NEW HAMPSHIRE
Health Plan

NH REINSURANCE PROGRAM
SUPPLIMENTAL COVERED CLAIMS SUMMARY FORM

. **INSURER:** | **NAIC:** .

Instructions for Completing the NH Reinsurance Program Supplemental Claim Submission Form

Line 1 *Provide the Claims totals as contained in the Final EDGE report May 3, 2022*

Line 2 *Provide all additional Paid Claims in 2021 on Eligible Members that were NOT contained in the Final EDGE Report May 3, 2022*

Line 3 *Provide the Sum of totals in Line 1 & 2.*

Supplement Type	Claims Thru	Reinsurance Eligible Paid Claims $60K-$400K	Claims Paid Above $400K	Claimants	Claimant Member Months	Non-Claimant Cost Claims Paid <$60K	Total Individual Members	Member Months	Total Premium Received	Comments
Line 1		*May 3, 2022 EDGE Report Data*								
Line 2		*Additional Paid Claims through June 30*								
Line 3		*Sum of Lines 1 & 2*								