



## 2023 PREMIUM TAX INSTRUCTIONS FOR HEALTH, MEDICAL & DENTAL INDEMNITY COMPANIES

### CHOOSING THE CORRECT PREMIUM TAX FORM:

The type of premium tax form filed must match the Company's NAIC annual statement filing. For example, if the Company filed its annual statement on a Health Blank, then it must file its NH premium taxes on the Health "MED" tax form.

### GENERAL INSTRUCTIONS

#### ANNUAL STATEMENT FILING DUE DATES:

HEALTH SERVICE CORPORATIONS	MARCH 1, 2024 (420-A:20)
HEALTH MAINTENANCE CORPORATIONS	MARCH 1, 2024 (420-B:9)
DELTA DENTAL CORPORATION	MARCH 1, 2024 (420-F:9)

PREMIUM TAX RETURN DUE DATE IS MARCH 15, 2024  
(See RSA 400-A:32-a Timely Mailing)

**DO NOT SEND PREMIUM TAX FORM AND/OR CHECKS WITH THE ANNUAL STATEMENT PACKAGE.**

**RECOMMENDED FILING METHOD IS ONLINE THROUGH TRITECH - SEE <https://tritechsoft.com/Premium-Tax> . FILING OF PAPER FORMS IS ACCEPTED AT THIS TIME.**

#### SUBMIT THE PAPER PREMIUM TAX FORM TO:

**NEW HAMPSHIRE INSURANCE DEPARTMENT  
21 SOUTH FRUIT STREET, SUITE 14  
CONCORD, NEW HAMPSHIRE 03301**

#### **PAYMENT METHODS: PAY IN WHOLE DOLLARS ONLY!**

#### **ELECTRONIC FUNDS TRANSFER**

**Payment by EFT is required if Page 3, Line 34 of the calendar year 2023 premium tax form is \$20,000 or greater.**

The Department accepts electronic funds transfers via ACH Credit method, or by Wire Transfer. The company is solely responsible for ensuring that the funds are in the New Hampshire Insurance Department EFT bank account by the legal due date. EFT payments are not transmitted through the US mail; RSA 400-a:32a Timely Mailing cannot be applied to an EFT payment.

#### **ACH CREDIT & WIRE TRANSFER**

For companies submitting a paper filing, but choosing the ACH Credit method or Wire Transfer method, upon payment initiation, please email a copy of page 3 of the tax form to:

[premiumtax@ins.nh.gov](mailto:premiumtax@ins.nh.gov) to ensure the payment will be properly applied when received.

If EFT instructions are needed, email: [premiumtax@ins.nh.gov](mailto:premiumtax@ins.nh.gov). As the instructions differ for each method, please specify whether ACH Credit or Wire Instructions are needed.

#### **ACH DEBIT**

ACH Debit is no longer offered as a form of payment.

## **PAYMENT BY CHECK**

If Page 3, Line 34 of the calendar year 2023 premium tax form is less than \$20,000, the payment may be made by check. See above mailing address.

## **MAKE CHECKS PAYABLE TO: NEW HAMPSHIRE INSURANCE DEPARTMENT**

### **RSA 400-A:32-a Timely Mailing**

Tax statements and tax payments made by check postmarked after March 15, 2024, will be subject to RSA 400-A:32-a, provisions for Timely Mailing, and RSA 400-A:32, IV, which imposes a penalty for filing after the due date. ***Please note that a "Pitney Bowes" postal imprint does not qualify as a post office cancellation mark.***

### **ALIEN CORPORATIONS**

For retaliatory purposes, "State of Domicile" as used in this refers to State of Entry.

### **LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OF 1996**

Refer to RSA 408-B, Sections 4, 9 and 13 for laws concerning the deductibility of assessments made under this law.

### **ROUNDING**

The following lines on the premium tax return should be rounded to the nearest whole dollar:

Page 3, Line 37 Total Taxes Payable

Page 3, Line 38 Prepayment Due

Page 3, Line 39 Filing Fees

Page 3, Line 40 Annual License Fee

Page 3, Line 41 Balance Due

Line 35. The credit for calendar year 2023 Estimated Tax Payment must be reported in whole dollars only for the amount paid. Penalties or late fees paid cannot be applied against premium tax liability.

