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

This form must be completed and submitted, postmarked by MARCH 1, 2013, by any insurer licensed to write accident and health insurance in South Carolina, even if all amounts are zero.

E-mail:

## Submit by MARCH 1, 2013, to:

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@bcbssc.com Please submit to the address shown and NOT to the South Carolina Department of Insurance. Regular mail is preferred, but electronic submissions are acceptable.

1.	1. TOTAL 2012 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.		MIUMS EXCLUDED FROM SCHIP ASS ct only to the extent included in line 1 above.)	ESSMENT:		
	(a)	Coverage only for accident or disability inco	ome insurance, or any		\$
	(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 ca			\$
		community-based care, or any combination	thereof		
		If offered as independent, noncoordinated			
	(f)	Coverage only for a specified disease or illne			\$
	(g)	Hospital indemnity or other fixed indemnity	insurance		\$
	(h)	If offered as a separate insurance policy, coverage supplement to covera			\$
	<i>(</i> *)	provided under Chpt 55, Title 10 of the U.S.	Code (i.e., Tricare sup	p)	ф
	(i)	Federal Employees Health Benefit Program Medicare Adv, MAPD, PD (Note: Med supp		ludad )	\$
	(j) (k)	Medicaid and State Children's Health Insura	. *	iuded.)	\$ \$
	(1)	TOTAL EXCLUSIONS Add lines 2(a)-2	•	\$	Ψ
2			` '		
Э.	2012	SCHIP ASSESSMENT BASE Subtract li	ne 2(1) from fine 1	Φ	<del>-</del>
Do	es you	ır company write individual major medical in	surance in South Carol	ina?	
Yes No 2012 S.C. Individual Major Med Premium \$ (Check here if through a group trust/assoc)					
Ca	rolina	that this information is correct and that thes during 2012. I also understand that the ar 's share of assessments made for losses of the	nount on line 3 above	e will be	used to determine my
Company Name			NAIC Code No		
			Date		
Ту	ped/Pi	rinted Name of Officer			
Contact person for this form:			Person to receive assessment notices:		
Name:			Name:		
Address:			Address:		
Telephone:			 Telephone:		

E-mail: