



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. Please see FAQ's regarding details of the assessment on the website www.mgara.org.

Assessment Rate: MGARA's assessment rate 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 45 days of the close of each calendar quarter, beginning with the first calendar quarter of 2019 and continuing on a regular basis thereafter.

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, this applies to policies and programs initiated or renewed on or after January 1, 2019 (excluding State and Federal employees):

Reporting for the Quarter below for the year of _____

| Month | Lives | | Month | Lives | | Month | Lives | | Month | Lives |
|---------------------|-------|--|---------------------|-------|--|---------------------|-------|--|---------------------|-------|
| January | | | April | | | July | | | October | |
| February | | | May | | | August | | | November | |
| March | | | June | | | September | | | December | |
| | | | | | | | | | | |
| 1 st Qtr | | | 2 nd Qtr | | | 3 rd Qtr | | | 4 th Qtr | |

TOTAL QUARTERLY LIVES ____ x \$4.00 = _____ (Amount Due)

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

Maine Guaranteed Access
PO Box 1038
Albany, NY 12201-1038

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

Tax ID(EIN)

Officers Signature

Title

Contact Name

Contact E-mail address

Please include this form with your check