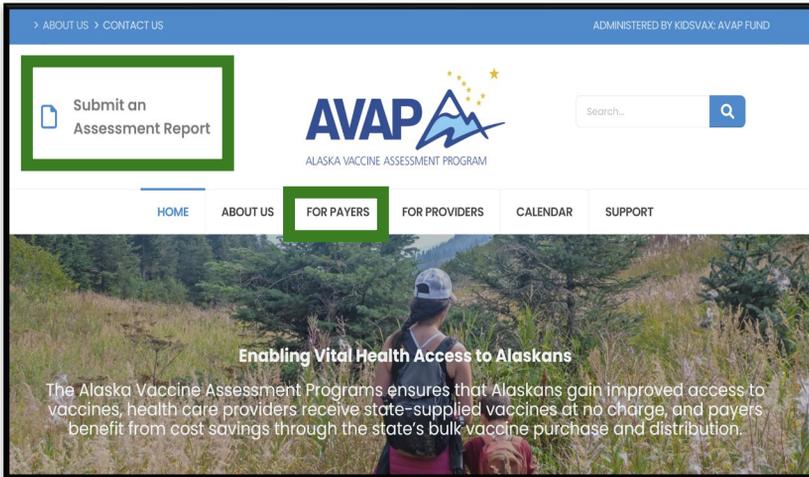


Submit an Assessment Report

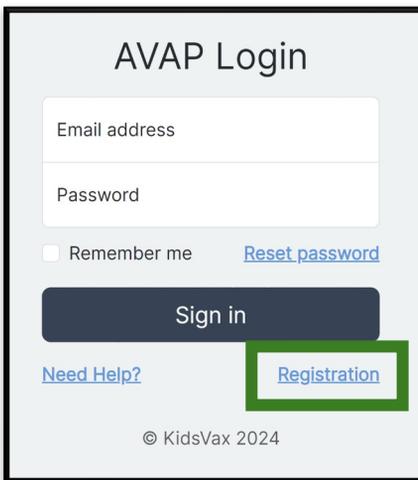


STEP 1: Access Report

Access www.akvaccine.org

Option 1: Click “Submit an Assessment Report” at the top left of the home page.

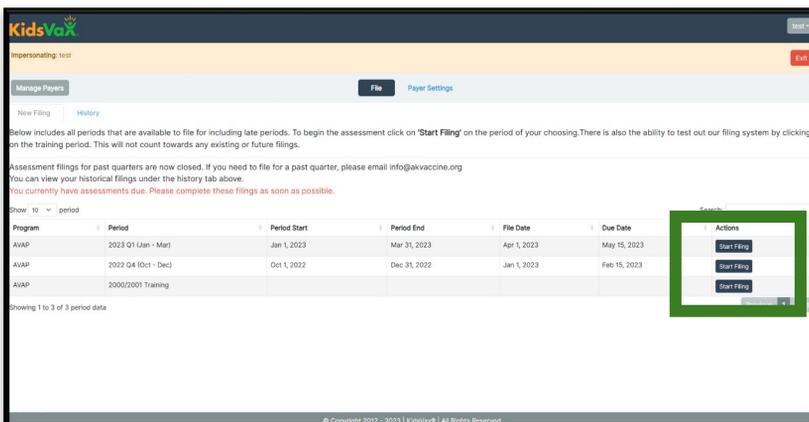
Option 2: Select “Submit an Assessment Report” under the “For Payers” tab.



STEP 2: Log into System

First time users: Establish username and password through the “Registration” link.

Established users: Log in using your credentials.



STEP 3: Select Filing

Click on the blue box to start filing for each quarter.

Submit an Assessment Report

Please enter the number of resident child and adult contribution enrollees in grid below. Kindly count all children under age 19 in the first category and all adults in the second category.

Please Note: * The category headings and explanatory comments below are for the convenience of the reporting carriers only. All assessment and reporting obligations are governed by the provisions of State law, which supersede any inconsistent headings or comments below.

PAYER : test FEIN : Na-d Admin PERIOD : 2023 Q1 (Jan - Mar) DUE : May 15, 2023



Costs Per Age:

Zero Covered Lives

Age Child	Cost	January	February	March	Total Cost Per Age
	\$9.85	5	5	5	\$147.75
Age Adult	Cost	January	February	March	Total Cost Per Age
	\$1.51	12	12	12	\$54.36

Summary:

Total Lives	Overdue	Interest	Amount Due
51	44 days	\$2.92	\$205.03

Questions

Kindly explain the reason(s) for any question not checked below:

- Have you reported all covered lives for which your company is responsible?
- Have you identified the correct quarter for assessment?

Reason

A check will be sent.

[Submit](#)

STEP 4: Submit Form

Enter covered lives information for each month in the boxes.

Answer standard filing questions and provide comments, if needed. Click on the green box to Submit the filing.

Download Remittance Form ×

Would you like to download your remittance form for this current assessment?

[Download Pdf](#)

STEP 5: Download Invoice

A popup box appears after submission. Click on the blue box to Download Pdf.



Alaska Vaccine Assessment Program c/o KidsVa.org | P.O. Box 1885 | Concord, NH 03302-1885
Tel: 1-855-545-7829 | Fax: 1-855-545-7129 | www.AKvaccine.org

File #: 06/28/23
Reference #: 14-15486

AVAP Remittance Form

Report for: 2023 Q1 (Jan - Mar)
Date: 05/15/23
Parent FEIN: Na-d Admin
Company Name: test

	Lives	Rate	Assessment
AVAP Resident Child Covered Lives Reported	17	\$9.85	\$147.75
AVAP Resident Adult Covered Lives Reported	36	\$1.51	\$54.36
Assessment due			\$202.11
Interest for late filing (0.000329767 x (14 days past due) x (Assessment Due))			\$2.92
Total Due			\$205.03

Please wire or ACH transaction payment in full as follows:
KraftBank
ABA #: 23090574
Account #: 479601227134
Payment Name: AVAP
Please fill IIF: 00000000
Indicate if payment includes multiple payments or invoices
If unable to pay via wire or ACH transaction as stated above, please make check payable to: Alaska Vaccine Assessment Program
mail all payments and correspondence to:

ENPS
Alaska Vaccine Assessment Program
PO Box 24679
Seattle, WA 98124

ENPS Fed Ex requiring a street address:
Alaska Vaccine Assessment Program
c/o KraftBank, Cashless Operations
File #: 05/15/23
1109 Pacific Avenue
Tacoma, WA 98402-4353

The Taxpayer ID for AVAP is 92-6001185.

This is proof of compliance and also serves as the invoice that should be sent to your Finance Department.