Health Filing Form F106 (03/08)
Required Information for All Filings & the Fee

NAIC#: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Contact Person: _____

Filing Contents:

1) ☐ New ☐ Change:

If a Change: Latest Approval Date: _____ Vermont Filing Number (VFN) _____

2) ☐ Rates: ☐ Forms:

3) ☐ Policy ☐ Contract ☐ Amendment ☐ Endorsement
☐ Handbook ☐ Rider ☐ Certificate Other _____

4) ☐ Individual ☐ Small Group (1-50) ☐ Large Group (5 1 +) ☐ All Goups

Type of Filing:

☐ Accident Only
☐ AD&D
☐ Advertising
☐ Blanket
☐ Cancer Expense
☐ Comprehensive/
☐ Major Medical
☐ Conversion
☐ Critical Illness

☐ Dental
☐ Disability
☐ Home Health Only
☐ Hospital Indemnity
☐ Limited Benefit
☐ Long Term Care:
☐ Qualified
☐ Non-Qualified
☐ Medicare Supplement

☐ Miscellaneous
☐ Nursing Home Only
☐ Organ Transplant
☐ Prescription Drug
☐ Student/Athlete
☐ Stop Loss/Excess Risk
☐ Travel
☐ Vision
Other: _____

Mandatory - Filing Fee Information:

1. State of Domicile: _____

2. Amount of Fee: _____

3. Is the Fee you are sending based on your state of domicile's retaliatory fee? Yes ☐ No ☐

4. Explain how each part of the Fee was determined, showing all calculation (use separate sheet if necessary).

_____

_____

5. Fee calculated by: _____
(Printed Name)

_____
(Signature)