Company Name: _____
Date: _____

Number of Small Employers that were issued health benefit plans in (*insert previous year)*

Renewed _____

New issues _____

Number of Small Employers that were issued the basic and standard health benefit plans in (*insert previous year)*

Renewed _____

New Issue _____

Number of small employer health benefit plans in force in each county as of December 31 of previous year.

New Castle _____

Kent _____

Sussex _____

Number of small employer health benefit plans that were voluntarily not renewed by small employers in (*insert previous calendar year*) _____

Number of small employer health benefit plans that were terminated or non-renewed for reasons other the nonpayment of premium (*insert previous calendar year*) _____

Number of small employer health benefit plans that were issued to small employers that were uninsured for at least the three months prior to issue _____

Number of people insured under small employer health benefit plans as of December 31 (*insert previous year*) _____