

**STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR  
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

September 30, 2022

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with  
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

QUARTERLY STATEMENT

FOR THE QUARTER ENDING September 30, 2022

OF THE CONDITION AND AFFAIRS OF

Greater Tompkins County Municipal Health Insurance Consortium
(Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York
made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: October 1, 2010
Commenced Business: January 1, 2011
Mailing Address: PO Box 7, Ithaca, NY 14851
Address of Main Administrative Office: 215 North Tioga Street, Ithaca, NY 14850
Telephone Number: (607)274-5590 Employer's ID Number: 27-1447438
Principal Location of Books and Records: Same as Main Administrative Office Address
Name of Administrator: N/A
Name of Statement Contact Person: Elin R. Dowd, Executive Director
Statement Contact Person E-mail: hcdirector@tompkins-co.org Telephone Number: (607)274-5590
Service Areas (Counties): Broome, Cayuga, Chemung, Chenango, Cortland, Madison, Onondaga, Ontario, Oswego, Schuyler, Seneca, Steuben, Tioga,

OFFICERS\*

President: Judith Drake Other Officers: Rordan Hart, Vice Chairperson
Secretary: Peter Salton Richard Snyder, Treasurer
Chief Financial Officer: Steven P. Thayer

GOVERNING BOARD\*

Table with 3 columns: Name, Title, Municipality. Lists board members and their respective municipalities.

STATE OF New York

COUNTY OF Tompkins

Judith Drake, President, Peter Salton, Secretary,
Stephen P. Thayer, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Greater Tompkins County Municipal Health Insurance Consortium, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 7th Day of November 2022

Handwritten signatures of President, Secretary, and Chief Financial Officer.

NOTARY PUBLIC
TERI McFALL APALOVICH
Notary Public - State of New York
No. 01AP6005948
Qualified in Tompkins County
My Commission Expires: 4/20/2026

(a) Is this an original filing? Yes [X] No [ ]
(b) If no: (i) state the amendment number
(ii) date filed
(iii) number of pages attached

\*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	23,756,660	24,250,626
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	-	-
4.1 Cash (Schedule A Line 0399999, Page NY 8)	5,252,845	6,169,222
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	-
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	5,252,845	6,169,222
5. Premiums receivable (Schedule C, NY 10)	8,856	21,430
6. Other invested assets	-	-
7. Receivable for securities	-	-
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	29,018,360	30,441,277
10. Investment income due and accrued	15,106	9,434
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	-	-
11.2 Funds held by or deposited with reinsured companies	-	-
11.3 Other amounts receivable under reinsurance contracts	-	-
12.1 Current federal income tax recoverable and interest thereon	-	-
12.2 Net deferred tax asset	-	-
13. Electronic data processing equipment and software	-	-
14. Furniture and equipment, including health care delivery assets	-	-
15. Health care and other amounts receivable	-	-
16. Aggregate write-in for other than invested assets	959,484	875,766
17. Total Assets(Lines 9 to 16)	29,992,949	31,326,477
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801.		
0802.		
0802.		
0804.		
0805.		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. Excellus BCBS Prepaid Claims (Advanced Deposit)	788,300	722,400
1602. Prepaid Expenses	170,384	152,566
1603. Security Deposit - Rent	800	800
1604.		
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	959,484	875,766

\* As reported on Prior Year End filed Annual Statement.



REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	4,471,996	3,032,883
1.2 Additional amount required by Section 4706(a)(1)	3,833,725	3,833,725
1.3 Total claims payable	8,305,721	6,866,608
2. Premiums received in advance	755,008	766,350
3. General expenses due or accrued	-	-
4.1 Current federal income tax payable and interest thereon	-	-
4.2 Net deferred tax liability	-	-
5. Ceded reinsurance premiums payable	-	-
6. Amounts withheld or retained for the account of others	-	-
7. Borrowed money and interest thereon	-	-
8. Payable for securities	-	-
9. Funds held under reinsurance treaties	-	-
10. Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	79,721	1,442,679
12. Claim stabilization reserve	-	-
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	9,140,451	9,075,637
17. Aggregate write-ins for special surplus funds	8,646,395	8,646,395
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	9,467,264	10,934,950
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	2,738,840	2,669,495
22. Total capital and surplus (Lines 17 to 21)	20,852,498	22,250,840
23. Total liabilities, capital, and surplus (Lines 16 + 22)	29,992,949	31,326,477
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001.		
1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501.		
1502.		
1503.		
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	4,642,294	4,642,294
1702. Rate Stabilization Reserve	4,004,101	4,004,101
1703.		
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	8,646,395	8,646,395

\* As reported on Prior Year End filed Annual Statement.

