

**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

March 31, 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

## MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

## QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 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, Tompkins, Wayland, Yates

## OFFICERS\*

President: Judith Drake Other Officers: Rordan Hart, Vice Chairperson

Secretary: Peter Salton Richard Snyder, Treasurer

Chief Financial Officer: Steven P. Thayer

## GOVERNING BOARD\*

Name	Title	Municipality
Steven P. Thayer	CFO	City of Ithaca
Judith Drake	President	Town of Ithaca
Peter Salton	Secretary	Village of Cayuga Heights
Rordan Hart	Vice Chairperson	Village of Trumansburg
Richard Snyder	Treasurer	County of Tompkins
Scott Steve#	Board Member	City of Cortland
Lisa Holmes	Board Member	County of Tompkins
Darcey Rigdon	Board Member	Lansing Community Library
Laura Granger	Board Member	County of Seneca
Alex Patterson	Board Member	Town of Aurelius
Edward Fairbrother	Board Member	Town of Big Flats
Mark Witmer	Board Member	Town of Caroline
Richard Lewis	Board Member	Town of Catharine
LuAnn King	Board Member	Town of Cincinnatus
Lou Anne Randall	Board Member	Town of Cuyler
Laura Shawley	Board Member	Town of Danby
David Hertel	Board Member	Town of Dix
Leonardo Vargas-Mendez	Board Member	Town of Dryden
Stephanie Redmond	Board Member	Town of Enfield
Rita McCarthy#	Board Member	Town of Erwin
Chuck Rankin	Board Member	Town of Groton
Janine Bond#	Board Member	Town of Hector
Kevin Williams	Board Member	Town of Homer
Donald Fischer	Board Member	Town of Horseheads
Charmagne Rungay	Board Member	Town of Lansing
Timothy Elliot#	Board Member	Town of Marathon
Mark Emerson#	Board Member	Town of Mentz
David Corey#	Board Member	Town of Montezuma
Terrance Baxter	Board Member	Town of Moravia
Christine Laughlin	Board Member	Town of Newfield

STATE OF New YorkCOUNTY OF Tompkins

Judith Drake, President, Peter Salton, Secretary,  
Steven 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 31st Day ofMay 2022  
(Month) (Year)TERI McFALL APALOVICH  
NOTARY PUBLIC  
(Seal)

Judith Drake President  
Peter Salton Secretary  
Steven P. Thayer Chief Financial Officer  
 (Corporate Seal)

## REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	23,859,427	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)	6,439,906	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)	6,439,906	6,169,222
5. Premiums receivable (Schedule C, NY 10)	31,831	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)	30,331,165	30,441,277
10. Investment income due and accrued	7,821	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	437,790	-
16. Aggregate write-in for other than invested assets	992,331	875,766
17. Total Assets(Lines 9 to 16)	31,769,107	31,326,477
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS</b>		
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)	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS</b>		
1601. Excellus BCBS Prepaid Claims (Advanced Deposit)	788,300	722,400
1602. Prepaid Expenses	203,231	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)	992,331	875,766

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



## REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	4,708,940	3,032,883
1.2 Additional amount required by Section 4706(a)(1)	3,833,725	3,833,725
1.3 Total claims payable	8,542,665	6,866,608
2. Premiums received in advance	793,755	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)	86,082	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)	9,422,502	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)	10,928,645	10,934,950
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	2,771,566	2,669,495
22. Total capital and surplus (Lines 17 to 21)	22,346,605	22,250,840
23. Total liabilities, capital, and surplus (Lines 16 + 22)	31,769,107	31,326,477
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES</b>		
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)	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES</b>		
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)	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS</b>		
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 Total	2 Total	3 Total	4 PMPM	5 PMPM
1. Member Months	19,283	19,051	75,641	XXX	XXX
2. Net premium income:					
2.1 Basic	10,645,378	10,330,290	41,003,748	552.06	542.08
2.2 Drugs	3,212,451	3,118,452	12,386,154	166.59	163.75
2.3 Total	13,857,829	13,448,742	53,389,902	718.66	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	-	-	-	-	-
5. Non-health revenues	-	-	-	XXX	XXX
6. Total revenues (Items 2 to 5)	13,857,829	13,448,742	53,389,902	718.66	705.83
<b>Hospital and Medical:</b>					
7. Hospital/medical benefits	9,105,255	8,845,379	39,061,947	472.19	516.41
8. Other professional services	-	-	-	-	-
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	-	-	-	-	-
11. Prescription drugs	3,469,125	3,829,254	13,962,954	179.91	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	92,522	86,936	363,108	4.80	4.80
15. Subtotal (Lines 7 to 14)	12,666,902	12,761,569	53,388,008	656.89	705.81
<b>Less:</b>					
16. Net reinsurance recoveries	-	-	-	-	-
17. Total hospital and medical (Lines 15-16)	12,666,902	12,761,569	53,388,008	656.89	705.81
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses	-	-	-	-	-
19.1 Compensation	92,088	76,033	402,891	4.78	5.33
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	2,400	1,505	12,230	0.12	0.16
19.4 Marketing	703	1,078	5,140	0.04	0.07
19.5 Professional Fees	36,295	45,065	76,675	1.88	1.01
19.6 Administration Fees	461,901	421,685	1,678,883	23.95	22.20
19.7 Consulting Fees	22,875	22,245	88,980	1.19	1.18
19.8 Aggregate write-ins for other administrative expenses	92,808	80,195	331,835	4.81	4.39
19.9 Total administrative expenses	709,069	647,805	2,596,634	36.77	34.33
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	13,375,970	13,409,374	55,984,643	693.67	740.14
22. Net underwriting gain or (loss) (Lines 6 - 21)	481,858	39,368	(2,594,741)	24.99	(34.30)
23. Net investment income earned	(387,114)	(14,643)	(117,492)	(20.08)	(1.55)
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	(387,114)	(14,643)	(117,492)	(20.08)	(1.55)
26. Aggregate write-ins for other income or expenses	1,020	(431)	(482,384)	0.05	(6.38)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	95,765	24,294	(3,194,617)	4.97	(42.23)
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	95,765	24,294	(3,194,617)	4.97	(42.23)
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES</b>					
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)	-	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL</b>					
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)	-	-	-	-	-
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES</b>					
1401. NYS Graduate Medical Education Tax	92,522	86,936	346,416	4.80	4.58
1402. Patient Care Outcomes Research Institution Fee (PCORI)	-	-	16,692	-	0.22
1403. _____				-	-
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)	92,522	86,936	363,108	4.80	4.80
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES</b>					
19.801. Insurance (Directors & Officers, Professional Liability)	14,567	12,647	50,588	0.76	0.67
19.802. Stop Loss Insurance Expense	74,893	67,370	270,471	3.88	3.58
19.803. Supplies Expense	1,294	178	6,797	0.07	0.09
19.804. Mileage Expense	-	-	69	-	0.00
19.805. Computer Supplies	2,054	-	3,910	0.11	0.05
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	-	-	-	-	-



