

## 2010 IMMUNIZATION ASSESSMENT SURVEY

Carrier Name		Idaho Certificate of Authority Number		NAIC CO CODE
Business Address (Physical Location)		City	State	Zip
Mailing Address		City	State	Zip
Business Phone	Fax Number	Name of Contact Person	E-mail Address	
A TOTAL NUMBER OF SUBSCRIBERS AND DEPENDENTS <sup>1</sup>	B NUMBER OF DEPENDENTS AND SUBSCRIBERS UNDER THE AGE OF 19 <u>WITH</u> COVERAGE FOR CHILDHOOD VACCINES <sup>2</sup>		C NUMBER OF DEPENDENTS <u>WITHOUT</u> COVERAGE FOR CHILDHOOD VACCINES <sup>3</sup>	
<b>CARRIERS NOT REPORTED</b> Provide the following information for <u>each</u> carrier not included in A-C above.				
<b>Carrier Name</b>	<b>Total # Covered Lives</b>	<b>Mailing Address</b>	<b>Name of Contact Person</b>	<b>Email Address</b>
The department will contact the carriers listed above in order to obtain the requested information.				

Carrier is defined as *any entity subject to regulation by the department that provides insurance or health benefit plans, or that administers health insurance or health benefit coverage or that otherwise provides a plan of health insurance or health benefits; or a foreign insurer who provides health insurance coverage or benefits to residents of this state as certificate holders under a group policy issued or delivered outside of this state.*

- 1 All subscribers and their dependents, regardless of age, who have health coverage (whether primary or secondary) as of February 28, 2010 with a mailing address within the State of Idaho (the subscriber's mailing address applies to the subscriber and all of his or her dependents).
- 2 All subscribers and dependents with a birth date after December 31, 1991, who have health coverage (whether primary or secondary) as of February 28, 2010 with childhood vaccine coverage and a subscriber mailing address within the State of Idaho (the subscriber's mailing address applies to the subscriber and all of his or her dependents).
- 3 If a carrier cannot identify the number of dependents without coverage for childhood vaccines, the dependents must be included under item (B).