

**ACA Transitional Reinsurance Program
Annual Enrollment and Contributions Submission Form**



* Type of Filing

- New
 Re-Filing
 Resubmission
 Invoice

* Type of Payment (All payment types must be filed and scheduled by November 15th of the Benefit Year)

<input type="checkbox"/>	First Collection - Contribution for Program Payments and Program Administration Funds (Regulatory Payment Due Date - January 15, 2016)
<input type="checkbox"/>	Second Collection - Contribution for General Fund of the US Treasury (Regulatory Payment Due Date - November 15, 2016)
<input checked="" type="checkbox"/>	Combined Collection - First Collection + Second Collection (as described above) (Regulatory Payment Due Date - January 15, 2016)

* Benefit Year for Reporting Gross Annual Enrollment Count 2015

Total Applicable Benefit Year Contribution Rate 44.00

* Annual Enrollment Count 1,549.00

* Verify Annual Enrollment Count 1,549.00

Contribution Rate for Program Payments and Program Administration Funds 33.00

Contribution Amount Due for Program Payments and Program Administration Funds 51,117.00

Contribution Rate for General Fund of the US Treasury 11.00

Contribution Amount Due for General Fund of the US Treasury 17,039.00

Total Contributions Due for the Applicable Benefit Year 68,156.00

Previous Pay.gov Tracking ID [REDACTED]

Invoice Number [REDACTED]

Verify Invoice Number [REDACTED]

Invoice Payment Amount [REDACTED]

Annual Enrollment Count [REDACTED]

Verify Annual Enrollment Count [REDACTED]

The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable.

Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

Authorizing Official for Reporting Entity's Acknowledgment

* First Name: Kevin * Last Name: Hill * Job Title: Chief Accountant

* Email Address: kevin.hill@nuecesco.com * Telephone: (361) 888-0668 Ext:



Covered Lives: Reinsurance

Group Name: NUECES COUNTY - 2942800

Year: 1/1/2015 to 9/30/2015

Actual Count Method 1,549

The average number of covered lives can be calculated under the plan for the year by calculating the sum of the lives covered for each day of the year and dividing that sum by the number of days in the year.

Snapshot Count
Method 1,550

The average number of covered lives is calculated by adding the total covered lives on the seventh day of the third month of each quarter; then dividing by the total number of quarters.

Pursuant to the Affordable Care Act and its implementing regulations (the "ACA"), any of the above-two methods may be selected and used by your health plan to calculate and pay Reinsurance Fees. This report is provided to you by HealthSmart for informational purposes only based upon plan data available to HealthSmart at the time. While HealthSmart continually strives to provide the most accurate and up-to-date information available, please be advised that the data reflected herein is provided as-is and without any warranty as to its accuracy or completeness. Specifically, in some cases, third party plan data, including CMS data, may not be available or taken into consideration when calculating the amounts listed above. You, as the Plan Sponsor, are responsible for calculating, reporting, and/or paying Reinsurance Fees under the ACA and remain responsible for your health plan's responsibility to comply with ACA. HealthSmart encourages you to independently verify the data provided and is not responsible for losses or penalties incurred through the use of or reliance upon this information