

**Nebraska Small Employer Health Reinsurance Assessment Form
(NSEHRP)**

I, the undersigned officer of the carrier shown below, hereby affirm that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief. **This form will be used to determine your company's assessment, if an assessment is necessary. If the amount is incorrect and an assessment is needed, your company will be responsible for the amount you provide.**

Company Name

Printed Name and Telephone Number

Street Address

City State Zip Code

Officer's Signature

Title

Under Neb. Rev. Stat. § 44-5261(11), assessments for the reinsurance program are determined by each carrier's share of the assessable market. In Nebraska the assessable market includes each reinsuring carrier's share of the total premiums earned in the preceding calendar year from major medical health benefit plans delivered or issued for delivery to small employers in the State of Nebraska.

Assessments cannot be offset against premium or other taxes due.

This is not an assessment. It is an information requirement under the Director's inquiry powers.
Reporting Period: Calendar Year 2015

Nebraska Total Earned Premium from Health
Benefit Plans (2015 NSEHRP Assessment Base): _____

Response Deadline: April 15, 2016

Respond to: John Rink
 Department of Insurance
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 Lincoln, NE 68508
 (402) 471-2201