### **WHAT IS TAXABLE?**

Gross direct premiums including renewal premiums and finance and service charges.

Direct premiums written on stop-loss reinsurance provided to self-insured groups.

Policy fees.

Membership and other fees.

Policy dividends applied in payment for insurance (additional paid-up insurance).

All other considerations for insurance received during the calendar year.

#### **Medicare Advantage Plans**

Most Medicare beneficiaries may choose to receive benefits through one of the following Medicare Advantage Plans: Private insurance companies approved by Medicare to provide coverage through Health Maintenance Organizations or Preferred Providers Organizations.

Medicare Advantage Premiums received by such organizations on behalf of Medicare qualified individuals ***are not subject*** to premium taxation.

#### **Medicare Part D**

Premiums for Medicare Part D coverage ***are not subject*** to premium tax.

Medicare supplementary policies (Medigap coverage) sold by an insurance company ***are subject*** to premium tax.

**Medicaid Premiums** *are* subject to premium tax.

**ALL DEDUCTIONS FROM GROSS PREMIUMS MUST BE FULLY DOCUMENTED**

**DOCUMENTS REQUIRED TO BE FILED**

- 1) Schedule T.
- 2) New Hampshire State page.
- 3) ACA Risk Adjustment transactions.
- 4) Premium written reconciling transactions.
- 5) Include copies of State of Domicile assessments, tax documents, or fee invoices.
- 6) 2022 NH Business Enterprise tax form. Do not attach Federal Income Tax Return.  
**Do not deduct any estimated payments that will be applied to calendar year 2023 Business Enterprise Tax.**
- 7) Documents substantiating any reduction and/or credits taken on premium tax form.
- 8) **A Retaliatory-NH Return, based on your New Hampshire premium, including all other fees, taxes, assessments, and surcharges that a hypothetical New Hampshire company operating in your state would be subject to.**

**PAGE ONE INSTRUCTIONS**

COMPANY NAME – enter company name.  
BUSINESS ADDRESS – enter **complete** company address, street, city, state, zip code.  
TYPE OF COMPANY - enter MED for Medical Insurance Company.  
FEDERAL TAX ID NUMBER - enter the company’s nine-digit Federal Tax ID number.  
NAIC GROUP CODE - enter the company’s four-digit NAIC group code.  
NAIC COMPANY CODE - enter the company’s five-digit NAIC company code.  
STATE OF DOMICILE - enter the two-letter abbreviation of the company’s state of domicile.

PLEASE INDICATE THE PAYMENT AMOUNT AND METHOD OF PAYMENT.  
PLEASE INDICATE IF THE COMPANY HAS AMENDED ITS’ BYLAWS (Yes/No)  
PLEASE INDICATE IF THE COMPANY HAS AMENDED ITS’ ARTICLES OF AGREEMENT (Yes/No)

Complete the attestation statement and have this statement properly signed by the Company's president, vice-president, secretary, treasurer, or manager in accordance with NH RSA 400-A:31, II.

**ELECTRONIC SIGNATURES**

An area has been provided on Page 1 for electronic signatures. NH RSA 294-E provides definitive requirements for electronic signatures. Software manufacturers providing the capability for companies to file electronically must provide the capability for the capture of electronic signatures of the premium tax form.

**PAGE TWO INSTRUCTIONS**

**RETALIATION**

New Hampshire retaliates on a tax-for-tax and fee-for-fee basis.

**LICENSING, FILING AND DOCUMENT FEES**

Include in this section only fees and charges relating to the filing of the annual statement, licensing of the company, and other documents fees. Fees, assessments, and surcharges other than filing and license fees must be included in the appropriate sections below.

**Line 1. License Fee**

NH domestics: enter in Line 1, column 2 the appropriate license fee. Foreign companies licensed as Health Service Corporations licensed under RSA 420-A, enter \$200 in Line 1, column 2, and the respective amount charged by your domiciliary state in Line 1, column 3. Foreign companies licensed under RSA 401 or RSA 420-B, enter \$100 in Line 1, column 2, and the respective amount charged by your domiciliary state in Line 1, column 3.

