

**Department of Insurance  
Division of Health and Life  
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: \$\_\_\_\_\_.

**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)