



May 3, 2019

To: All NHHP Member Companies

Re: *Permanent Zero Covered Lives Certificate*

Dear Sir or Madam:

The New Hampshire Health Plan (“NHHP”) is providing an option to all Member Companies that have historically submitted a zero covered lives assessment filing for the first quarter of each year. As you know, NHHP requires all Carriers licensed to sell health insurance in New Hampshire to complete quarterly assessment filings. For those Carriers that do not have any covered lives, we ask that a zero covered lives filing happens for the first quarter of each year. The assessment filing is then waived for these Carriers for quarters two, three and four as long as the status does not change throughout the year.

If your company falls into this situation and you would prefer not to have to complete this yearly filing, we are inviting you to complete the attached Permanent Zero Covered Lives Certificate. This will elevate this yearly filing requirement. However, NHHP will touch base every two years to ensure that the Carrier is still licensed, and that the status of no covered lives is still accurate.

If you decide to submit this form, please complete, scan and email to [nhhp@helmsco.com](mailto:nhhp@helmsco.com). Upon receipt we will update our files and confirm receipt.

Please contact our office if you have any questions.

Sincerely,



Erin K. Meagher  
Office Manager



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## PERMANENT ZERO COVERED LIVES CERTIFICATE

Under penalty of perjury, I certify with respect to the following entity:

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

NAIC Number: 

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 Group Number: 

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The following facts:

1. The entity has zero covered lives under the applicable statute (NH RSA 404-G).
2. The entity's business is such that it expects never to have such lives to report.
3. In the event that the entity does have covered lives in the future, it will timely complete and file quarterly assessments including remitting applicable payments as required by the New Hampshire Health Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Once completed, please fax (603) 225-4739 or email NHHP at [clalumiere@helmsco.com](mailto:clalumiere@helmsco.com).

*Please note the New Hampshire Health Plan will contact each entity completing the Permanent Zero Covered Lives Certificate every two years to ensure there has been no change in status.*