**OTHER TAXES, FEES, SURCHARGES AND ASSESSMENTS**

**Include all special and general assessments, other taxes, fees, and surcharges that the company’s domiciliary state has levied against NH domiciled companies operating in your domestic state. Include a copy of the assessment that has been made by the domiciliary state. Complete detailed computations must be provided.**

If the company calculates retaliatory assessments and taxes on allocations other than the predetermined percentages provided by the domestic state, these allocations must have been approved and be utilized in the calculation of taxes for the domestic state to be properly used for NH filing purposes. The company should include adequate explanation with their premium tax statement.

**Items to be included here:**

- |  |   |
|--|---|
| Actuary                                  | Health Care Appeals Fund                  |
| Attorney General Assessments             | Health Care Regulatory Fund               |
| Care and Custody                         | Insurance Dept Administrative Maintenance |
| Corporate Tax or Registration Fee        | Investment Tax                            |
| County /City /District /Municipality Tax | Minimum Tax                               |
| Financial Regulation Fee                 | Rate Hearing                              |
| Franchise Tax                            | State Rating Bureau                       |
| Fraud                                    |   |

**Any other taxes, fees, surcharges and/or assessments applicable to NH domestic companies operating in the company’s domicile state.**

**Line 17 -- Insurance Department Maintenance**

New Hampshire’s Insurance Department Maintenance assessment is 100% restricted revenue used solely to fund the operations of the New Hampshire Insurance Department. New Hampshire retaliates on a tax-for-tax and fee-for-fee basis. If it has been determined that the Company’s State of Domicile Insurance Department Maintenance assessment is used for the EXACT same purpose, complete column 2, (NH Basis), with the New Hampshire Administrative Assessment paid during the calendar year 2023. Compute the domestic state assessment using NH data for column 3. Column 4 will automatically populate the difference **but not be less than zero.**

**Note: If the purpose of the State of Domicile Insurance Department Maintenance assessment is not for the EXACT same purpose, leave line 17, column 2 blank, as an offset will not be allowed.**

**Lines 22 to 30 – Other Taxes, Fees, Surcharges, and Assessments**

Include any other assessments that the company’s domiciliary state has levied against NH companies. The company must include a copy of the assessment as received from the assessing authority.

## **PAGE THREE INSTRUCTIONS**

### ***GROSS PREMIUMS WRITTEN & TAXABLE CONSIDERATIONS***

- Line 1.0 Enter Accident and Health Premiums Written excluding Granite Advantage Health Care Program premium.
- Line 1.1 Granite Advantage Health Care Program Gross Premium Written.
- Line 1.2 ACA Risk Adjustment Year 2023 Accrual.
- Line 1.3 ACA Risk Adjustment Year 2022 Accrual Balance.
- Line 1.4 ACA Risk Adjustment Year 2021 Accrual Balance.
- Line 1.5 Reconciling transactions (attach supporting documents).
- Line 1.6 Total Accident and Health Premiums Written per Schedule T, column 2, line 30.  
Line 1.6 must equal lines 1.0 through line 1.5.
- Line 2. Enter Medicare Title XVIII Premiums Written per Schedule T, column 3, line 30.
- Line 3. Enter Medicaid Title XIX and CHIP Title XXI Premiums Written per Schedule T, column 4 and 5, line 30.
- Line 4. Enter Federal Employees Health Benefits Program Premiums Written per Schedule T, column 6, line 30.
- Line 5. Enter Life premiums included in Schedule T, column 7, line 30.
- Line 6. Enter Annuity premiums included in Schedule T, column 7, line 30.
- Line 7. Enter Property & Casualty Premiums Written per Schedule T, column 8, line 30.
- Line 8. Enter Total Premiums Written per Schedule T, column 9, line 30.
- Line 9. Enter Other Taxable Considerations Accident & Health.
- Line 10. Enter Other Taxable Considerations Life.
- Line 11. Enter Other Taxable Considerations P&C.
- Line 12. Total Premiums/Considerations (Sum of lines 8 through 11).

