



2016 DIRECT PREMIUM REQUEST

Company Name _____ NAIC # _____

Address _____

City _____ State _____ Zip _____

Enter the amount of your company's CY 2016 TOTAL direct premiums* written in New Mexico for accident and health insurance, including Medicaid Salud!, credit accident, credit health, disability, and stop loss.

*Do not include Medicare Part D premium, payments by the Secretary of Health and Human Services (pursuant to a contract issued under Section 1876 of the Social Security Act, as amended), Federal Employee Program premiums, or dental premiums if the company dental only. If the company sells accident/health and dental insurance, the total of both types of premium must be included. If no direct premiums were written, please indicate by "NONE".

TOTAL DIRECT PREMIUM \$ _____

Form Completed by: Print Name/Title _____

Contact information _____

Signature of Corporate Officer authorized to sign on behalf of the Company/Corporation:

Signature _____

Print Officer Name and Title _____

The direct premium amount reported will be used to calculate your company's share of the 2016 New Mexico Medical Insurance Pool's \$73,767,412 (preliminary-to be audited) loss. For Premium Tax Credit calculation, the loss distribution is:

- \$39,642,301 Regular Full Premium Plans – 50% Premium Tax Credit (47% of total loss amount)
\$24,432,546 Reduced Premium Plans – 50% Premium Tax Credit (33% of total loss amount)
\$9,692,565 State Funded Premium Plans – 75% Premium Tax Credit (20% of total loss amount)

Interim payments received will be credited toward the final assessment. The amount you report must be accurate. Once reported, no further changes to the New Mexico premium amount can be made. If the requested information is not received by March 10, 2017, your company's assessment for the 2016 pool losses will be based on an estimated premium amount.

Mail, Fax or Email form to: New Mexico Medical Insurance Pool
Assessment Division
P.O. Box 1090
2015 16th Street
Great Bend, KS 67530

Phone: 800-268-1368
Fax 620-792-0535
Email: Accounting@bmikansas.com