



**Maine Guaranteed Access Reinsurance Association**

October 5, 2012

Dear Sir or Madam:

As you may be aware, the Maine legislature has established the Maine Guaranteed Access Reinsurance Program (“MGARA” or the “Association”) as a reinsurance program for the higher risk segment of Maine’s individual health market.

As described, one of the funding mechanisms that support the Association’s operations is a Quarterly Assessment (also sometimes referred to as a “regular assessment”). This Quarterly Assessment is due from (a) each insurance company or similar organization that writes or otherwise provides medical insurance in Maine and (b) each TPA that administers any medical claims in Maine. The amount of the Quarterly Assessment is based on the number of enrolled persons covered by a provider’s insurance or health program, other than persons covered under policies or contracts insuring federal or state employees. MGARA has set its 2012 Quarterly Assessment at \$4 per month for each covered person enrolled under each such program.

The enclosed Quarterly Assessment Report Form should be used to calculate and remit your Quarterly Assessment, which covers the fourth calendar quarter of 2012. The Form and accompanying assessment payment are due no later than 30 days from the end of the calendar quarter. Thereafter, each Quarterly Assessment Report Form and related assessment payment will be due on a quarterly basis, within 30 days after the close of each calendar quarter. The following table provides details for 2012-2013:

Assessment	# lives counted	Due date
<b>2012</b>		
4 <sup>th</sup> quarter	July, August, September 2012	October 30, 2012
<b>2013</b>		
1 <sup>st</sup> quarter	October, November, December 2012	January 30, 2013
2 <sup>nd</sup> quarter	January, February, March 2013	April 30, 2013
3 <sup>rd</sup> quarter	April, May, June 2013	July 30, 2013
4 <sup>th</sup> quarter	July, August, September 2013	October 30, 2013

Should you have any questions regarding the Quarterly Assessment, please feel free to contact me.

We have endeavored to make the Quarterly Assessment Report Form straight-forward and user-friendly, but we welcome your suggestions for improvement. The Quarterly Assessments provide a crucial component of the funding base for MGARA's important mission. Thank you very much in advance for your timely submission.

Very truly yours,

Laren Walker  
Reinsurance Administrator  
C/o AmeriBen  
**PO Box 8991 (please note the change in PO BOX)**  
Boise, ID 83707  
(208) 947-3177  
[www.mgara.org](http://www.mgara.org)



## Quarterly Assessment Report

**Basis for Assessment:** All insurers providing any medical insurance to any Maine resident and all TPAs paying or processing medical insurance claims for any Maine resident are required to provide a quarterly enrollment report and assessment payment to MGARA. 24-A MRS § 3957.

**Assessment Rate:** MGARA's assessment rate for calendar year 2012 is \$4 per month per covered person.

**Enrollment Report and Assessment Calculation:** MGARA's regular assessments will be paid on a calendar quarterly basis. This report, together with your assessment payment, is due within 30 days of the close of each calendar quarter.

Please report the number of insured lives covered for all Individual, Small Group, Large Group and Self Insured Plans insured or administered by your organization for the preceding calendar quarter (excluding State and Federal employees):

MONTH 1: July \_\_\_\_\_  
MONTH 2: August \_\_\_\_\_  
MONTH 3: September \_\_\_\_\_  
TOTAL LIVES: \_\_\_\_\_ x \$4.00 = \_\_\_\_\_ (Amount Due)

Please make checks payable to MGARA. Checks should be mailed to:

MGARA,  
c/o AmeriBen  
**PO Box 8991 Please note change in PO Box**  
Boise, ID 83707  
Attn: Diane Kopecky  
(208) 947-3177

**Officer's Certification:** I, the undersigned officer of the insurer shown below, hereby certify that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name and Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Title