\*\* Calculation of current year reserves shown on NY14 (Schedule K).



REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	57,632	56,802	75,641	XXX	XXX
2. Net premium income:					
2.1 Basic	31,565,258	30,928,023	41,003,748	547.70	542.08
2.2 Drugs	9,517,338	9,338,983	12,386,154	165.14	163.75
2.3 Total	41,082,596	40,267,006	53,389,902	712.84	705.83
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.3 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	-	-	-	XXX	XXX
5. Non-health revenues	-	-	-	-	-
6. Total revenues (Items 2 to 5)	41,082,596	40,267,006	53,389,902	712.84	705.83
Hospital and Medical:					
7. Hospital/medical benefits	28,550,558	27,895,292	39,061,947	495.39	516.41
8. Other professional services	-	-	-	-	-
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	-	-	-	-	-
11. Prescription drugs	11,008,517	10,207,928	13,962,954	191.01	184.60
12. Aggregate write-ins for other hospital and medical	-	-	-	-	-
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	294,245	287,717	363,108	5.11	4.80
15. Subtotal (Lines 7 to 14)	39,853,320	38,390,937	53,388,008	691.51	705.81
Less:					
16. Net reinsurance recoveries	-	(201,874)	-	-	-
17. Total hospital and medical (Lines 15-16)	39,853,320	38,592,812	53,388,008	691.51	705.81
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	303,911	282,952	402,891	5.27	5.33
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	8,525	8,430	12,230	0.15	0.16
19.4 Marketing	1,873	1,447	5,140	0.03	0.07
19.5 Professional Fees	62,332	60,425	76,675	1.08	1.01
19.6 Administration Fees	1,365,728	1,258,311	1,678,883	23.70	22.20
19.7 Consulting Fees	68,625	66,735	88,980	1.19	1.18
19.8 Aggregate write-ins for other administrative expenses	277,579	42,998	331,835	4.82	4.39
19.9 Total administrative expenses	2,088,573	1,721,298	2,596,634	36.24	34.33
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	41,941,893	40,314,109	55,984,643	727.75	740.14
22. Net underwriting gain or (loss) (Lines 6 - 21)	(859,297)	(47,104)	(2,594,741)	(14.91)	(34.30)
23. Net investment income earned	(552,896)	(10,690)	(117,492)	(9.59)	(1.55)
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	(552,896)	(10,690)	(117,492)	(9.59)	(1.55)
26. Aggregate write-ins for other income or expenses	13,851	1,629	(482,384)	0.24	(6.38)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(1,398,342)	(56,164)	(3,194,617)	(24.26)	(42.23)
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(1,398,342)	(56,164)	(3,194,617)	(24.26)	(42.23)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401.				-	-
0402.				-	-
0403.				-	-
0404.				-	-
0405.				-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201.				-	-
1202.				-	-
1203.				-	-
1204.				-	-
1205.				-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. NYS Graduate Medical Education Tax	276,660	260,050	346,416	4.80	4.58
1402. Patient Care Outcomes Research Institution Fee (PCORI)	17,585	16,692	16,692	0.31	0.22
1403. Flu Clinics	-	10,976	-	-	-
1404.				-	-
1405.				-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	294,245	287,717	363,108	5.11	4.80
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. Insurance (Directors & Officers, Professional Liability)	43,700	37,941	50,588	0.76	0.67
19.802. Stop Loss Insurance Expense	222,100	-	270,471	3.85	3.58
19.803. Supplies Expense	4,925	1,881	6,797	0.09	0.09
19.804. Mileage Expense	277	69	69	0.00	0.00
19.805. Computer Supplies	6,578	3,106	3,910	0.11	0.05
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	-	-	-
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	277,579	42,998	331,835	4.82	4.39
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. Miscellaneous Expenses	(780)	(5,069)	(7,497)	(0.01)	(0.10)
2602. Other Income	-	-	-	-	-
2603. Interest Income	14,631	6,698	8,076	0.25	0.11
2604. Total Additional amt. required by Section 4706(a)(1)	-	-	(482,963)	-	(6.38)
2605.				-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	13,851	1,629	(482,384)	0.24	(6.38)

\* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	22,250,840	26,000,180
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(1,398,342)	(3,194,617)
32. Change in valuation basis of aggregate policy and claim reserve	-	-
33. Change in net unrealized capital gains and losses less capital gains tax	-	-
34. Change in net deferred income tax	-	-
35. Change in nonadmitted assets	-	-
36. Change in unauthorized reinsurance	-	-
37. Change in surplus notes	-	-
38. Cumulative effect of changes in accounting principles	-	-
39. Capital Changes		
39.1 Paid in	-	-
39.2 Transferred to surplus	-	-
40. Surplus adjustments:		
40.1 Paid in	-	-
40.2 Transferred from capital	-	-
41. Dividends to participating municipal corporations (or school districts)	-	-
42. Change in surplus per Section 4706(a)(5)	(69,345)	(259,998)
43. Change in retained earnings/fund balance	-	(777,129)
44. Interest on surplus notes	-	-
45. Aggregate write-ins for changes in other net worth items	-	222,406
46. Aggregate write-ins for gains or (losses) in surplus	69,345	259,998
47. Net change in capital and surplus (Lines 31 to 46)	(1,398,342)	(3,749,340)
48. Capital and surplus end of reporting period (Line30 + 47)**	20,852,498	22,250,840
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. Change in Catastrophic Reserve	\$ -	\$ (389,926)
4502. Change in Rate Stabilization Reserve	-	612,332
4503.		
4504.		
4505.		
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page 5, item 45)	-	222,406
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Offset to change in 4706(a)(5)	\$ 69,345	\$ 259,998
4602.		
4603.		
4604.		
4605.		
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	69,345	259,998

\* As reported on Prior Year End filed Annual Statement.  
\*\* Must agree with Page NY 3 Line 22



## GENERAL INTERROGATORIES

- |       |   |         |        |
|-------|---|---------|--------|
| 1. a) | Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)? | Yes [ ] | No [X] |
|-------|---|---------|--------|

- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: N/A

- |    |  |           |
|----|--|-----------|
| i) | If "approved", when was the filing request approved? | Date: N/A |
|    |  | Date: N/A |
|    |  | Date: N/A |
|    |  | Date: N/A |

- ii) If not "approved" yet, what is the status of the filing request and the status date?
- |  |  |           |
|--|--|-----------|
|  |  | Date: N/A |
|  |  | Date: N/A |
|  |  | Date: N/A |
|  |  | Date: N/A |

- c) If "Yes", attach current copies of the documents if they have not been previously submitted.

2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: 12/31/15

- b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- Date: 12/31/15

- |   |                |               |
|---|----------------|---------------|
| <p>3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?</p> | <p>Yes [ ]</p> | <p>No [X]</p> |
|---|----------------|---------------|

- b) If "Yes", give particulars:

- |       |  |         |        |
|-------|--|---------|--------|
| 4. a) | Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. | Yes [ ] | No [X] |
|-------|--|---------|--------|

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

- |  |           |          |
|--|-----------|----------|
| b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. | Yes [ 1 ] | No [ X ] |
|--|-----------|----------|

<sup>1</sup>	<sup>2</sup>	<sup>3</sup>	<sup>3</sup>	<sup>4</sup>	<sup>5</sup>
Name of Borrower	Position with MCHBP	Description of Loan	Original Loan Amount	Amount of Loan Principal Outstanding at Quarter End	Date Original Loan Was Issued
Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [ X ] No [ ]

- b) If "Yes", give name of the surety company, and amount of coverage:
- The Health Consortium CFO is covered by the City of Ithaca Fidelity Bond. This coverage is provided through Travelers Casualty and Surety Company of America. The coverage provided covers Employee Theft - Per Loss up to \$4,000,000.
- The Health Consortium Finance Manager and Executive Director are covered a Fidelity Bond. This coverage is provided by Travelers Casualty and Surety Company of America. The coverage provided covers Employee Theft - Per Loss up to \$5,000,000.

