

Health Benefit Plan Questionnaire

1. Name of company
2. During the reporting year did you collect health benefit plan premiums as a Self-Insured Employer Organized Association? Yes No
3. During the reporting year did you collect health benefit plan premiums for indemnity (fee-for-service)? Yes No
4. Are you currently marketing an indemnity product in Kentucky? Yes No
5. If you are currently marketing an indemnity product in Kentucky, list every Kentucky county in which you are currently marketing. (If needed, attach an additional sheet.)
6. Name, phone number, and email address of individual to contact if problems are encountered with submitted files:

Please Print Name

Email Address

Phone Number

I attest to the validity of the data submitted to the Kentucky Department of Insurance

Please Print Name

Signature

You must submit to the Department of Insurance:

- **A completed Excel Annual Data Report;**
- **A completed Health Benefit Plan Questionnaire; and**
- **A completed Capitation Payments Sheet**