



## Florida Employee Health Care Access Act Enrollment Report

Company Name \_\_\_\_\_  
 FEIN \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, ST & Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Contact Email \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Date Filed \_\_\_\_\_ Toll Free Florida Consumer Information Number \_\_\_\_\_

Your Small Group Market Election Status is \_

Line	Quarter Ending: _____	EMPLOYER GROUPS Column A	COVERED EMPLOYEES Column B	COVERED EMPLOYEE DEPENDENTS Column C	DIRECT PREMIUMS EARNED Column D
01	Total standard plans in force at end of reporting quarter				
02	Standard plans w/ health savings account (HSA) at end of reporting quarter				
03	Standard plans w/ health reimbursement arrangement (HRA) at end of reporting quarter				
04	Total basic plans in force at end of reporting quarter				
05	Basic plans w/ health savings account (HSA) at end of reporting quarter				
06	Basic plans w/ health reimbursement arrangement (HRA) at end of reporting quarter				
07	Total other small group plans (street plans) plans in force at end of reporting quarter				
08	Other small group plans (street plans) plans w/ health savings account (HSA) at end of reporting quarter				
09	Other small group plans (street plans) plans w/ health reimbursement arrangement (HRA) at end of reporting quarter				