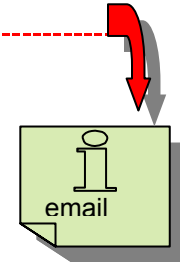


Data requested below is linked to all sheets so you only have to enter the data once.

Zero Reports If no health insurance is written in Alaska, respond by sending this email:

Please, do not send blank or 'zero' surveys to indicate no insurance written in Alaska.

[Multi-company
Instruction](#)



Company Name _____

information differs from last year

NAIC Number _____
Group # Company #

Does your company have a generic email address for this type of issue?

If so, please enter below.

Contact Name _____

Address _____

City _____

State, ZIP _____

Phone _____

Fax _____

E-Mail _____

[generic email for health survey](#)

Company Name _____ - _____

NAIC Number _____ - _____
 Group Company

Individual
Calendar Year 2004

Product	Actively Marketed (Y/N)	# New Policies Issued During the Year	# Policies Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Member Months	Earned Premium	Incurred Claims
Comprehensive Major Medical								
Association								
Direct								
Trust								
Other:								
Short-Term Medical								
Accident or AD&D								
Dental								
Disability Income								
Limited Benefit								
Long Term Care								
Medicare Supplement								
Specified Disease								
Vision								
Other:								
Other:								
TOTAL*		-	-	-	-	-	-	-

*** Totals must balance to the NAIC Annual Statement Alaska State Page, as described in the Instructions to this Health Insurance Survey. Enter an explanation of any differences below.**

Company Name _____ - _____

NAIC Number _____ - _____
 Group # | Company #

Group
Calendar Year 2004

Product	Actively Market (Y/N)	# New Policies Issued During the Year	# Policies Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Member Months	Earned Premium*	Incurred Claims*
Comprehensive Major Medical:								
Single Employer								
Small Employer (2-50)								
Other Employer								
Multiple Employer Assoc or Trust								
Other Assoc or Trust								
Other Group _____								
Other Health:								
Accident or AD&D								
Dental								
Disability Income								
Limited Benefit								
Long Term Care								
Medicare Supplement								
Specified Disease								
Vision								
Other _____								
Other _____								
TOTAL*	-	-	-	-	-	-	-	-
Other Business:								
Stop Loss								
Administrative Services Only								
Administrative Service Contracts								

*** Totals must balance to the NAIC Annual Statement Alaska State Page, as described in the Instructions to this Health Insurance Survey. Enter an explanation of any differences below.**

Company Name _____ - NAIC Number _____ -
Group # | Company #

Calendar Year 2004 Claim Payment Data

Report data only for group comprehensive medical insurance. (as defined in PART I).

Total # of NEW claims received during the reporting year? _____

1. Of the reported **NEW** claims, how many of these were **CLEAN** claims? _____

A. Of the reported CLEAN claims, how many of these were paid within 30 days of receipt of initial claim? _____

2. Of the reported **NEW** claims, how many of these were not **CLEAN** claims? _____

A. Of the reported claims that were not CLEAN, how many provided notice within 30 days of receipt of initial claim? _____

B. Of the reported claims that were not CLEAN, how many of these were paid within 15 days after receipt of information requested OR within the 30 after receipt of the initial claim? _____

3. Of the reported NEW claims, how many had INTEREST PAID during the reporting year due to late payment of claims? _____

A. Of the reported claims that had INTEREST PAID, what is the total dollar amount paid during the reporting year due to late payment of claims? _____

4. Of the reported NEW claims, how many were denied and internally appealed under AS 21.07 during the reporting year? _____

A. Of the claims that were internally appealed, how many were paid? _____

5. Of the reported NEW claims, how many were denied and externally appealed under AS 21.07 during the reporting year? _____

A. Of the claims that were externally appealed, how many were paid? _____

Complete form below, click hammer,
click envelope this will create an email to
us; in the body of the email right click,
select 'paste without formatting', then
send....



Multi-company filers:

- 1.** Attach surveys for those companies reporting activity.
- 2. List** all of the 'no activity' companies, in the body of the email, by name & NAIC # .

No Health insurance written in Alaska in 2004

Company Name: _____

Company NAIC#: _____
Group Company

Contact Info:
Name _____

Email _____

Telephone _____