

Form Number 1212 CERT DATA
Annual Small Employer Health Benefit Plan Report - Figure 48
Texas Insurance Code Chapter [1501](#) and [28 TAC §26.20](#)

Cover Sheet

Company Information

Company Name: _____ Address: _____
NAIC Number: _____ City: _____
TDI Number: _____ State: _____
Calendar Year: _____ ZIP Code: _____

Contact Information

Contact Name: _____ Address: _____
Title: _____ City: _____
Phone Number: _____ State: _____
Email Address: _____ ZIP Code: _____
May TDI release this Submission
email address? _____ Date: _____

Data Call Applicability

The carrier has small employer business to report for this reporting period. Yes No

If you answered "No" above, skip to item #12: Data Certification.

If you answered "Yes" above, you must complete items # 1-10 by filling in the applicable information in the following pages.

Failure to comply with the instructions may result in administrative action. You must answer *all* questions.

		Number of Small Employers		Number of Lives Covered	
		Newly Issued	Renewed	Newly Issued	Renewed
1.	Health Benefit Plans in previous calendar year				
2.	Consumer Choice Health Benefit Plans (CCHBP) Insurer				
	A) Group size under 2				
	B) Group size 2-9				
	C) Group size 10-20				
	D) Group size 21-35				
	E) Group size 36-50				
	F) Group size 51+				
	Consumer Choice Health Benefit Plans (CCHBP) HMO				
	G) Group size under 2				
	H) Group size 2-9				
	I) Group size 10-20				
	J) Group size 21-35				
	K) Group size 36-50				
	L) Group size 51+				
3.	Fully-Mandated Health Benefit Plans (HBP) Insurer				
	A) Group size under 2				
	B) Group size 2-9				
	C) Group size 10-20				
	D) Group size 21-35				
	E) Group size 36-50				
	F) Group size 51+				
	Fully-Mandated Health Benefit Plans (HBP) HMO				
	G) Group size under 2				
	H) Group size 2-9				
	I) Group size 10-20				
	J) Group size 21-35				
	K) Group size 36-50				
	L) Group size 51+				

		Number of Coalitions and Cooperatives		Number of Lives Covered	
		Newly Issued	Renewed	Newly Issued	Renewed
4.	Coalitions and Cooperatives (Isolate from responses to Q1-3)				
	A) Insurer CCHBP				
	B) HMO CCHBP				
	C) State-Mandated Insurer HBP				
	D) State-Mandated HMO HBP				
	E) Small Health Group Cooperative Plan issued under 28 TAC §26.409				

5. Small Employer Health Benefit Plans voluntarily not renewed by small employer (previous calendar year) _____

6. Small Employer Health Benefit Plans terminated or nonrenewed _____

7. The number of plans issued to small employers that were uninsured for at least two months prior to issue _____

8. Gross Premiums for Small Employer Health Benefit Plans _____

9. Assumed Small Employer Business (see instructions) Yes No

If yes and the number of renewals reported exceeds the total reported in the prior year's report, indicate the assumed company's name and detailed information

10. Small Employer Health Benefit Plans - List the number of small employers and lives covered by the *first three digits* of the ZIP code of the employer's principal place of business.

Three-digit ZIP code	Number of Small Employers	Number of Lives Covered
733		
739		
750		
751		
752		
753		
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885		
Other		

11. Additional Information

12. Data Certification

- I attest that all information provided on this form is complete and true based on my best information, knowledge, and belief.

Name

Phone Number

Title