

**STATE OF ARIZONA  
DEPARTMENT OF INSURANCE**

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)  
REPORTS FOR CALENDAR YEAR: \_\_\_\_\_**

**A.R.S. §20-1382 ESTABLISHED REPORTING REQUIREMENTS TO BE FOLLOWED BY HEALTH CARE INSURERS (AS DEFINED IN A.R.S. §20-1379(U) (7). IF YOU ARE A HEALTH CARE INSURER, YOU MUST PROVIDE THE DEPARTMENT WITH THE DATA REQUESTED BELOW.**

**A. Health Care Insurer's Name:** \_\_\_\_\_  
\_\_\_\_\_ **NAIC Number:** \_\_\_\_\_

**B. Health Care Insurer's Address:** \_\_\_\_\_  
\_\_\_\_\_

**C. Using Exhibit I, please list all products that you offer in the individual market, including each product's form number and a summary of the product, including the date it was placed in use.**

**D. Please provide the following data for the calendar year you have listed above;**

- 1. Number of *eligible individuals* (as defined in A.R.S. §20-1379(P) covered by policies written in the individual market during the calendar year: \_\_\_\_\_**
- 2. Earned premium for policies included in 1. above: \_\_\_\_\_**
- 3. Number of individuals covered by policies issued in the individual market to other than *eligible individuals*: during the calendar year: \_\_\_\_\_**
- 4. Earned premium for policies included in 3. above: \_\_\_\_\_**
- 5. Total number of eligible individuals covered by policies as of the end of the calendar Year: \_\_\_\_\_**

**E. If you elected the option provided in A.R.S. §20-1379(C)(2)(a), i.e., the policy forms with the largest and next to the largest earned premium volume of all policy forms offered, please use Exhibit II to provide the following data for the calendar year.**

- 1. The earned premium volumes for each of the policy forms you offer in the individual market.**
- 2. The number of individuals who are covered under each of the policy forms you offer in the individual market.**

**F. If you elected the option provided in A.R.S. §20-1379(C) (2) (b), i.e., the choice of two plans with representative coverage consisting of a lower level of coverage policy form**

and a higher level of coverage policy form, please attach an exhibit providing the data, assumptions and methods used to calculate the actuarial values of the two representative policy forms.

**G. Please provide an explanation as to how you are complying with A.R.S. §20-1379, A.R.S. §20-1380 and A.R.S. §20-1381.**

**H. Using Exhibit III, please provide a list of all products, including all marketing materials that you are making or will make available to eligible individuals and explain how you will inform individuals of the available policy forms. I. If you are offering representative coverage, as defined in A.R.S. §20-1379(C) (2) (b), please provide a description of the risk spreading and financial subsidization mechanism you are utilizing.**

**NOTE: If all or part of the information requested in above items G, H or I has not changed since you last submission, instead of re-filing the information you may indicate that the information has not changed.**

**This form with attached Exhibits I, II and III must be sent to the Life and Health Division, Arizona Department of Insurance, 2910 N. 44<sup>th</sup> Street, Suite 210, Phoenix, AZ 85019-7269 NO LATER THAN MARCH 1<sup>ST</sup> FOLLOWING THE CALENDAR YEAR LISTED AT THE TOP OF THIS FORM.**