

B	C	D	E	F	G	H	I	J	K	L	M	N
1	Department of Health and Human Services											
2	2014 Transitional Adjustment Reporting Form											
3	Member Months by State and Market											
4												
5		Company Name:										
6												
7		Contact Name:										
8												
9		Contact Email:										
10												
11		Contact Phone:			Federal EIN :							
12												
13												
14												
15					Member Months in 2014							
16		Refer to Instructions for important information about completing this form.		Individual Market		Small Group						
17	Business State		Issuer ID(s)	Transitional Policies	All Other Non-grandfathered, ACA-compliant Policies	Transitional Policies	All Other Non-grandfathered, ACA-compliant Policies					
18				1	2	3	4					
19		Alabama										
20		Alaska										
21		Arizona										
22		Arkansas										
23		California										
24		Colorado										
25		Connecticut										
26		Delaware										
27		District of Columbia										
28		Florida										
29		Georgia										
30		Hawaii										
31		Idaho										
32		Illinois										
33		Indiana										
34		Iowa										
35		Kansas										
36		Kentucky										
37		Louisiana										
38		Maine										
39		Maryland										
40		Massachusetts										
41		Michigan										
42		Minnesota										
43		Mississippi										
44		Missouri										
45		Montana										
46		Nebraska										
47		Nevada										
48		New Hampshire										
49		New Jersey										
50		New Mexico										
51		New York										
52		North Carolina										
53		North Dakota										
54		Ohio										
55		Oklahoma										
56		Oregon										
57		Pennsylvania										
58		Rhode Island										
59		South Carolina										
60		South Dakota										
61		Tennessee										
62		Texas										
63		Utah										
64		Vermont										
65		Virginia										
66		Washington										
67		West Virginia										
68		Wisconsin										
69		Wyoming										
70												
71												
72		<p>PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is XXXXXXX. The time required to complete this information collection is estimated to average 3 hours, or 180 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. Completed forms should be submitted to RCadjustment@cms.hhs.gov from February 9, 2015 through February 13, 2015. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>										

**Department of Health and Human Services
2014 Transitional Adjustment Reporting Form**

The officer of the company signed below, being duly sworn, attests that he/she is the described officer of the reporting company, and that this Reporting Form includes full and true statements of all the elements included therein for the benefit year stated above, and that the Reporting Form has been completed in accordance with the Department of Health and Human Services' reporting instructions, according to the best of his/her information, knowledge and belief. Furthermore, the scope of this attestation by the described officer includes any related electronic filings and postings for the Benefit Year stated above and which are required by Department of Health and Human Services under section 45 CFR 153.530(e).

Chief Financial Officer (or direct desingee)

Reference Tables

Table 3
State Names

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Grand Total

Table 4
Benefit Years

2011
2012
2014
2015
2016
2018
2019
2020
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Table 5
Yes/No

Yes
No