TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Accident and Health Program (106-1D)
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Form Number 1212 CERT ANN LIST-OTHER/SEHBP - Figure 43
Texas Insurance Code Chapter 1501 and 28 TAC §26.19

This certification is on behalf of:

Insurance or HMO Company Name

Report for Calendar Year

The undersigned certifies that the carrier has offered and intends to continue offering plans in accordance with this certification unless or until changed in accordance with 28 TAC §§26.6 and 26.20. If changed, the carrier will promptly (and at least 30 days prior to any change) notify the department of any change (on this form).

Please check below as applicable.

☐ The policy, contract, certificate or evidence of coverage forms listed below (excluded from the definition of "Health benefit plan" under 28 TAC Chapter 26 and Insurance Code 1501) are offered, delivered, issued for delivery or renewed to or through small employers in Texas by the named health carrier. (List forms by form numbers and include the date of approval or filing, a brief description of the type of coverage, and the policyholder name if other than an employer or employee). (Attach additional pages if necessary).

☐ The named health carrier is not offering or marketing to small employers as a health benefit plan the excluded plans described in A above and the carrier is complying with the provisions of Insurance Code Chapter 1501 and 28 TAC §§26.1-26.27 to the extent applicable.

☐ The named health carrier is no longer marketing to small employers in Texas the following health benefit plans or riders previously filed or certified with the Department (include in the list of plans each form filed for the plan and each rider by form number and include the date of approval or filing, a brief description of the type of coverage provided and the policyholder name if other than the employer or employee). (Attach additional pages if necessary).

☐ The named health carrier no longer wishes to offer the following plans or riders of those listed in C above and requests that this checked provision serve as a formal withdrawal of the plans or riders in the small employer market. (Attach additional pages if necessary).

☐ The named health carrier plans to market to small employers in Texas the following health benefit plans and riders previously filed or certified with the Department (include in the list of plans each form filed for the plan and each rider by form number, the date of approval or filing, a brief description of the type of coverage and the policyholder by name if other than the employer or employee). (Attach additional pages if necessary).

I certify that the information provided in this document is true and accurate based upon my best knowledge, information and belief.

Signature

Name and Title (Company Officer)

Date