

## Instructions for Attestation of No Information to Report

The Oregon Division of Financial Regulation (DFR) requires biennial reporting from health insurers authorized to transact health insurance who also provide coverage for dental services in Oregon.

A company that determines they have no information to report, based on what is required under [OAR 836-011-0600](#), may submit this attestation to report that the company has no information to report.

The attestation should be made after an authorized officer has determined that the company has no information to report related to the requirements of this Regulation.

This signed (electronic signatures will be accepted) attestation is due by **8/1/2024**. Attestation forms must be submitted to the DFR at [dfr.datateam@dcbsoregon.gov](mailto:dfr.datateam@dcbsoregon.gov).

**Company Name:**

**NAIC Company Code:**

### ATTESTATION of No Information to Report

This form must be completed and signed by an authorized officer of the Company. Electronic signatures will be accepted.

**A. Responsible Officer (typed)**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Attestation of No Data to Report for the July 2022 – June 2024 Expanded Practice Dental Hygienists reporting period (to be signed by Responsible Officer)**

I certify under penalty of law, based upon the information and belief formed after reasonable inquiry and review, the data, statements and information contained in these documents are true, accurate and complete to the best of my knowledge and belief.

Name: (Signed) \_\_\_\_\_

Name: (typed) \_\_\_\_\_ Date: \_\_\_\_\_