

2021 ASSR

Submission Info

NAIC	55555
Company	NIC TEST
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Response Data

New Submission or Resubmission

Are you filing a brand new submission or resubmitting in full or part?:
New Submission

Company Information

Section Title: Organization Detail

NAIC #(s):
55555

Company Name(s):
NIC TEST

FEIN(s):
33333

Section Title: Legal Counsel

First Name:
NIC TEST

Last Name:
NIC TEST

Street Address:
NIC TEST

City or Town:
NIC TEST

State:
VT

ZIP Code:
33333

Email:
alyssa.benedict@egov.com

Phone:
222-222-2222

Section Title: Filer Information

First Name:
NIC TEST

Last Name:
NIC TEST

Email:
alyssa.benedict@egov.com

Phone:
999-999-9999

EXAMPLE

Comprehensive Major Medical

Does your company need to report Comprehensive Major Medical lines of business?:
Yes

Comprehensive Major Medical Detail

Section Title: Associations

Associations:

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
5	5	6	5	5	5

Section Title: Discretionary Groups

Discretionary Groups:

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
5	5	5	5	5	5

Section Title: Individual

Individual:

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
5	5	5	5	5	5

Section Title: Large Group (101 or greater)

Large Group (101 or greater):

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
3	3	3	3	3	3

Section Title: Small Group (100 or fewer)

Small Group (100 or fewer):

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
3	3	3	3	3	3

Section Title: TPA or ASO

TPA or ASO:

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
3	3	3	3	3	3

Section Title: Trusts

Trusts:

Policies as of December 31	Covered Lives as of December 31, 2021	Covered Lives as of January 1, 2022	Total Member Months	Total Premiums or Premium Equivalent	Total Claims or Equivalent
3	3	3	3	3	3

Non-Comprehensive Medical

Does your company need to report Non-Comprehensive Medical lines of business?:

No

Dental

Does your company need to report Dental lines of business?:

No

Federal Employee Health Plan (FEHP)

Does your company need to report Federal Employee Health Plan (FEHP) lines of business?:

No

Limited Benefit

Does your company need to report Limited Benefit lines of business?:

No

Long Term Care

Does your company need to report Long Term Care lines of business?:

No

Medicare Advantage (Part C)

Does your company need to report Medicare Advantage (Part C) lines of business?:

No

Medicare Part D

Does your company need to report Medicare Part D lines of business?:

No

Medicare Supplement

Does your company need to report Medicare Supplement lines of business?:

No

EXAMPLE

Specified / Named Disease

Does your company need to report Specified / Named Disease lines of business?:

No

Stop Loss / Excess Loss

Does your company need to report Stop Loss / Excess Loss lines of business?:

No

Student

Does your company need to report Student lines of business?:

No

Review

DND:

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Data Fields

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