

**NEW JERSEY  
SMALL EMPLOYER HEALTH BENEFITS PROGRAM**

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**BULLETIN 99-SEH-02**

**TO: SEH Program Members**  
**FROM: Wardell Sanders, Executive Director**  
**New Jersey Small Employer Health Benefits Program Board**  
**RE: Market Share Reports for 1998**  
**DATE: February 25, 1999**

In December of 1998, a copy of the Notice of Annual Filing Requirements for the IHC and SEH Program Assessments was mailed to all carriers. Subsequent to that mailing an issue has come to the attention of the SEH Board relating to how carriers calculate net earned premium for purposes of the Exhibit CC Market Share Report. To make sure that carriers are reporting net earned premium on a consistent and fair basis, please submit the attached Revised Exhibit CC by April 1, 1999 in accordance with the clarification below.

Pursuant to the SEH Board's regulations, the net earned premium reported by carriers shall be based upon a carrier's annual report submitted to the New Jersey Department of Banking and Insurance, adjusted to meet the definition of group health benefits plan. For purposes of reporting net earned premium to the SEH Board, however, the Board believes that it is appropriate for carriers to reduce their net earned premium to reflect refunds paid to small employers as required by the loss ratio requirements set forth in the law. Thus, the SEH Board will permit carriers to reduce their net earned premium for 1998 by the amount of refunds *paid* in 1998.

If you have any questions, please contact me at the number above.

W.S.

att.

## REVISED EXHIBIT CC: 1998

### New Jersey Small Employer Health Benefits Program Carrier Small Employer Market Share Report

This report must be completed in accordance with the provisions of N.J.A.C. 11:21-10, and certified by the Chief Financial Officer or other duly authorized officer of the Carrier. This revised report must be completed and returned on or before **April 1, 1999**. Completed Reports must be returned to: SEH Program, 20 West State Street, PO Box 325, Trenton, NJ 08625.

#### Part A. Carrier Information

1. Carrier's Name: \_\_\_\_\_
2. Carrier's NAIC Number: \_\_\_\_\_
3. Is the above named Carrier an affiliated Carrier?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

- a. If Yes, please list all Carriers with whom the above named Carrier is affiliated. List only those affiliates that had group health benefits plans in force for small employers in the preceding calendar year.

Name	NAIC #
_____	_____
_____	_____
_____	_____

#### Part B. Personal Respondent Information

1. Name: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

#### Part C. Calendar Year Information for 1998

Net earned premium for all small employer group health benefits plans in 1998:	\$ _____
Less refunds paid in 1998	\$ _____
<b>ASSESSABLE NET EARNED PREMIUM</b>	<b>\$ _____</b>

#### Part D. Certification

I certify that the information provided in this Report is accurate and complete, and has been prepared in accordance with the provisions of N.J.A.C. 11:21-10.

_____	_____	_____
<b>Signature</b>	<b>Title</b>	<b>Date</b>