

## South Carolina Health Insurance Pool (SCHIP) Assessment Base Reporting Form

<p><b>This form must be completed and submitted, postmarked by MARCH 1, 2012, by any insurer licensed to write accident and health insurance in South Carolina, even if all amounts are zero.</b></p>	<p><b>Submit by MARCH 1, 2012, to:</b>  <i>C. Michael Jordan, AX-555  Chairman, SCHIP  BlueCross BlueShield of SC  I-20 at Alpine Road  Columbia, SC 29219  Tel (803) 264-4170 Fax (803) 264-5162  E-mail mike.jordan@bcssc.com</i></p>	<p><b>Please submit to the address shown and NOT to the South Carolina Department of Insurance. Regular mail is preferred, but electronic submissions are acceptable.</b></p>
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**1. TOTAL 2011 DIRECT A&H PREMIUMS WRITTEN IN S.C.** \$ \_\_\_\_\_  
*(Should agree with total direct A&H premiums written in South Carolina as shown on the State Page or Schedule T of the Annual Statement.)*

**2. PREMIUMS EXCLUDED FROM SCHIP ASSESSMENT:**  
*(Deduct only to the extent included in line 1 above.)*

- (a) Coverage only for accident or disability income insurance, or any combination thereof \$ \_\_\_\_\_
- (b) Credit-only A&H insurance \$ \_\_\_\_\_
- (c) Coverage for on-site medical clinics \$ \_\_\_\_\_

**If offered separately:**

- (d) Limited scope dental or vision benefits \$ \_\_\_\_\_
- (e) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof \$ \_\_\_\_\_

**If offered as independent, noncoordinated benefits:**

- (f) Coverage only for a specified disease or illness \$ \_\_\_\_\_
- (g) Hospital indemnity or other fixed indemnity insurance \$ \_\_\_\_\_
- (h) If offered as a separate insurance policy, coverage supplement to coverage provided under Chpt 55, Title 10 of the U.S. Code (i.e., Tricare supp) \$ \_\_\_\_\_
- (i) Federal Employees Health Benefit Program \$ \_\_\_\_\_
- (j) Medicare Adv, MAPD, PD (Note: Med supp premiums are not excluded.) \$ \_\_\_\_\_
- (k) Medicaid and State Children's Health Insurance Program \$ \_\_\_\_\_
- (l) TOTAL EXCLUSIONS Add lines 2(a)-2(k) \$ \_\_\_\_\_

**3. 2011 SCHIP ASSESSMENT BASE** Subtract line 2(l) from line 1 \$ \_\_\_\_\_

Does your company write individual major medical insurance in South Carolina?

\_\_\_\_\_ Yes \_\_\_\_\_ No      2011 S.C. Individual Major Med Premium \$ \_\_\_\_\_  
*(Check here if through a group trust/assoc \_\_\_)*

I certify that this information is correct and that these figures accurately reflect premiums written in South Carolina during 2011. I also understand that the amount on line 3 above will be used to determine my company's share of assessments made for losses of the South Carolina Health Insurance Pool.

Company Name \_\_\_\_\_ NAIC Code No \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Typed/Printed Name of Officer \_\_\_\_\_

**Contact person for this form:**

**Person to receive assessment notices:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_