

STEVEN T. FOSTER
COMMISSIONER OF INSURANCE

COMMONWEALTH OF VIRGINIA



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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

July 12, 1995

Immediate Attention Required

ADMINISTRATIVE LETTER 1995-9

**TO: All Insurers, Health Services Plans, and Health Maintenance Organizations
Licensed to write Accident and Sickness Insurance in Virginia**

RE: Registration - Small Employer Market

Section 4.A. of the Commission's Rules Governing Essential and Standard Health Benefit Plan Contracts (Regulation No. 46), requires every insurer, Health Services Plan, Fraternal Benefit Society, or Health Maintenance Organization licensed in Virginia to notify the Commission in writing of its intent to participate or not participate in the Small Group Market (or Primary Small Group Market) within 90 days of the effective date of the regulation. This requirement also applies to Multiple Employer Welfare Arrangements operating in Virginia, as set forth in Section 2.B.2 of the regulation.

Since the regulation took effect on May 1, 1995, the 90 day period referred to above expires on July 30, 1995.

Enclosed is a registration form which should be completed and returned to the Bureau of Insurance to ensure that you meet this requirement. An election not to participate in the Small Employer Market at this time does not preclude an insurer from qualifying as a Small Employer carrier at a later date. Thank you for your prompt attention to this matter.

Sincerely,

Steven T. Foster
Commissioner of Insurance

STF/tlf
Enclosure

Participant and Non-Participant Registration Form

Virginia Small Employer Market

Rules Governing Essential & Standard Health Benefit Plan Contracts

Please check "will" or "will not" participate and complete the requested information:

- We will participate in the Small Employer Market in Virginia
- We will not participate in the Small Employer Market in Virginia

Company Information:

Name: _____

Address: _____

NAIC No.: _____

Contact Person: _____

Contact Person Title: _____

Participating Status Authorized by:

Name Printed: _____

Title Printed: _____

Signature: _____

Date: _____

Return Registration Form to:

Robert L. Wright, CLU, CIE
Virginia State Corporation Commission
Bureau of Insurance - 5th Floor
Post Office Box 1157
Richmond, VA 23209