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes ☒ No ☐

- b) If "No", give location: Held by Issuer-1100 N Market Street, Wilmington DE 19890

- |       |   |         |         |
|-------|---|---------|---------|
| 7. a) | Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, <u>owned</u> throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ? | Yes [ 1 | No [X 1 |
|-------|---|---------|---------|

- b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
N/A	N/A

- c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
N/A	N/A	N/A

- |  |   |                               |
|--|---|-------------------------------|
| 8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? | Yes <input checked="" type="checkbox"/> 1 | No <input type="checkbox"/> 1 |
|--|---|-------------------------------|

- b) If "No", state who has the authority: CFO

- |       |   |           |          |
|-------|---|-----------|----------|
| 9. a) | Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? | Yes [ 1 ] | No [ X ] |
|-------|---|-----------|----------|

- b) If "Yes", give details:

- |        |  |         |          |
|--------|--|---------|----------|
| 10. a) | Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period? | Yes [ 1 | No [ X 1 |
|--------|--|---------|----------|

- b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

GENERAL INTERROGATORIES (Continued)

11. a)

What is the percentage that the MCHBP uses for its claims payable reserve?

Hospital and Medical	Prescription
12%	12%

b)

Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--	------------------------------	--

c)

If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------	---	-----------------------------

d)

If c) is "Yes", answer the following:

i)

When was the request filed with the Department of Financial Services?

Date: 

08/11/10	08/11/10
----------	----------

ii)

When was the request approved?

Date: 

10/01/10	10/01/10
----------	----------

iii)

If approved, please attach a copy of the approval letter.

12. a)

Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

b)

If No, give details:

13. a)

Was the MCHBP's prior year's annual statement amended?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

b)

If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

i)

Amendment number

ii)

Date of amendment

14.

Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

15. a)

What is the amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

N/A
-----

b)

List the name of the firm paid and provide the amount if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
N/A	N/A

16. a)

Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?  
Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

b)

If a) is "Yes", provide the following:

i)

Anticipated date of distribution.

Date: 

N/A
-----

ii)

Anticipated amount of distribution.

N/A
-----

17. a)

Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

b)

If a) is "Yes", answer the following:

i)

When was the request filed with the Department of Financial Services?

Date: 

03/18/15
----------

ii)

When was the request approved?

Date: 

3/18/2015*
------------

iii)

If approved, please attach a copy of the current community rating methodology as well as the approval letter.

c)

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

N/A \*Letter Not Available

18. a)

Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

b)

If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

c)

If b) is "Yes", answer the following

i)

When was the request filed with the Department of Financial Services?

Date: 

02/08/16
----------

ii)

When was the request approved?

Date: 

12/05/17
----------

iii)

If approved, please attach a copy of the approval letter.

d)

If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

N/A

19. a)

Has the MCHBP changed its CPA since the last Annual Statement filing?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

i)

If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

ii)

If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:

iii)

Name

iv)

Address

v)

Telephone Number

vi)

Email Address

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SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust	N/A	XXX	0.000	XXX	XXX	3,674	-	3,243,907
M&T	N/A	XXX	0.002	XXX	XXX	5	-	416
NYCLASS	N/A	XXX	0.023	XXX	XXX	8,522	-	2,008,522
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	12,201	-	5,252,845
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	12,201	-	5,252,845
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 12,201	\$ -	\$ 5,252,845
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								







SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
CITY OF CORTLAND	4,598	-	-	-	-	\$ 4,598
TOWN OF THROOP	2,637	-	-	-	-	2,637
VILLAGE OF WATKINS GLEN	1,621	-	-	-	-	1,621
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	8,856	-	-	-	-	8,856
0299999 Receivables Not Individually Listed	\$ -	\$ -	\$ -	\$ -	-	-
0399999 Gross Premiums Receivable	8,856	-	-	-	-	8,856
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					-	8,856

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A  Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	2,669,275	25,251,635	3,025,449	670,587	5,694,724	3,025,449	(2,669,275)
2. Drug Claims	(5,829)	12,492,404	7,434	768,526	1,605	7,434	5,829
3. Other	-	-	-	-	-	-	-
4. TOTAL	2,663,446	37,744,039	3,032,883	1,439,113	5,696,329	3,032,883	(2,663,446)

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1.1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1.1, Column 2, which must equal NY 3, Line 1.1, Column 1 of the previous annual statement.

NOTE: The Additional Amount Required by Section 4706(a)(1) of the New York Insurance Law is no longer included on this Schedule, but is now included on line 1.2 of page NY 3.



