

**Virginia Primary Small Employer  
New Business Report**

Insurance Company Name:

NAIC Number:  Date:

Contact Person:

Title:

Telephone Number:

Period Covered:  to

**ESSENTIAL HEALTH BENEFIT PLANS**

Number of New Essential Plans Issued:

For each new essential plan issued, identify the industrial classification and geographical location of the employer below.

New Plan	Industrial Classification	Geographic Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**STANDARD HEALTH BENEFIT PLANS**

Number of New Standard Plans Issued:

For each new standard plan issued, identify the industrial classification and geographical location of the employer below.

New Plan	Industrial Classification	Geographic Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		