

## SOUTH DAKOTA HEALTH INSURANCE RISK POOL

On behalf of the South Dakota Risk Pool Board, we are requesting a report of the number of insured South Dakota lives. The reported number of lives covered shall include **South Dakota residents** covered by health benefit plans as well as stop loss coverage, and excess coverage. This information will be used for the risk pool assessments for 2012, which is based on information from **calendar year 2011**.

### Instructions

In the appropriate box, report the total number of South Dakota resident **lives** covered by your company for such insurance during calendar year 2011 in terms of **member months**. This is calculated by aggregating the number of months that coverage was provided for each life covered.

- This includes insureds, certificate holders of health benefit plans, and those covered by stop loss or excess insurance.
- It is important that you report all South Dakota **lives** covered, including dependents rather than policies and contracts.

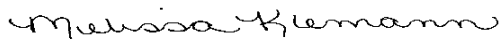
The only lives **excluded** from the assessment count are those covered by:

- Limited health plans that do not meet the definition of health benefit plans in § 58-17- 66.
- Medicare supplement policies.
- Medicaid, Medicare, Federal Employee Health Benefit Plans, CHAMPUS and other similar programs.
- In the case of excess or stop loss coverage, those individuals already included in the primary carrier's count.

Assessments will be collected on a yearly basis. A bill will be sent to each company on April 1, 2012 indicating the total amount due, based on the annual report due on February 15, 2012. The billing due date will be May 15, 2012.

Please return the enclosed form by February 15, 2012. You may contact me or Tammy Johnson with questions at 605.773.3563 or [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us). Thank you in advance for your prompt response to this report.

Sincerely,



Melissa Klemann  
SD Division of Insurance



Division of Insurance  
Tel: 605.773.3563  
Fax: 605.773.5369  
[www.dlr.sd.gov/reg/insurance](http://www.dlr.sd.gov/reg/insurance)

**SOUTH DAKOTA RISK POOL**  
**REPORT OF COVERED SOUTH DAKOTA LIVES**  
**FOR CALENDAR YEAR 2011**

**Please complete and return this form – even if you report zero covered lives.**

NAIC #:

Company Name:

Attention:

Address:

City:            State:            Zip Code:

**Fully Insured Major Medical Large Group Products**

- Member months for employees and dependents covered under fully insured health benefit plans.
- Of this number, are any of the reported lives in closed blocks? Please indicate by member months.

**Fully Insured Major Medical Small Group (2-50 employees) Products**

- Member months for employees and dependents covered under fully insured health benefit plans.
- Of this number, are any of the reported lives in closed blocks? Please indicate by member months.

**Fully Insured Major Medical Individual Products**

- Member months for individuals covered under fully insured health benefit plans.
- Of this number, are any of the reported lives in closed blocks? Please indicate by member months.

**Stop Loss and Excess Loss Coverage**

Enter the number of member months for employees and dependents you covered under stop loss and excess insurance plans covering lives in South Dakota. The number of persons covered would include stop loss or excess insurance on both fully insured and self-insured group plans.



Division of Insurance  
Tel: 605.773.3563  
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[www.dlr.sd.gov/reg/insurance](http://www.dlr.sd.gov/reg/insurance)

Are any of the counts reported for large group, small group, individual, or stop loss an estimate?

Yes  No

- o If yes, please describe how you estimated the count for each product type.

Name of Person Completing Form:

Phone Number:

Fax Number:

Email Address:

**FORM MUST BE RETURNED WITH A SIGNATURE.**

I hereby certify that the information provided is true and correct to the best of my knowledge.

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Signature of Officer/Director

Printed Name of Officer/Director

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Title

Date

**DUE DATE: February 15, 2012**

PLEASE RETURN TO: Division of Insurance, 445 E. Capitol Ave, Pierre, SD 57501 or Fax to 605.773.5369. **In a continued effort to go paperless, the Division's preference is to receive this report via email.** Please send to [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us). It is important to have a current email address on file with the Division as a yearly notice of this report will be sent electronically to the address of the individual completing this form.



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## SOUTH DAKOTA HEALTH INSURANCE RISK POOL

### Notice of Assessment Calendar Year 2011

NAIC #:

Company Name:

Attention:

Address:

City:                      State:                      Zip Code:

1. Total number of member months for SD covered lives, including dependents, during calendar year 2011.

2. Total number of member months for SD covered lives in closed blocks of business during calendar year 2011

3. Total Due for calendar year 2011

\$

(Total member months (Figure in #1) multiplied by \$0.35)

***Do not send a payment with this form.***

DIRECT QUESTIONS TO:

Tammy Johnson or Melissa Klemann 605.773.3563

[sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us)

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Signature of Officer/ Director

Printed Name of Officer/Director

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Title

Date