

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Jacob W. Garn</u> TITLE: <u>Chair, Blanks Working Group</u> AFFILIATION: _____ ADDRESS: _____	DATE: <u>04/09/2020</u>	<u>FOR NAIC USE ONLY</u>	
	Agenda Item # <u>2020-25BWG</u> Year <u>2021</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []	<u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u>	
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []	<u>DISPOSITION</u>	
	<input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input type="checkbox"/> [] Received For Public Comment <input checked="" type="checkbox"/> [X] Adopted Date <u>08/27/2020</u> <input type="checkbox"/> [] Rejected Date _____ <input type="checkbox"/> [] Deferred Date _____ <input type="checkbox"/> [] Other (Specify) _____		

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input checked="" type="checkbox"/> [X] INSTRUCTIONS | <input checked="" type="checkbox"/> [X] CROSSCHECKS |
| <input checked="" type="checkbox"/> [X] QUARTERLY STATEMENT | <input checked="" type="checkbox"/> [X] BLANK | |
| <input type="checkbox"/> [] Life, Accident & Health/Fraternal | <input type="checkbox"/> [] Separate Accounts | <input type="checkbox"/> [] Title |
| <input type="checkbox"/> [] Property/Casualty | <input type="checkbox"/> [] Protected Cell | <input type="checkbox"/> [] Other _____ |
| <input checked="" type="checkbox"/> [X] Health | <input type="checkbox"/> [] Health (Life Supplement) | |

Anticipated Effective Date: 1st Quarter 2021

IDENTIFICATION OF ITEM(S) TO CHANGE

Add new Column 5 to the blank for Schedule T with instructions to specifically capture the CHIP premium. Existing columns after the new Column 5 will be renumbered.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

To assist regulators in identifying CHIPs/SCHIPs plan premiums associated with the Federal/State partnership created by Title XXI of the Social Security Act as it relates to guaranty fund assessments.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

QUARTERLY INSTRUCTIONS - HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES



Detail Eliminated to Conserve Space

Columns 2
thru 910

– Direct Business Only Year to Date

Display year-to-date direct premiums written by state.

Include: Gross premiums, including policy and membership fees, less return premiums and premiums on policies not taken.

Column 1

– Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- L – Licensed or Chartered (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
- R – Registered (Non-domiciled Risk Retention Groups)
- E – Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.)
- Q – Qualified (Qualified or Accredited Reinsurer)
- N – None of the above (Not allowed to write business in the state or none of the above codes apply)

Column 2

– Accident and Health Premiums

Include: Policies providing stand-alone Medicare Part D Prescription Drug Coverage.

Exclude: Premiums reported in Columns 3 through 7-8 and Column 910.

Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Column 3

– Medicare Title XVIII

Include: Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Exclude: Policies providing stand-alone Medicare Part D Prescription Drug Coverage.

Column 5

– CHIP Title XXI

Policies issued in association with the Federal/State partnership created by Title XXI of the Social Security Act.

Column ~~56~~ – Federal Employees Health Benefits Program Premiums

Include: Premiums allocable to the Federal Employees Health Benefits Program that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.

Column ~~67~~ – Life and Annuity Premiums and Other Considerations

Report premiums for life insurance and all supplemental benefits attached to life contracts, allocated annuity considerations for contracts that incorporate any mortality or morbidity risk, unallocated annuity considerations and other unallocated deposits which incorporate any mortality or morbidity risk.

Column ~~78~~ – Property/Casualty Premiums

Include: Premiums for property/casualty insurance business.

Column ~~910~~ – Deposit Type Contracts

Report deposits and other amounts for contracts without any mortality or morbidity risk. Include deposits for guaranteed investment contracts and immediate annuities without life contingencies.

**** Column ~~10-11~~ will be electronic only ****

Column ~~1011~~ – Branch Operations Indicator

Include the indicator “B” if any direct premium in the alien jurisdiction is written via branch operations. If the premium in the jurisdiction represents both branch operations and other direct business (e.g., the policyholder or group member residence changed to that jurisdiction), then indicate “B.” If there are no branch operations in the jurisdiction, then leave blank. The definition of “branch operations” is the definition used by the reporting entity’s state of domicile.

**=====
Detail Eliminated to Conserve Space
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ANNUAL INSTRUCTIONS - HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES



Detail Eliminated to Conserve Space

Column 1 – Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- L – Licensed or Chartered (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
- R – Registered (Non-domiciled Risk Retention Groups)
- E – Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.)
- Q – Qualified (Qualified or Accredited Reinsurer)
- N – None of the above (Not allowed to write business in the state or none of the above codes apply)

Column 2 – Accident and Health Premiums

Include: Policies providing stand alone Medicare Part D Prescription Drug Coverage.

Exclude: Premiums reported in Column 3 through 7-8 and Column 9-10.

Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Column 3 – Medicare Title XVIII

Include: Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Exclude: Policies providing stand alone Medicare Part D Prescription Drug Coverage.

Column 5 – CHIP Title XXI

Policies issued in association with the Federal/State partnership created by Title XXI of the Social Security Act.

