



Oregon DCBS DFR HPA Payment Form

For businesses with premiums derived from "insurance described in ORS 742.065" (stop loss insurance)

Health Premium Assessments (HPA) Under HB 2010 (2019)

In 2017, the Oregon Legislature enacted House Bill 2391 (HB 2391). HB 2391 established a 1.5 percent assessment on the gross amount of premiums derived from health benefit plans delivered or issued for delivery in Oregon. Under section 8 of HB 2391, the 1.5 percent assessment applied "for a period of eight calendar quarters beginning on the date, on or after January 1, 2018, that the policy or certificate for which the premiums are paid is issued or renewed."

HB 2010 makes two key changes to the assessments established under HB 2391. First, HB 2010 increases the assessment on premiums derived from health benefit plans from 1.5 percent to 2 percent. **Second, HB 2010 expands the assessment to apply to premiums derived from "insurance described in ORS 742.065" (stop loss insurance).**¹ Both of these changes are effective for "the period beginning on January 1, 2020."

¹ ORS 742.065 defines and establishes requirements for "insurance against the risk of loss assumed under less than fully insured employee health benefit plan." As used in this bulletin excerpt, the terms "stop loss insurance" and "stop loss policies" refer to the type of insurance described in ORS 742.065.

Please refer to the posted *Oregon Division of Financial Regulation Bulletin No. [DFR 2020-3](#)*.

General Information on Assessments and Penalties

Assessments and penalties allowed to be charged by 2019 HB 2010 Section 6 & Section 7; amending section 5, chapter 538, Oregon Laws 2017:

- No later than **45 days following the end of a calendar quarter**, an insurer shall pay an assessment at the rate of **2 percent of the gross amount of premiums** earned by the insurer during that calendar quarter that were derived from health [benefit] plans delivered or issued for delivery in Oregon.
- If an insurer fails to timely file a verified form or to pay an assessment required, the department shall impose a penalty on the insurer of the greater of:
 - (a) An amount determined under ORS 731.988; or
 - (b) **Five percent** of the assessment due for the calendar quarter.

Please refer to [2019 HB 2010 Section 6 & Section 7](#); amending [section 5, chapter 538, Oregon Laws 2017](#).

Governing statutes, rules, and bulletins:

[Section 5, chapter 538, Oregon Laws 2017](#), [2019 HB 2010 Section 6 & Section 7](#), and [bulletin No. DFR 2020-3](#).

Questions?

Email: orinstax.ins@oregon.gov, Call: [503-947-7046](tel:503-947-7046)

More information:

Website: dfr.oregon.gov/ireg/Pages/healthpremium.aspx



ENTITIES OFFERING STOP LOSS INSURANCE

Please respond to all questions — Answer N/A if the answer is “none” or “not applicable”

Business name of applicant:		
Taxpayer identification number (EIN or TIN):		
Website address if applicable:		
Business organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
Date of formation:		
Physical address:		
City:	State:	Zip:
Mailing address if different:		
City:	State:	Zip:
Phone: - -	Fax: - -	Email address:

Health premium assessment & penalty calculation

Line	Description	Calculation Instructions	USD Dollar Amounts
1	Gross Premiums:	Y ____ Q ____ (fill in current year & quarter & amount)	\$
2	Assessment Due:	0.02 (x) line 1 (timely)	\$
3	Penalty Due:	0.05 (x) line 2 (if 45 days late; skip if timely)	\$
4	Total Amount Due:	line 2 (+) line 3	\$

Secure fax for credit card payments: 503-947-2333

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: - -
Cardholder signature		Expiration date	
Name of cardholder as shown on credit card		Year:	
Credit card number		Quarter:	
		Total Due: \$	

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

Mail application with payment to:

DCBS - Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

PCA/AOBJ code: 92072/1550

Fiscal use only: