



Health Insurance Carrier Survey

Date Completed _____

Insurance Company _____ NAIC# _____

Toll Free Consumer Contact Telephone Number _____

Please check all Lines 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:

_____ 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:

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

_____ Long Term Care Insurance

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

Comments: