

Company Name _____
 NAIC Number _____
 Contact Name _____
 Address _____

Phone _____
 Fax _____
 E-Mail _____

Individual -- Calendar Year 2001

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium*	Incurred Claims*
Accident										
Comprehensive Medical PPO										
Dental Non-PPO										
Dental PPO										
Dental Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Limited Benefit										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Vision PPO										
Vision Non-PPO										
Other:										
Other:										
TOTAL										

Of the amounts reported for Comprehensive Medical Insurance above how much is for High Deductible medical insurance offered in connection with a Medical Savings Account:

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* Totals must balance to the NAIC Annual Statement Alaska State Page as described in the Instructions to this Health Insurance Survey
 Describe any differences between the amount reported on this survey and the amount reported in the Alaska State Page: _____

Small Employer (2-50) Group -- Calendar Year 2001

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium*	Incurred Claims*
Accident										
Comprehensive Medical PPO										
Dental Non-PPO										
PPO										
Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Stop Loss										
Vision PPO										
Non-PPO										
Other:										
Other:										
TOTAL										

Of the amounts reported for Comprehensive Medical Insurance above how much is for High Deductible medical insurance offered in connection with a Medical Savings Account:

--	--	--	--	--	--	--	--	--	--	--

* Totals must balance to the NAIC Annual Statement Alaska State Page as described in the Instructions to this Health Insurance Survey
 Describe any differences between the amount reported on this survey and the amount reported in the Alaska State Page: _____

For Comprehensive Medical Insurance provide the following:

- 1. # claims processed during the reporting year _____
- 2. # clean claims paid within 30 calendar days of receipt of claim _____
- 3. # claims that were not clean, but for which notice was provided within 30 days of receipt of claim _____
 3.a. # of these claims paid within 15 calendar days after receipt of information requested in the notice or within 30 days after receipt of initial claim _____
- 4. # claims denied during the reporting year _____
- 5. Amount of interest paid during the reporting year due to late payment of claims _____

All Other Group -- Calendar Year 2001

Product	# Policies In Force Beg of Year	# Individuals Covered Beg of Year	# New Policies Issued During the Year	# Individuals Newly Issued Coverage During the Year	# Policies Terminate During the Year	# Covered Individuals Terminated During the Year	# Policies In Force End of Year	# Individuals Covered End of Year	Earned Premium*	Incurred Claims*
Accident										
Comprehensive Medical PPO										
Dental Non-PPO										
Dental PPO										
Dental Non-PPO										
Disability Income										
Hospital Expense										
Hospital Indemnity										
Long Term Care										
Medical Expense										
Medicare Supplement										
Specified Disease										
Stop-loss										
Vision PPO										
Vision Non-PPO										
Other:										
Other:										
TOTAL										

Of the amounts reported for Comprehensive Medical Insurance above how much is for High Deductible medical insurance offered in connection with a Medical Savings Account:

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* Totals must balance to the NAIC Annual Statement Alaska State Page as described in the Instructions to this Health Insurance Survey
 Describe any differences between the amount reported on this survey and the amount reported in the Alaska State Page: _____

For Comprehensive Medical Insurance provide the following:

- 1. # claims processed during the reporting year _____
- 2. # clean claims paid within 30 calendar days of receipt of claim _____
- 3. # claims that were not clean but for which notice was provided within 30 days of receipt of claim _____
 3.a. # of these claims paid within 15 calendar days after receipt of information requested in the notice or within 30 days after receipt of initial claim _____
- 4. # claims denied during the reporting year _____
- 5. Amount of interest paid during the reporting year due to late payment of claims _____