



Department of Consumer & Business Services  
 Insurance Division  
 Health Unit, Rates & Forms Section  
 350 Winter St. NE, Rm. 440  
 Salem, Oregon 97301-3883  
 Phone (503) 947-7985

**Certification Statement**  
**Annual Reporting of Utilization Review**  
 ORS 743.807

Filing date: June 2003 NAIC no.: 70408  
 Company name: Fortis Benefits Insurance Company  
 Contact person: Kevin Fleuchaus Title: Paralegal  
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Each item in this certification statement **must** be completed to ensure compliance with Oregon law. Submissions received without a certification statement or with a certification statement that has not been completed will be returned. This statement must be attached to the filing submission and signed by an officer of the company or a person authorized by an officer.

**A. Please indicate the page or pages on which the following information can be found in the annual summary if the insurer has relevant activities in the eight areas specified under No. 1, below. "Not applicable" can only be used if the insurer has no relevant activities in a specific area. See OAR 836-053-1130 and Oregon Insurance Division Bulletin INS 99-3.**

Data same as in 2002

1.  Corporate oversight
- Development and implementation of criteria
- Use of clinical information
- Provider participation
- Qualifications of decision makers
- Time frame for decisions
- Communication with enrollees and providers
- Program evaluation

2. \_\_\_\_\_ The insurer's procedures for monitoring of utilization review activities, including delegated activities. ORS 743.807

**B. Check to verify the following:**

- Report is provided on a computer disk that is MS Word, PDF, or rich-text compatible. OAR 836-053-1000

I certify that I have reviewed the applicable laws and to the best of my knowledge:

- a. This report conforms to the requirements of the Oregon Insurance Code and rules adopted thereunder and to requirements of the division as specified in this certification statement.
- b. The filing is complete and accurate with respect to all items on this certification statement.

*K. P. Hencham*

Signature of authorized person

*Paralegal*

Title

*6/25/03*

Date