

ALABAMA GROUP MENTAL HEALTH ("MH") PARITY COST REPORT DUE APRIL 30

CALENDAR YEAR

Company Name:

NAIC #:

Company Address:

Company Contact:

Contact Phone Contact E-mail:

I certify as follows with respect to the Company indicated above (check all that apply):

The company does not issue group health benefit plans to which the requirements of ALA. CODE Chapter 27-54 apply. (If checked, proceed to signature line.)

The Company issues policies subject to and is in compliance with the parity in mental health benefit requirements of ALA. CODE Chapter 27-54. The total annual mental health benefit costs and total health benefit costs for the Calendar Year shown above were as follows:

(a) Avg # of Groups Covered		(b) Avg # of Certificateholders		(c) Total Claims Paid for Certificateholders		(d) Avg Claims Paid Per Certificate	
Groups without MH Benefits	Groups with MH Benefits	Groups Without MH Benefits	Groups With MH Benefits	Total Claims Paid Without MH Benefits	Total Claims Paid with MH Benefits	Groups Without MH Benefits	Groups with MH Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: For "Groups With MH Benefits" category, use only groups of more than 50 lives with MH benefit coverage.
For "Groups Without MH Benefits" category, use only groups of more than 50 lives without MH benefit coverage.

(a) AVG # of Groups Covered = $\frac{(\# \text{ of Groups in Force Beginning of Year} + \# \text{ of Groups in Force at End of Year})}{2}$

(b) AVG # of Certificateholders = $\frac{(\# \text{ of Certificateholders in Force Beginning of Year} + \# \text{ of Certificateholders in Force End of Year})}{2}$

(d) Avg Claims Paid Per Certificateholder = $\frac{\text{Total Claims Paid During Year for Groups Without MH Benefits}}{\text{AVG \# of Certificateholders Group Without MN Benefits}}$ $\frac{\text{Total Claims Paid During Year for Groups With MH Benefits}}{\text{AVG \# of Certificateholders Groups With MH Benefits}}$

Date

Signature of Company Officer

Print Officer Name