

TRINIDAD NAVARRO
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

DOMESTIC/FOREIGN INSURERS BULLETIN NO. 52 (REISSUED)

**TO: ALL INSURANCE COMPANIES THAT MARKET HEALTH
INSURANCE IN DELAWARE**

RE: HEALTH INSURANCE CARRIER SURVEY

DATED: August 24, 2012

REISSUED: August 13, 2019

The Delaware Department of Insurance is once again requesting that all insurance companies marketing health insurance in Delaware fill out and return the **attached** Health Insurance Carrier Survey. The last time the Department requested this information was in 2012, and it is now time that this information was updated so that the Department can accurately respond to consumer inquiries.

The deadline for completion and return of the survey is **September 15, 2019**. All surveys should be submitted electronically to DOI-Survey-Response@state.de.us.

A copy of the Health Insurance Carrier Survey may be found attached to this bulletin.

Any questions, comments, or requests for clarification about the survey and submission process should be emailed to DOI-Survey-Response@state.de.us.

Thank you in advance for your effort in providing this useful service.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.

Trinidad Navarro
Delaware Insurance Commissioner

NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware Department of Insurance if additional information is needed.

◆ INSURANCE.DELAWARE.GOV ◆

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Health Insurance Carrier Survey

Date Completed _____

Insurance Company _____

NAIC# _____

Toll Free Consumer Contact Telephone Number _____

Please check all Line of Authority that your company markets in Delaware.

_____ Group

_____ Large Employer (50+ Employees) _____ Small Employer _____ AHP/MEWA Plans

_____ Blanket Insurance _____ Fixed Indemnity Insurance _____ HRA/HSA High Deductible

_____ Disability Income Plans _____ Short Term Disability _____ Long Term Disability

_____ Dental _____ Vision _____ Miscellaneous (List plan types below)

_____ Individual

_____ Comprehensive Major Medical _____ PPO _____ POS _____ HMO _____ MCO

_____ AHP/MEWA Plans _____ HRA/HSA High Deductible _____ Fixed Indemnity Plans

_____ Disability Income Plans _____ Short Term Disability _____ Long Term Disability

_____ Dental _____ Vision _____ Miscellaneous (List plan types below)

_____ Long Term Care Insurance

_____ Federally Qualified Plans _____ Group _____ Individual _____ LTC Partnership Plans

_____ **Medicare Supplement Plans:** Please indicate which plans the company markets.

Comments and Notes: _____