**SCHEDULE G — ACCOUNTS PAYABLE**

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
N/A	-	-	-	-	-	-
N/A	-	-	-	-	-	-
CHASE	-	-	-	-	-	-
EXCELLUS HEALTH	689	-	-	-	-	689
PLAN - COVERED LIVES	30,470	-	-	-	-	30,470
ITHACA COLLEGE	118	-	-	-	-	118
TOMPKINS COUNTY	17	-	-	-	-	17
TOWN OF ITHACA NY	45,452	-	-	-	-	45,452
WILMINGTON TRUST	2,976	-	-	-	-	2,976
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	79,721	-	-	-	-	79,721
0299999 Aggregate Accounts Not Individually Listed - Due	-					-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	-					-
9999999 Total Accounts Payable	79,721	-	-	-	-	79,721

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	49	53	53	53	N/A

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	3,053	3,122	3,129	3,121	N/A

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	6,305	6,428	6,423	6,373	N/A



SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	53
2. Number of enrolled members	3,121
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	54,776,795
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	2,738,840
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	2,669,495
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	2,738,840

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806.				XXX	XXX
0807.				XXX	XXX
0808.				XXX	XXX
0809.				XXX	XXX
0810.				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606.				XXX	XXX
1607.				XXX	XXX
1608.				XXX	XXX
1609.				XXX	XXX
1610.				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES					
1006.				XXX	XXX
1007.				XXX	XXX
1008.				XXX	XXX
1009.				XXX	XXX
1010.				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES					
1506.				XXX	XXX
1507.				XXX	XXX
1508.				XXX	XXX
1509.				XXX	XXX
1510.				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706.				XXX	XXX
1707.				XXX	XXX
1708.				XXX	XXX
1709.				XXX	XXX
1710.				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406.				-	-
0407.				-	-
0408.				-	-
0409.				-	-
0410.				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1206.				-	-
1207.				-	-
1208.				-	-
1209.				-	-
1210.				-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1406.				-	-
1407.				-	-
1408.				-	-
1409.				-	-
1410.				-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.806.				-	-
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2606.				-	-
2607.				-	-
2608.				-	-
2609.				-	-
2610.				-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-	-

\* As reported on Prior Year End filed Annual Statement.



OVERFLOW PAGE FOR WRITE-INS		
		Current Quarter
		1
		Total
		Previous Year *
		3
		Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4506.		
4507.		
4508.		
4509.		
4510.		
4598. TOTALS (Items 4506 thru 4510)		
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4606.		
4607.		
4608.		
4609.		
4610.		
4698. TOTALS (Items 4606 thru 4610)		

\* As reported on Prior Year End filed Annual Statement.

**Service Areas (Counties):** Tompkins, Wayne and Yates

Governing Board - Continued		
Name	Title	Municipality
Joan Jayne	Board Member	Town of Niles
Ed Wagner	Board Member	Town of Owasco
Jim Doring	Board Member	Town of Preble
Gary Mutchler	Board Member	Town of Scipio
Ed Rizzo	Board Member	Town of Sennett
Ray Bunce	Board Member	Town of Spencer
David Schenck	Board Member	Town of Springport
Loren Zorn	Board Member	Town of Tioga
Eric Ridley	Board Member	Town of Throop
Tom Brown	Board Member	Town of Truxton
Richard Goldman	Board Member	Town of Ulysses
Eric Snow	Board Member	Town of Virgil
Alvin Doty	Board Member	Town of Willet
Michael Murphy	Board Member	Village of Dryden
Lorie Corsette	Board Member	Village of Fayetteville
Miles McCarthy	Board Member	Village of Freeville
Nancy Niswender	Board Member	Village of Groton
Tanya DiGennaro	Board Member	Village of Homer
Donna Dawson	Board Member	Village of Horseheads
Ronny Hardaway	Board Member	Village of Lansing
Lisa DeVona	Board Member	Village of Minoa
Mike Baratta	Board Member	Village of Owego
Bud Shattuck	Board Member	Village of Union Springs
Fred Warrick#	Board Member	Village of Watkins Glen
Jim Bower	Board Member	Labor Rep
Kate DeVoe	Board Member	Labor Rep
Zach Nelson	Board Member	Labor Rep
Jeanne Grace	Board Member	Labor Rep
Carol Sosnowski	Board Member	Labor Rep
Ian Tompkins	Board Member	Labor Rep