### ***DEDUCTIONS FROM GROSS PREMIUMS***

- Line 13. Enter Medicare Title XVIII Premiums Written per Schedule T, column 3, line 30.
- Line 14. Enter Medicare Part D Stand Alone Premiums Written included in Schedule T, column 1, line 30.
- Line 15. Enter Federal Employees Health Benefits Program Premiums Written per Schedule T, column 6, line 30.
- Line 16. Enter Premiums written for Political Subdivisions of the State of NH by HMO's, Health Service Corporations, and Delta Dental.
- Line 17. Enter the sum of lines 13 through 16.
- Line 18. Enter Annuity Premiums Written.
- Line 19. Enter Total Deductions for Life Premiums Written (Attach Schedule).
- Line 20. Enter Total Deductions for P&C Premiums Written (Attach Schedule).
- Line 21. Enter Total of Lines 18 through 20.

### ***NEW HAMPSHIRE BASIS – TAXABLE PREMIUMS WRITTEN***

Lines 22 through 25. These lines summarize taxable premiums written by type of coverage. A&H Premiums Written are taxed at 2%. Life and P&C Premiums Written are taxed at 1.25%. Line 25 columns 2 and 3 is total taxable NH Premiums Written and total NH Premium Tax.

- Line 22. Net taxable Accident and Health Premiums Written.
- Line 23. Net taxable Life Premiums Written.
- Line 24. Net taxable P&C Premiums Written.

There is a minimum premium tax of \$200.

**STATE OF DOMICILE BASIS**

**The company must complete this portion of the premium tax form as if it were a NH domiciled company filing as a foreign licensed company with its domestic state.**

**COMPUTATION OF BALANCE DUE**

Lines 26 through 41. The majority of the lines in this section will be automatically calculated. The following discussion concerns business tax credits and the estimated tax payment that the company will enter onto the appropriate lines.

**Line 31. BUSINESS ENTERPRISE TAX CREDIT RSA 400-A:34-a.**

Deduct NH Business Enterprise Tax paid in accordance with RSA 77-E. This credit plus the credits allowed on Lines 32 and 33 cannot reduce the amount on Line 34 below \$0. Only business enterprise tax "incurred" during calendar 2022 may be deducted on this return. Any excess not deducted on this form must be applied in accordance with RSA 400-A:34-a.

***Business Enterprise Tax Forms required for a unitary business:***

Members of a unitary business must provide the following forms:

Form BT-SUMMARY

Form BET-WE

Form BET -80-WE

Form NH-1120-WE

Such other forms as are necessary to assess the deductibility of the company's Business Enterprise Tax. Unitary groups are required to send the complete Business Enterprise Tax return for the group.

***Business Enterprise Tax Forms required for a non-unitary business:***

Companies not required to file on a combined basis with the Department of Revenue must provide the following forms:

Form BT-SUMMARY

Form BET

Form NH-1120

Such other forms as are necessary to assess the deductibility of the company's Business Enterprise Tax.

The company's filing should be sufficiently complete to enable the NH Insurance Department to make a definitive assessment of the propriety of any NH Business Enterprise Tax amounts claimed as a credit against the premium tax liability.

**Line 32. COMMUNITY DEVELOPMENT PROGRAM (RSA 162-L:10)**

The credit arising from amounts contributed in accordance with the NH Community Development Finance Authority should be included on this line. Per RSA 162-L:10, III, "The credit or any unused portion thereof may be carried forward for no more than 5 succeeding years..." There is no provision for the refund of any unused portion of the credit.

**Any credits applied without supporting documentation will be denied.**

**Line 33. LIFE AND HEALTH INSURANCE GUARANTY FUND ASSOCIATION OF 1996 (RSA 408-B:13)**

20% of Class B assessments made under the Health Insurance Guaranty Assessment Act of 1996 may be included on this line. Only **Class B assessments** made in accordance with RSA 408-B may be included on this line.

**Any credits applied without supporting documentation will be denied.**

**Line 34. TOTAL PREMIUM TAXES PAYABLE.**

This line represents the company's total premium tax liability for calendar year 2023. ***In accordance with NH RSA 400-A:32-b., if this amount is \$20,000 or more, the company is required to pay taxes via EFT.***

**Line 35. ESTIMATED PAYMENTS**

The company should enter the exact amount of the Estimated 2023 Tax Prepayment made on the March 15, 2023, tax report. Late fees paid cannot be applied as a credit against the premium tax liability.

