

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



Type of Payment

- First Collection - Contribution for Program Payments and Program Administration Funds
- Second Collection - Contribution for General Fund of the US Treasury
- Combined Collection - First Collection + Second Collection (as described above)
- Invoice
- Resubmission - File Attachment

Benefit Year for Reporting Gross Annual Enrollment Count	2014
Total Applicable Benefit Year Contribution Rate	63.00
Gross Annual Enrollment Count	196.00
Verify Gross Annual Enrollment Count	196.00
Contribution Rate for Program Payments and Program Administration Funds	52.50
Contribution Amount Due for Program Payments and Program Administration Funds	10,290.00
Contribution Rate for General Fund of the US Treasury	10.50
Contribution Amount Due for General Fund of the US Treasury	2,058.00
Total Contributions Due for the Applicable Benefit Year	12,348.00
Pay.gov Tracking ID	_____
Invoice Number	_____
Verify Invoice Number	_____
Invoice Payment Amount	_____
Gross Annual Enrollment Count	_____
Verify Gross Annual Enrollment Count	_____

- The gross annual enrollment count entered in this form matches the aggregate enrollment count by entity in the supporting documentation.
- Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

Authorizing Official for Reporting Entity's Acknowledgment

First Name: _____ Last Name: _____ Title: _____
 Email Address: _____ Telephone: _____ Ext: _____

Back

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Current Date: 10/30/2014

Legal Business Name (LBN): Titus County

Federal Tax ID Number: 75-6001180

Billing Contact

First Name: Christie Last Name: Davis Title: Assistant Auditor

Email Address: christiedavis@co.titus.tx.us Telephone: (903) 572-8101 Ext:

Billing Address

Line 1: 100 West First Street Line 2: Suite 202

City: MT Pleasant State: Texas Zip Code: 75455

Contact 1 for Submission

First Name: Christie Last Name: Davis Title: Assistant Auditor

Email Address: christiedavis@co.titus.tx.us Telephone: (903) 572-8101 Ext:

Contact 2 for Submission

First Name: Sharon Last Name: Reynolds Title: Assistant Auditor

Email Address: SReynolds@co.titus.tx.us Telephone: (903) 572-8101 Ext:

Contact 3 for Submission

First Name: Carl Last Name: Johnson Title: County Auditor

Email Address: carljohnson@suddenlink.com Telephone: (903) 572-8101 Ext:

Continue