ALASKA DIVISION OF INSURANCE
INSTRUCTIONS FOR FILING ANNUAL STATEMENT AND PREMIUM TAX REPORT
HOSPITAL AND MEDICAL SERVICE CORPORATION

Use the Tab key to navigate through the document to complete the annual premium tax report.

Alaska prefers the company use OPTins to file the Annual Premium Tax Report and pay all taxes and fees

A. See Annual Checklist for Annual Statement Instructions

B. The due date for the Annual Premium Tax Report is March 1, 2017. Include with the report the Schedule T and Alaska State Page.
Foreign admitted companies also need to file the following certificates: If the certificates are not available from state of domicile at the time of submitting the tax report, they can be sent separately, preferably through OPTins.
1) Certificate of Compliance
2) Certificate of Deposit, showing deposits of at least $300,000

The Premium Tax and Fees payment must be received by March 1, 2017, and preferably be paid through OPTins, otherwise by the Automated Clearing House (ACH) debit or credit payment method in order to avoid a penalty or the possible suspension of the Certificate of Authority per AS 21.09.210(g). This applies to:

A. Tax Payment.
B. Certificate of Authority continuation fee of $2,250.
C. Annual Statement filing fee of $100.

Other Important Notes:

1 **NOTE: Report written premium for the insurance of property or risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers property, subjects, or risks located or resident in more than one state, allocate premium and report the portion covering Alaska property, subjects, or risks**

2 The penalty for paying the tax late is $50 per month plus five percent of the tax due each calendar month or part of a month during which the insurer fails to pay the full amount of the tax, or a portion of the tax, up to a maximum of $250 plus 25 percent of the tax due, and interest of one percent of the tax due each calendar month or part of a month until tax is paid.

3 If payment is not received by the Automated Clearing House (ACH) payment method, a penalty of 25 percent of the tax due will be assessed, with a minimum of $100 and maximum of $2,000.

4 Compliance with the required due dates for payments is determined by the date the ACH payment is received by OPTins or in the State of Alaska's bank account. Instructions to pay the state directly are available at:
https://www.commerce.alaska.gov/ins/INSACHDebit/ACHLoginScreen.aspx **An ACH Debit payment will be rejected by the bank if the submission contains inaccurate information and the payer will be subject to a penalty if the subsequent payment is received after the due date.**

5 If the due date falls on a weekend or holiday, the report and payment are due the next business day. Postmarks by due date are acceptable.

6 **Retaliatory:** Fees and taxes which would be imposed upon Alaska insurers under the laws of another state or foreign country are subject to retaliation in the aggregate. Failure to pay retaliatory may result in suspension or revocation of the insurer's Certificate of Authority. Do not include producer licensing fees in the retaliatory calculation. Do not include personal income taxes, ad valorem taxes on real or personal property, or special purpose obligations or assessments imposed by another state in connection with particular kinds of insurance other than property insurance.

7 Premium tax refunds must be requested by letter or email and include supporting documentation.

8 If the 2016 premium tax is $10,000 or more, the company is required to pay quarterly estimated premium tax during 2017. The amount to be paid is 25% of the 2016 premium tax on or before May 31, August 31, and November 30.

9 Effective 7/1/13, a film production tax credit certificated under AS 43.98 may be claimed against your tax liability. In order to claim the credit, you must have acquired a credit certificate issued by the Film Office, Alaska Department of Revenue. Any unused credit may be carried forward but must be claimed before the expiration date on the certificate (six years from the date of issuance). For more information about this credit, refer to AS 43.98.030. This credit must be on the Alaska side of the retaliatory schedule.

10 The official premium tax/fees contact name, address, phone, fax, & email will change to the information on the report.

If you have any questions contact Rebecca Nesheim at (907) 465-2584 or rebecca.nesheim@alaska.gov

ALASKA DIVISION OF INSURANCE

2016 PREMIUM TAX REPORT AND CONTINUATION OF CERTIFICATE OF AUTHORITY

HOSPITAL AND MEDICAL SERVICE CORPORATION

Must be submitted on or before March 1, 2017

Company Name	Domicile State	NAIC #
Mailing Address	City, State, Zip Code	Alaska C of A #
Contact Name and Address, if different than above *	Phone:	Fax:
	Email:	

* Changing official record - see instructions

	TAXES AND FEES	ACH TAX TYPE	ACH AMT TYPE			
1.	Premium Tax (Schedule A) Net Premium	07136	"T"	_____	x 6.0% =	_____
2.	Premium Tax Credit Carryover from 2015					_____
3.	Premium Tax Credit (Schedule B) (Education, Film Production, and CHIA)					_____
4.	Retaliatory Fee (page 3, line 7) (only if greater than zero)	07138	"F"			_____
5.	Net Tax (line 1 - 2 - 3 + 4)					_____
6.	Less amounts already paid in Alaska (quarterly tax payments, credits, etc.)					_____
7.	Net Tax Payable (if overpayment, please send written request for refund or credit for tax year 2017 and do not include in line 10).					_____
8.	Certificate of Authority Continuation Fee	07136	"F"			$2,250
9.	Annual Statement Filing Fee	07136	"A"			$100
10.	Total Tax and Fees payable with report. **Minimum payable is $2,350.00** (lines 7 + 8 + 9)					_____

	Yes	No
Certificate of Compliance Attached?	☐	☐
Certificate of Deposit Attached?	☐	☐

I, _____, certify that I am the _____

(Company Official) (Title)

of the above-named insurance company and that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2016, on insurance of property or risks resident or located in Alaska.

_____

Signature

For official use only:
COC____ COD____

SCHEDULE A. HOSPITAL AND MEDICAL SERVICE CORPORATIONS (AS 21.87.260 and 21.09.210)

NOTE: Report written premium for the insurance of property or risks resident or located in Alaska as required by Alaska statute 21.09.210. When a policy or contract covers property, subjects, or risks located or resident in more than one state, allocate premium and report the portion covering Alaska property, subjects, or risks.

a. Premiums Written:

1. Health Premiums Written _____

Total Direct Premiums for Risks Resident or Located in Alaska _____

b. Premium Deductions:

1. Medicare Premiums not subject to state tax _____
2. Federal Employees Health Benefit Plan _____
3. Premiums that are exempt from premium tax per 21.09.210(i):

a. Name of Governmental Agency:

_____

Health Premiums: _____

b. Name of Governmental Agency:

_____

Health Premiums: _____

Total Deductions _____

Net Premiums _____

c. Claims Paid:

1. Amount Paid for Provision of Health Care Services _____

Total Claims Paid _____

d. Claims Paid Reductions:

1. Medicare Premiums not subject to state tax Claims Paid _____
2. Federal Employees Health Benefit Claims Paid _____
3. Claims paid for policies written per Statute 21.09.210(i):

a. Name of Governmental Agency:

_____

Health Premiums: _____

b. Name of Governmental Agency:

_____

Health Premiums: _____

Total Claims Paid Reductions _____

Net Claims Paid _____

NET PREMIUMS SUBJECT TO TAX _____

If Net Premiums Subject to Tax < $0 due to net claims paid allowed, then put $0 on line 1, page 1.

SCHEDULE B. HOSPITAL MEDICAL SERVICE CORPORATION PREMIUM TAX CREDIT CALCULATION

The total credits claimed cannot be more than the tax liability

a. Cash Contribution to Educational Institutions (AS 21.96.070)

1. Total Amount of Contribution _____
2. 50 Percent of first $100,000 of Contributions _____
3. 100 Percent of next $200,000 of Contributions _____
4. 50 Percent of the contributions exceeding $300,000 _____
5. Education Premium Tax Credit up to $5,000,000 (lines 2 + 3 + 4) _____
6. Tax Liability (line 1, on page 1) _____
7. **Educational Premium Tax Credit** _____
   Limited to the lower of $5,000,000 or tax liability

   NOTE: Include copy of check or other verification of contribution.

b. Comprehensive Health Insurance Association (CHIA) Assessment (AS 21.55.220)

8. 2015 Assessment Amount _____
9. 50 Percent of the Assessment _____
10. Tax Liability (line 1, on page 1) _____
11. Premium tax credit carryover from 2015 _____
12. **Current year CHIA Premium Tax Credit** _____
    (lesser of lines 9 or 10)

    Available premium tax credit carryover to 2017 _____

c. Film Production Tax Credit (AS 43.98)

13. Amount of Film Production Tax Credit _____
14. Tax Liability (line 1, on page 1) _____
15. **Film ProductionTax Credit** _____
    (lesser of lines 13 or 14)

    NOTE: Provide original film production tax credit certificate

TOTAL PREMIUM TAX CREDITS ALLOWED _____
(lines 7 + 12 + 15, limited to the tax liability)

RETALIATORY SCHEDULE

NET PREMIUMS SUBJECT TO TAX:	Alaska	State of Domicile
1. Hospital and Medical Service Corporation Net premiums		
a. Premium Tax Rate	6%	
b. Premium Tax (line 1 x line 1a)		
2. Premium Tax Credit (Schedule B lines a.7 + c.15 only)		
3. Annual Statement Filing Fee	$100	
4. Certificate of Authority Continuation Fee	$2,250	
5. Other Taxes and Fees: Explanation: _____ Attach explanation, if additional space needed	N/A	
6. Total Taxes and Fees (line 1b - 2 + 3 + 4 + 5)		
7. Retaliatory Fee (line 6 State of Domicile minus Alaska) (Do not include on page 1 if negative amount)		