

**Annual Alaska Health Insurance Survey - Part I**  
**DUE BY MAY 31, 2004**  
**See Instructions for Completing this Section**

Company Name \_\_\_\_\_  
 NAIC Number \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Check here if any of the above contact information differs from last year

**Individual -- Calendar Year 2003**

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								
Association								
Direct								
Trust								
Other								
Accident								
Dental								
Disability Income								
Limited Benefit								
Long Term Care								
Medicare Supplement								
Specified Disease								
Vision								
Other:								
Other:								
<b>TOTAL</b>		0	0	0	0		0	0

*\* Totals must balance to the NAIC Annual Statement Alaska State Page as described in the Instructions to this Health Insurance Survey  
 Describe any differences between the amount reported on this survey and the amount reported in the Alaska State Page:*

\_\_\_\_\_

\_\_\_\_\_

**E-mail completed survey to [insinfo@dced.state.ak.us](mailto:insinfo@dced.state.ak.us)**

**Annual Alaska Health Insurance Survey - PART I Continued**

Alaska Department of Community and Economic Development  
Division of Insurance

**DUE BY MAY 31, 2004**

**See Instructions for Completing this Section**

Company Name \_\_\_\_\_  
 NAIC Number \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Check here if any of the above contact information differs from last year

**Group -- Calendar Year 2003**

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								
Small Employer (2-50)								
Direct								
Association								
Trust								
Other Group								
Large Employer (51+)								
Direct								
Association								
Trust								
Other Group								
Accident								
Dental								
Disability Income								
Limited Benefit								
Long Term Care								
Medicare Supplement								
Specified Disease								
Stop Loss								
TPA and ASO								
Vision								
Other: _____								
Other: _____								
<b>TOTAL</b>		0	0	0		0	0	0

\* Totals must balance to the NAIC Annual Statement Alaska State Page as described in the Instructions to this Health Insurance Survey  
 Describe any differences between the amount reported on this survey and the amount reported in the Alaska State Page:

\_\_\_\_\_

\_\_\_\_\_

E-mail completed survey to [insinfo@dced.state.ak.us](mailto:insinfo@dced.state.ak.us)

**Annual Alaska Health Insurance Survey - PART II**  
**DUE BY MAY 31, 2004**

Company Name \_\_\_\_\_  
NAIC Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

Check here if any of the above contact information differs from last year

**Calendar Year 2003 Claim Payment Data**  
**For Group Comprehensive Major Medical Insurance only**

**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?

\_\_\_\_\_