Line 37. Total Premium Taxes Payable is equal to total tax liability, line 34 less total payments and credits, line 36.

Line 38. Prepayment Due March 15, 2024. Line 34, minimum \$200.00

Line 39. Filing Fees from page 2, Line 6.

Line 40. License fees from page 2, Line 3.

Line 41. **BALANCE DUE (OVERPAYMENT) MARCH 15, 2024.** The sum of Lines 37 through 40. This amount is due on or before March 15, 2024.

*If payment is made by check, the check should accompany the hardcopy premium tax return. If paid by EFT, the EFT must be made in accordance with instructions provided by this Department.*

**REFUNDS**

Should the company have an overpayment on Line 41, a refund will be issued on or before June 30, 2024, unless the overpayment results from the application of a non-refundable tax credit, such as the Community Development Finance Authority tax credit. Should the overpayment result from the application of a non-refundable tax credit, the overpayment will be applied to increase the estimated payment, effectively providing a carry forward for the non-refundable tax credit.

**TOTAL AMOUNT PAID**

Enter the total amount paid at the time of filing this return onto Page 1, and the amount will carryforward to Page 3.

**ALL TAX FORMS WITH INSTRUCTIONS ARE AVAILABLE ON OUR WEB SITE:  
WWW.NH.GOV/INSURANCE/**

**IF YOU HAVE QUESTIONS, PLEASE EMAIL US AT THE FOLLOWING:**

[premiumtax@ins.nh.gov](mailto:premiumtax@ins.nh.gov)

**THE INSURANCE DEPARTMENT’S FAX NUMBER IS: (603) 271-1406**

**RSA 408-B LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OF 1996  
EFFECTIVE DATE: JANUARY 1, 1996**

**RSA 408-B:4 DEFINITIONS**

VII: “Insolvent insurer” means a member insurer which on or after January 1, 1996, is placed under an order of liquidation by a court of competent jurisdiction with a finding of insolvency.

**RSA 408-B:9 ASSESSMENTS**

II (b): Class B assessments shall be made to the extent necessary to carry out the powers and duties of the association under RSA 408-B:8 with regard to an impaired or an insolvent insurer.

## **RSA 408-B:13 ASSESSMENT TAX CREDIT**

1. A member insurer may offset against its tax liability under RSA 400-A any assessment described in RSA 408-B:9, II(b) for the **life insurance and annuity account, and for the health account for guaranteeing the performance of contractual obligations of an impaired or insolvent insurer in regard to disability income coverages only**, to the extent of 20 percent of the amount of the assessment for each of the 5 calendar years following the year in which the assessment was paid. If a member insurer cease doing business, all unaccredited assessments described above may be credited against its tax liability under RSA 400-A for the year it ceases doing business.

II. Any sums acquired by refund from the association by member insurers, as stated in RSA 408-B:9, VI, and which were previously offset against taxes as described in paragraph I, shall be paid by these insurers to the state of New Hampshire in the manner required by the commissioner. The association shall notify the commissioner that refunds have been made.

**This law provides an effective date of January 1, 1996. Only those Class B assessments for insolvencies occurring on or after January 1, 1996, are affected by this law.**

**For insolvencies occurring on or after January 1, 1996, 20% of the assessment may be credited against premium tax beginning the calendar year following the year in which the assessment was paid. The earliest credit will be allowed as an offset against premium tax for calendar year 1997.**

**ANY ASSESSMENTS MADE UNDER RSA 404-D ARE NOT ELIGIBLE CREDITS AGAINST PREMIUM TAX.**

## **INSURANCE TAX LAW CHANGES FOR CALENDAR YEAR 2023 - NONE**

## **INSURANCE TAX LAW CHANGES FOR CALENDAR YEAR 2022**

- 1 Insurance Department; General Premium Tax: Report. Amend RSA 400-A:31, II, effective 7/2/22, to read as follows:

II. The report shall be [verified by oath or affirmation of] **signed by** the insurer's president, vice-president, secretary, treasurer, or manager. **Any person that submits false information in a report shall be subject to prosecution for unsworn falsification, pursuant to RSA 641:3.**