

WYOMING HEALTH INSURANCE POOL

Pursuant to W.S. § 26-43-101, et seq., of the Wyoming Insurance Code, each carrier in the state of Wyoming is required to report its written health insurance premium derived from health insurance. This information is necessary to determine each carrier's proper level of assessment in support of the Wyoming Health Insurance Pool (WHIP).

"Health Insurance" is defined as any hospital and medical expense insured policy, nonprofit health care service plan contract and health maintenance organization subscriber contract. The term does not include short term accident, fixed indemnity, limited benefit or credit insurance, coverage issued as a supplement to liability insurance, insurance arising from a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

FROM WORKSHEET ON OTHER SIDE

REPORTING PERIOD: Calendar Year **2020**
TOTAL WRITTEN PREMIUM FROM AFFECTED BUSINESS
2020 WHIP Assessment Base = Total Part 1 Minus Part 2
from the Reconciliation Worksheet
Enter here: (A) _____

I, the undersigned officer of the carrier shown below, hereby affirm that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief.

NAIC number:	FEIN number:
Company Name:	
Company Address:	
Officer's Signature:	Title:
Officer's Name:	Officer's Email:
Phone:	Fax:

Contact Person Name:	
Contact Email:	Contact Phone:

THIS FILING WILL BE CONSIDERED FINAL, AND NO CHANGES OR AMENDMENTS WILL BE ACCEPTED

DUE NO LATER THAN MARCH 1, 2021

EMAIL Completed form to: whip.doi@wyo.gov

or

Wyoming Health Insurance Pool - P.O. Box 2419 - Cheyenne, WY 82003-2419

or

Overnight Mailing Address: Wyoming Health Insurance Pool - 4000 House Avenue - Cheyenne, WY 82001

SEE REVERSE

PLEASE ANSWER COMPLETELY

Each part of the worksheet must be completed.

If any portion of this worksheet is "Not Applicable," please indicate so.

Any incomplete worksheet will be returned.

RECONCILIATION WORKSHEET		
PART 1 - TOTAL DIRECT PREMIUMS WRITTEN OR SUBSCRIBER CHARGES:		
Life & Health Page 24 (WY) Line 26, Col. 1		
Property & Casualty Page 19 (WY) Sum of Lines 13, 15.1, 15.2, 15.3, 15.4, 15.5 & 15.7, Col. 1		
Health Page 30 (WY), Line 12, Col. 1		
TOTAL, PART 1		
*PART 2 - Deductions:		
NOTE: Stop loss, excess loss, and reinsurance contracts are <u>NOT</u> allowable deductions		
Short Term Accident		
Fixed Indemnity		
Limited Benefit (i.e., Dental, Vision) or Credit		
Supplemental Liability		
Worker's Compensation		
Automobile Medical Payment		
Income Continuation (Short-term and Long-term Disability)		
Loss of Time		
Long-term Care		
Other (Explain)		
TOTAL, PART 2		
PART 1 MINUS PART 2 - 2020 WHIP Assessment Base – Insert on line (A) of page 1 and answer questions below.		

***PLEASE SUBSTANTIATE DEDUCTIONS WITH A DETAILED ACCOUNTING REPORT**

How much of the above assessment base amount (after deductions) accounts for:

Group Premium \$ _____

Did your company market small group health insurance in Wyoming in 2020? Yes ____ No ____

Did your company provide administration services for any insurance arrangements to the extent not preempted by federal law in Wyoming in 2020? Yes ____ No ____

Individual Premium \$ _____

How many individual contracts does this premium represent? _____

List the individual premium that represents guaranteed renewable, non-cancelable contracts: \$ _____

Did your company market individual health insurance in Wyoming in 2020? Yes ____ No ____

REMINDER: As per W.S. § 26-43-105(d), any WHIP assessment **paid** in 2020 may be allowed as a partial credit against any premium tax owed in that year.