

**Department of Insurance  
Division of Health and Life  
Insurance and Managed Care  
Face Sheet and Verification  
Form**

\_\_\_\_\_  
DOI ID No

\_\_\_\_\_  
Company Phone No. (800# if available) NAIC Company No. Fed. Tax ID. No.

\_\_\_\_\_  
Address, City, State and Zip Code Fax Number E-Mail Address

\_\_\_\_\_  
Form No. Description of Filing Flesch Score

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\_\_\_\_\_  
**1. APPROVAL - FORMS** ( ) Stop Loss ( ) Medicare Supp. ( ) LTC/Nursing Home/Home Health  
(Rates must be filed ( ) Short Term Limited Duration ( ) Blanket  
Separately) ( ) LTC Partnership Ins. (LTCPI)  
( ) Limited Health Service Benefit Plan (include HIPMC-F-11)  
( ) Health Benefit Plan (include HIPMC- F-11) ( ) MEWA  
( ) Basic Health Benefit Plan (include HIPMC-RF-25) ( ) Other

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\_\_\_\_\_  
**2. APPROVAL - RATES** ( ) Basic Health Benefit Plan Rates (KRS 304.17A) ( ) Medicare Supplement  
( ) Health Benefit Plan Rates (KRS 304.17A) ( ) Long Term Care  
( ) Limited Health Service Benefit Plan Rates (KRS 304.17C)  
( ) MEWA ( ) Other – \_\_\_\_\_

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\_\_\_\_\_  
**3. FILED ONLY** ( ) Provider Agreements ( ) Risk Sharing Arrangements  
( ) Provider Directory ( ) Advertising

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**FEES:** KRS. 304.4-010 and 806 KAR 4:010 establish filing fees as follow:

- a) \_\_\_\_\_ For rate level revision filings subject to prior approval;
- b) \_\_\_\_\_ For other rate and form filings;
- c) Your company's domiciliary state fee of \$\_\_\_\_\_;

Pursuant to KRS 304.3-270 submit the greater of a), b), or c). Amount submitted \$\_\_\_\_\_.

KRS 304.17A-527 and 806 KAR 17:300 establish filing fees as follows: a) \$25.00 for provider agreement; and b) \$50.00 for a risk sharing arrangement agreement. Amount submitted: \$\_\_\_\_\_.

Pursuant to the filing fee set forth in 806 KAR 17:150, Health Benefit Plan Rate Filings shall include the following filing fee or the domiciliary state fee, whichever is greater:

- a) \$100 for an original or new filing
- b) \$50 amendment filing fee

**A FILING CANNOT BE ACCEPTED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE  
(MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER)**

**CERTIFICATION OF PERSON RESPONSIBLE FOR FILING**

I certify that I have been authorized by the board of directors or management committee of the company or organization listed above to make this filing.

\_\_\_\_\_  
NAME (Signature Required) POSITION DATE

\_\_\_\_\_  
NAME (Print or Type)