



**OFFICE OF INSURANCE REGULATION**

***Life & Health Product Review***

***GENERAL INFORMATION ON SELF-FUNDED HEALTH BENEFIT PLANS***

PLAN FISCAL YEAR \_\_\_\_\_

PLAN NAME \_\_\_\_\_

INDIVIDUAL CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADMINISTRATOR \_\_\_\_\_

INDIVIDUAL CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ACTUARIAL FIRM \_\_\_\_\_

ACTUARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_