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Title 28@ Managed Health Care

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Division 1@ The Department of Managed Health Care

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Chapter 2@ Health Care Service Plans

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Article 12@ Reports

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Section 1300.84.6@ Plan Annual Enrollee Report

1300.84.6 Plan Annual Enrollee Report

(a)

On or before May 15th of each year, each licensed plan shall file a report in the following form and containing the information specified therein: State of

California Dept. of Managed Care Department of Managed Care File

Number _____ REPORT OF ENROLLMENT IN PLAN Knox-Keene

Health Care Service Plan Act _____ 1. Name of Plan:

_____ 2. Name, mailing address, and telephone number of

Plan official to whom communications concerning this report should be addressed:

() Name Phone No.--Include area code _____ Mailing

Address _____ City, State and ZIP Code 3. For the purposes of

Section 1356(b) of the Knox-Keene Health Care Service Plan Act, the Plan reports that, as of March 31 of the year in which this report is made, its records reflected

the following enrollments, in accordance with the definitions contained in Section

1345, Health and Safety Code: Number of subscribers _____

Number of enrollees _____ (Note: As required by Section

1356(b), if the number of enrollees is estimated, the method used for determining

the estimated enrollment must be disclosed.) 4. Execution: I certify under penalty

of perjury that the above statement is true. Executed

at _____ (City and State) on

_____ (Date) _____ Signature

_____ Print or Type Name of Declarant

_____ Position with Plan _____

1.

Name of Plan: _____

2.

Name, mailing address, and telephone number of Plan official to whom
communications concerning this report should be addressed: () Name Phone
No.--Include area code _____ Mailing Address
_____ City, State and ZIP Code

3.

For the purposes of Section 1356(b) of the Knox-Keene Health Care Service Plan Act,
the Plan reports that, as of March 31 of the year in which this report is made, its
records reflected the following enrollments, in accordance with the definitions
contained in Section 1345, Health and Safety Code: Number of
subscribers _____ Number of enrollees _____
(Note: As required by Section 1356(b), if the number of enrollees is estimated, the
method used for determining the estimated enrollment must be disclosed.)

4.

Execution: I certify under penalty of perjury that the above statement is true.

Executed at _____ (City and State) on

_____ (Date) _____ Signature

_____ Print or Type Name of Declarant

_____ Position with Plan _____