

**Virginia Primary Small Employer  
Coverage Report**

Insurance Company Name:

NAIC Number:  Date:

Contact Person:

Title:

Telephone Number:

**ESSENTIAL HEALTH BENEFIT PLANS**

Number of Primary Small Employer Groups Covered:

Number of Covered Employees:

	Male	Female
Age 0 – 18		
18 – 29		
30 – 39		
40 – 49		
50 – 64		
65 & Over		

Total Number of Persons Covered:

**STANDARD HEALTH BENEFIT PLANS**

Number of Primary Small Employer Groups Covered:

Number of Covered Employees:

	Male	Female
Age 0 – 18		
18 – 29		
30 – 39		
40 – 49		
50 – 64		
65 & Over		

Total Number of Persons Covered: