

STLD:	Short-term, Limited-duration Insurance. Health insurance coverage pursuant to a contract that has a specified expiration date less than twelve (12) months after the original effective date of the contract.
individual coverage	STLD products marketed, sold or issued to individuals regardless of whether or not the policy forms have been filed with any state DOI.
Group	STLD products marketed, sold or issued to any group of individuals/entities, trust, association, or administrator for the purpose of the same and issuing certificates to individuals regardless of whether or not the policy or certificate has been filed with any State's DOI and regardless of the situs location of the group, association, trust or administrator.
renewal	For the purpose of this MCAS a renewal contract is defined as a group or individual STLD product that allows for the re-application and re-underwriting of the insured/group for whom prior short-term coverage has been placed with the same insurer within the past 63 days.
reissue	for the purpose of this MCAS a reissue is a contract defined as a group or individual STLD coverage that allows the insured or group of insureds to continue coverage without a new application and underwriting. This reissuance of the same coverage can be of the same product, form, coverage, or a different product, form, or coverage option of the insurer so long as it is considered STLD coverage.
Extension	A coverage option attached to a STLD product that extends the termination date of the contract to either an other date or another term. This can be in the form of a rider or included in the coverage as optional or required provision.
Issued	The act of providing coverage to an individual or group member as a request of the consumer. The process includes application for coverage, and may or may not include underwriting.
claims received	are claims for benefits, whether they are or are not included as a benefit of the actual coverage provided, which are given, submitted, faxed, sent to in any manner prescribed to the insurer and received by the insurer as an official request for benefits under the policy.
claims denied	are claims for benefits from the insurer, whether they are or are not included as a benefit of the actual coverage provided, which are given, submitted, faxed, sent to in any manner prescribed to the insurer as an official request for benefits by the policy or certificate holder which are denied by the insurer for any reason whatsoever.
Claims paid	Are claims for benefits from the insurer, that are considered part of the applicable coverage, and paid to the policyholder or certificate holder as a benefit.

commissions:	The total amount of compensation paid to any individual or entity for their consideration in marketing, selling, and attracting potential insureds, by whatever means this compensation is provided. This does not include monetary valueables paid to any individual or entity that is generally not able to be converted into actual money, nor does this include amounts paid for the specific purpose of marketing, encouraging the sales of or to promote products not related to the actual sale of a contract.
policies/certificates	a document that is issued to an insured or group member outlineing substantially the benefits of the coverage provided by the insurer.
policyholder/certificateholder	individual or group member or dependant that is issued a contract by the insurer outlining substantially the contract terms, and who contractually agrees to the enumerate the coverage provided through some monetary means or premiums weather paid directly by that individual or another individual or entity.
other fee	any monetary consideration provided through the course of the insurance transaction that is paid for by the insured, policyholder, or group weather directly or indirectly. This is not commissions and are separate amounts paid for as a result of the insurance transaction.
earned premiums	CAN GET FROM FINANCIAL DEFINITIONS RIGHT
net premiums	CAN GET FROM FINANCIAL DEFINITIONS .. RIGHT