

ESTIMATED PRIVILEGE FEE STATEMENT
IN ACCORDANCE WITH K.S.A. 40-3213

NAIC #: _____

COMPANY NAME: _____

PERSON RESPONSIBLE FOR
COMPLETION OF THIS STATEMENT: _____

E-MAIL ADDRESS: _____

K.S.A. 40-3213 requires that on or before March 31 and September 30 of each year, each health maintenance organization shall pay 50% of the privilege fee that was reported as being due by the company.

2024 ESTIMATED PREMIUM _____

2024 PRIVILEGE FEE RATE _____ 5.77%

2024 ESTIMATED PRIVILEGE FEE _____

LESS 2023 REFUND (If Applicable) _____

2024 ESTIMATED PRIVILEGE DUE _____

BALANCE DUE MARCH 31 _____

BALANCE DUE SEPTEMBER 30 _____

Send the completed form via email to Charlotte.Daubert@ks.gov.

Direct any questions to the Comptroller's office at 785-291-3191 or Charlotte.Daubert@ks.gov

PAYMENTS:

We are no longer accepting paper checks. Payments should be sent via electronic funds transfer.

➡ A notice of payment that includes contact information, name of company, amount of payment, and description of payment is to be sent to kdoi.rf@ks.gov.

Bank: US Bank, N.A
Routing Number: 101000187
Account Number 145592399664