

State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
Governor

700 West State Street
Boise, Idaho 83720
Phone (208) 334-4250
FAX # (208) 334-4398

DEAN L. CAMERON
Director

INFORMATION STATEMENT
(Must be Typed)

1. Chartered Name of the Self-Funded Health Care Plan:

2. Name Plan will be using in this state (if different from above):

3. Physical Address:

Street: _____

City: _____ State: _____ Zip: _____

4. Administrative Office Contact and Mailing Address:

General Contact and Title: _____

Street or P.O.: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Toll-Free Telephone Number: _____ E-mail address _____

5. Annual Statement Filings Contact and Mailing Address:

Contact and Title: _____

Street or P.O.: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Toll-Free Telephone Number: _____ E-mail address _____

6. Consumer/Government Relations Contact and Mailing Address

Contact and Title: _____

Street or P.O.: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Toll-Free Telephone Number: _____ E-mail address _____

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INFORMATION STATEMENT**

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7. Claims Administrator:

Contact and Title: _____

Street or P.O.: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Toll-Free Telephone Number: _____ E-mail address _____