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

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1	2
Total	Total	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	95,765	(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)	(102,071)	(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	102,071	259,998
47. Net change in capital and surplus (Lines 31 to 46)	95,765	(3,749,340)
48. Capital and surplus end of reporting period (Line30 + 47)**	22,346,605	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)	\$ 102,071	\$ 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)	102,071	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 [ X ] No [ ]

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

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? Yes [ ] No [ X ]

b) If "Yes", give particulars:

N/A

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
N/A					
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 [ ] 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
N/A					
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 by 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 [ X ]

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, owned 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 *Financial Condition Examiners Handbook*? Yes [ ] No [ X ]

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

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

## GENERAL INTERROGATORIES (Continued)

		Hospital and Medical	Prescription								
11. a)	What is the percentage that the MCHBP uses for its claims payable reserve?	12%	12%								
b)	Is the percentage used for claims payable reserve equal to the <u>minimum</u> requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes [ ] No [X]	Yes [ ] No [X]								
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 [X] No [ ]	Yes [X] No [ ]								
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 [X]	No [ ]								
b)	If No, give details: N/A										
13. a)	Was the MCHBP's prior year's annual statement amended?	Yes [ ]	No [X]								
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 N/A										
ii)	Date of amendment N/A										
14.	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?	Yes [X]	No [ ]								
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.										
	<table border="1"> <thead> <tr> <th>1 Name</th> <th>2 Amount Paid</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	1 Name	2 Amount Paid	N/A	N/A						
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 [ ]	No [X]								
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 [X]	No [ ]								
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 [ ]	No [X]								
b)	If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?	Yes [X]	No [ ]								
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 [ ]	No [X]								
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 [ ]	No [ ]								
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										



[illegible]



[illegible]



Greater Tompkins County Municipa  
(Name)

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

NY 10

**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 V/z: 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)	Est Liat Unpai at t Pre Fisc
	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	2,285,927	6,609,588	3,025,449	835,545	5,311,376	
2. Drug Claims	(5,829)	3,824,697	7,434	840,512	1,605	
3. Other	-	-	-	-	-	
4. TOTAL	2,280,098	10,434,285	3,032,883	1,676,057	5,312,981	

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



Greater Tompkins County Municipal Health  
(Name)

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 "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

NY 12

STATEMENT AS OF

March 31, 2022  
(Quarter Ending)

OF THE

Greater Tompkins County Municipal Health Insurance  
Consortium  
(Name)

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	N/A	N/A	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	N/A	N/A	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	N/A	N/A	N/A



STATEMENT AS OF

March 31, 2022  
(Quarter Ending)

OF THE

Greater Tompkins County Municipal Health Insurance Consortium  
(Name)

**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	3,122
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	55,431,315
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	2,771,566
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	2,771,566

## OVERFLOW PAGE FOR WRITE-INS

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



## OVERFLOW PAGE FOR WRITE-INS

		Current Quarter	Previous Year *
		1	3
		Total	Total
<b>Page NY5</b>			
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>			
<b>ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS</b>			
4506.			
4507.			
4508.			
4509.			
4510.			
4598. TOTALS (Items 4506 thru 4510)		-	-
<b>Page NY5</b>			
<b>DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT</b>			
<b>ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS</b>			
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**

<b>Name</b>	<b>Title</b>	<b>Municipality</b>
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
Lonnie Childs	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
Nancy Webster	Board Member	Labor Rep
Ian Tompkins	Board Member	Labor Rep