



**2010 Company Confirmation – No Tennessee Covered Lives in Health Coverage**  
(Reporting Covered Lives as of December 31, 2009)

See [www.AccessTN.gov](http://www.AccessTN.gov) for updated Frequently Asked Questions. If you have questions regarding the completion of this form, please contact us in writing at the address below or by email at [Access.TN@tn.gov](mailto:Access.TN@tn.gov).

Please review the following Reporting Entity contact information, providing corrected information as needed.

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ NAIC Number: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

The above company reported NO Tennessee Covered Lives in Health Coverage subject to AccessTN assessment, according to AccessTN guidelines, as of December 31, 2008. This is a request to update your company's information as of December 31, 2009.

Instructions: Please check the box below to update your Company's report, as of December 31, 2009, of Tennessee Covered Lives in Health Coverage plans subject to AccessTN assessment. Please read the definitions and information on page 2, reverse side of this page. Additional details at [www.AccessTN.gov](http://www.AccessTN.gov).

As of December 31, 2009, the above named company had **NO** Tennessee Covered Lives in Health Coverage plans subject to AccessTN assessment.

As of December 31, 2009, the above named company **DID HAVE**, or may have had Tennessee Covered Lives in Health Coverage plans subject to AccessTN assessment. Please send a 2009 Health Benefit Plan Reporting Form for our completion.

Attestation:

I hereby certify that I am authorized to complete this form on behalf of the above Reporting Entity, that I have read the information herein and that the above is, to the best of my knowledge, true and correct, under penalty of law. AccessTN may audit the assessment information provided on this report. AccessTN may also publish the counts submitted by all Reporting Entities.

Preparer's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form by mail to: **ACCESS TENNESSEE HEALTH INSURANCE POOL**  
**312 ROSA L. PARKS AVENUE, SUITE 2600**  
**NASHVILLE, TN 37243-1102**

Or by Fax: (615) 253-8556  
Or by PDF email attachment: [Access.TN@tn.gov](mailto:Access.TN@tn.gov)

**DUE DATE: May 31, 2010** (or 30 days from company receipt of this form, if later)

## 2010 AccessTN Assessment

### Calculation of Covered Lives subject to AccessTN Assessment as of December 31, 2009

#### What counts as Health Coverage for purposes of assessment?

“**Health Coverage**” has a specific meaning for purposes of the AccessTN assessment. “Health Coverage” is any type of individual or group health benefit plan or other health benefits not specifically excluded by the AccessTN enabling statute or action of the AccessTN Board of Directors. It includes both insured and self-insured plans. It is **not** just Health Coverage by an Insurer. It also means any hospital and medical expense incurred policy, nonprofit health care service plan contract, health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes health care services, whether by insurance or otherwise. Note: AccessTN refers to “health insurance coverage” as “Health Coverage” to reduce confusion with health insurers regulated by the State of Tennessee. Calculations for Box A will be based on this worksheet. Attach additional pages as necessary. See meaning of “Covered Lives”.

Product lines deemed NOT to be Health Coverage by AccessTN - Accident Only, Auto Policy Medical Payment/PIP or Auto Policy Optional Medical With/Without Fault, Credit Only, Dental/Vision Only, Disability Only, General Liability Only or Medical Supplement to Liability Insurance, Long Term Care, or Worker’s Compensation Coverage.

Product lines deemed Health Coverage but EXCLUDED from any count of Covered Lives - Cancer Only or other Specified Disease Only, Hospital Indemnity Only or other Fixed Indemnity Only, Medicare, including Part D Plans, Medicare Advantage, Medicare Supplement Plans, SCHIP State Children’s Health Insurance Program – (CoverKids), Medicaid (TennCare) Coverage, or TRICARE/CHAMPUS.

Health benefit plan types subject to assessment, and for which Covered Lives must be counted – Health Coverage includes but is not limited to individual or group limited or comprehensive major medical, preferred provider organization (PPO) plans, health maintenance organization (HMO), or Point of Service (POS), or coverage for use with a health savings account (HSA). Health Coverage includes insured, partially self-insured, and self-insured benefit plans. Health Coverage includes medical and/or behavioral health benefits.

“**Insurer**”, for purposes of AccessTN assessment, includes but is not limited to, an insurance company, a health maintenance organization, a preferred provider organization, a hospital and medical service corporation, a surplus lines Insurer, an Insurer providing Stop-loss or Excess-loss insurance to a group health plan, a reinsurer reinsuring health insurance in this state, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

“**Covered Lives**”, for purpose of the AccessTN assessment count, includes all Tennessee residents covered by fully insured, self-insured, or partially self-insured health benefit plans. The term includes all individual or group health plan Covered Lives whether provided through an Insurer, Reinsurer, Excess-loss, or Stop-loss Carrier, Insurance Arrangement, or Third Party Administrator, or a combination of such entities, except those in Health Coverage product lines specifically EXCLUDED above.

Covered Lives shall include all Health Coverage for Tennessee residents even if the coverage was issued in another state. Covered Lives include employees with employer coverage, individual policyholders, subscribers, members, or association group (non-employee) certificate holders, and any covered dependents, whose health benefits were paid for or furnished by your company as of December 31, 2009.

A reporting entity which has ANY Covered Lives in assessable Health Coverage must submit a 2010 Health Benefit Plan Reporting Form even if another Reporting Entity may have priority or financial responsibility for the assessment on that Covered Life under AccessTN guidelines.

***This 2010 Company Confirmation is intended to streamline reporting for a Reporting Entity which has NO Tennessee covered lives in assessable Health Coverage. A Reporting Entity must instead complete a 2010 Health Benefit Plan Reporting Form IF it has ANY Covered Lives residing in Tennessee for which it is providing Health Coverage in any capacity as of December 31, 2009 – as Insurer, Reinsurer, Stop-loss or Excess-loss Carrier, Third Party Administrator, or as a Self-insured Insurance Arrangement. Additional information is available at [www.AccessTN.gov](http://www.AccessTN.gov) or by sending an email request to [Access.TN@tn.gov](mailto:Access.TN@tn.gov).***