the form number for each rider/endorsement and specify the type of coverage it provides	
47 Does the form include rescission provisions? (Yes/No)	
48 Is there an appeal process available to the insured? (Yes/No)	
48a If Yes, provide a full description of the appeal process	
48b If Yes, provide the total number of claims that were appealed during the data call period	
48c If Yes, provide the total number of denied claims that were overturned on appeal during the data call period	
48d If Yes, provide the total number of denied claims that were upheld on appeal during the data call period	
49 Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments, advertisement, lead generation, enrollment or marketing of STLD policies to third parties? (Yes/No)	
50 Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? (Yes/No)	
51 If Yes to either 49 or 50, for each of the following identify all applicable parties, and indicate whether each is properly licensed:	
51a Administration	
51b Claims	
51c Complaints	
51d Medical underwriting	
51e Pricing	
51f Producer appointments	
51g Marketing, advertisement, lead generation, enrollment	
51h Other – specify	
52 Is the form marketed through an association? (Yes/No)	
52a If Yes, provide the association name	
52b If Yes, provide the situs of the association	
53 Is the form marketed through a trust? (Yes/No)	
53a If Yes, provide the legal name of the trust linked to the form	
53b If Yes, provide the situs of the trust	
54 Is the form marketed through an Administrator? (Yes/No)	
54a If Yes, provide the Name of the Administrator linked to the form	
54b If Yes, provide the Situs of the Administrator	
55 Loss Ratio (Incurred Losses/Earned Premiums)	
56 General Comments: (Optional)	