

## Blanket Health Submission Checklist

This checklist must be completed for all Blanket Health Submissions to demonstrate compliance with NH Bulletin INS No. 08-067-AB.  
[http://www.nh.gov/insurance/lah/documents/blk\\_cklst.pdf](http://www.nh.gov/insurance/lah/documents/blk_cklst.pdf)

1. Name of Trade or Professional Association, Labor Union, School or Other Organization that has been in existence for at least two years:

\_\_\_\_\_

and was formed for what purpose \_\_\_\_\_

other than insurance.

2. Coverage will be issued to ten or more members.

Yes      No

3. Coverage is only for specified hazards incident to an activity or activities of the operations of the association or other organization that is the policyholder.

Yes      No

4. Premium is paid entirely by the policyholder with no contributions by covered persons.

Yes      No

5. There are no individually identified members, no individual enrollments, and no individual certificates.

True      False