



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

LIFE & HEALTH

PO BOX 325

TRENTON, NJ 08625

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

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Commissioner

**N.J.S.A. 17B:27F-3.2 Reporting Template for Carriers – Use of Compensation Received from
Pharmaceutical Manufacturers, Developers, and Labelers**

Carriers shall use this template to comply with the reporting requirements set forth in subsection b. of N.J.S.A. 17B:27F-3.2, which requires carriers to annually file with the Department of Banking and Insurance a report explaining how the carrier has complied with the provisions of N.J.S.A. 17B:27F-3.2. The reporting period identified in the report shall be the calendar year preceding the date of the report. Completed reports shall be electronically submitted to lifehealth@dobi.nj.gov no later than March 1 each year.

Carrier name: _____

NAIC: _____

Report date: _____

Reporting period: _____

Provide the amount of compensation your organization received from pharmaceutical manufacturers, developers, and labelers during the reporting period, including the total amount of compensation received, the number of entities in each category (manufacturer, developer, labeler) that provided compensation, and the total amount of compensation received from entities in each category.

Describe how your organization has complied with the requirements of N.J.S.A. 17B:27F-3.2, including whether your organization remitted compensation received from pharmaceutical manufacturers, developers, and labelers directly to covered persons at the point of sale, whether your organization retained the compensation, or both. If compensation was both remitted to covered persons at the point

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of sale and retained by your organization during the reporting year, provide details as to the total amount remitted to covered persons and the total amount retained by your organization.

If compensation received from pharmaceutical manufacturers, developers, and labelers was retained by your organization to be applied to its plan design and in future years to offset the premium for covered persons, identify the plan year to which the compensation will be applied and provide an estimate of the anticipated effect on premium.

If compensation received by your organization from pharmaceutical manufacturers, developers, and labelers was retained by your organization in prior reporting years and has been applied to offset premium in the plan year subject to this report, describe the actual effect on premium in the plan year and explain any difference in the estimated effect on premium and the actual effect on premium in that year.

Certification of Compliance

I, _____, hereby
certify that the foregoing statements made by me are true. I am aware that if any of the
foregoing statements made by me are willfully false, I am subject to punishment.

Signature _____

Print Name _____

Title _____

Date _____