Column 56 – Federal Employees Health Benefits Plan Premiums

Include: Premiums allocable to the Federal Employees Health Benefits Plan that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.

| Column ~~6~~7 – Life and Annuity Premiums and Other Considerations

Report premiums for life insurance and all supplemental benefits attached to life contracts, allocated annuity considerations for contracts that incorporate any mortality or morbidity risk, unallocated annuity considerations and other unallocated deposits which incorporate any mortality or morbidity risk.

| Column 7~~8~~ – Property/Casualty Premiums

Include: Premiums for property/casualty insurance business.

| Column 9~~10~~ – Deposit-Type Contracts

Report deposits and other amounts for contracts without any mortality or morbidity risk. Include deposits for guaranteed investment contracts and immediate annuities without life contingencies.

| **** Column ~~10~~11 will be electronic only ****

| Column ~~10~~11 – Branch Operations Indicator

Include the indicator “B” if any direct premium in the alien jurisdiction is written via branch operations. If the premium in the jurisdiction represents both branch operations and other direct business (e.g., the policyholder or group member residence changed to that jurisdiction), then indicate “B.” If there are no branch operations in the jurisdiction, then leave blank. The definition of “branch operations” is the definition used by the reporting entity’s state of domicile.

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

| Line 60 – Reporting Entity Contributions for Employee Benefit Plans

Report the reporting entity’s share of costs for employee benefit plans. Exclude any premiums paid by employees; these should be allocated to the states as above.

| Line 61 – Total (Direct Business)

| The sum of Column 2, 3, 4, 5, 6, 7 and 7~~8~~, Line 61 should equal the Underwriting and Investment Exhibit, Part 1, Column 1, Line 12.

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

QUARTERLY BLANK - HEALTH

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date – Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama.....AL										
2. Alaska.....AK										
3. Arizona.....AZ										
4. Arkansas.....AR										
5. California.....CA										
6. Colorado.....CO										
7. Connecticut.....CT										
8. Delaware.....DE										
9. Dist. Columbia.....DC										
10. Florida.....FL										
11. Georgia.....GA										
12. Hawaii.....HI										
13. Idaho.....ID										
14. Illinois.....IL										
15. Indiana.....IN										
16. Iowa.....IA										
17. Kansas.....KS										
18. Kentucky.....KY										
19. Louisiana.....LA										
20. Maine.....ME										
21. Maryland.....MD										
22. Massachusetts.....MA										
23. Michigan.....MI										
24. Minnesota.....MN										
25. Mississippi.....MS										
26. Missouri.....MO										
27. Montana.....MT										
28. Nebraska.....NE										
29. Nevada.....NV										
30. New Hampshire.....NH										
31. New Jersey.....NJ										
32. New Mexico.....NM										
33. New York.....NY										
34. North Carolina.....NC										
35. North Dakota.....ND										
36. Ohio.....OH										
37. Oklahoma.....OK										
38. Oregon.....OR										
39. Pennsylvania.....PA										
40. Rhode Island.....RI										
41. South Carolina.....SC										
42. South Dakota.....SD										
43. Tennessee.....TN										
44. Texas.....TX										
45. Utah.....UT										
46. Vermont.....VT										
47. Virginia.....VA										
48. Washington.....WA										
49. West Virginia.....WV										
50. Wisconsin.....WI										
51. Wyoming.....WY										
52. American Samoa.....AS										
53. Guam.....GU										
54. Puerto Rico.....PR										
55. U.S. Virgin Islands.....VI										
56. Northern Mariana Islands.....MP										
57. Canada.....CAN	XXX									
58. Aggregate other alien...OT	XXX									
59. Subtotal.....										
60. Reporting entity contributions for Employee Benefit Plans...	XXX XXX									
61. Total (Direct Business)										
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XXX									
58003.....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

- L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....
- E – Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
- N – None of the above - Not allowed to write business in the state.....
- R – Registered - Non-domiciled RRGs.....
- Q – Qualified - Qualified or accredited reinsurer.....

ANNUAL BLANK - HEALTH

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama.....AL										
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4. Arkansas.....AR										
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7. Connecticut.....CT										
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9. Dist. Columbia.....DC										
10. Florida.....FL										
11. Georgia.....GA										
12. Hawaii.....HI										
13. Idaho.....ID										
14. Illinois.....IL										
15. Indiana.....IN										
16. Iowa.....IA										
17. Kansas.....KS										
18. Kentucky.....KY										
19. Louisiana.....LA										
20. Maine.....ME										
21. Maryland.....MD										
22. Massachusetts.....MA										
23. Michigan.....MI										
24. Minnesota.....MN										
25. Mississippi.....MS										
26. Missouri.....MO										
27. Montana.....MT										
28. Nebraska.....NE										
29. Nevada.....NV										
30. New Hampshire.....NH										
31. New Jersey.....NJ										
32. New Mexico.....NM										
33. New York.....NY										
34. North Carolina.....NC										
35. North Dakota.....ND										
36. Ohio.....OH										
37. Oklahoma.....OK										
38. Oregon.....OR										
39. Pennsylvania.....PA										
40. Rhode Island.....RI										
41. South Carolina.....SC										
42. South Dakota.....SD										
43. Tennessee.....TN										
44. Texas.....TX										
45. Utah.....UT										
46. Vermont.....VT										
47. Virginia.....VA										
48. Washington.....WA										
49. West Virginia.....WV										
50. Wisconsin.....WI										
51. Wyoming.....WY										
52. American Samoa.....AS										
53. Guam.....GU										
54. Puerto Rico.....PR										
55. U.S. Virgin Islands.....VI										
56. Northern Mariana Islands.....MP										
57. Canada.....CAN	XXX									
58. Aggregate other alien...OT	XXX									
59. Subtotal.....										
60. Reporting entity contributions for Employee Benefit Plans...	XXX									
61. Total (Direct Business)	XXX									
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XXX									
58003.....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

- L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....
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- N – None of the above - Not allowed to write business in the state.....
- R – Registered - Non-domiciled RRGs.....
- Q – Qualified - Qualified or accredited reinsurer.....

(b) Explanation of basis of allocation by states, premiums by state, etc.

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