

This form should be completed and submitted only by entities who are eligible for an exception to certain data submission requirements under H.B. 2090 (87(R)) and associated regulations. Please review the legislation and regulation before submitting this form. Links to both can be found on the [Texas All-Payor Claims Database website](#).

I, _____ (Name), on behalf
of _____ (Business Name), request an exception. I
understand and acknowledge that the Texas Department of Insurance (TDI) may review the validity of the
information submitted on this form.

ENTITY INFORMATION (Fill in all that apply.)

FEIN ¹	License Number	NAIC ² Company Code

EXCEPTION TYPE

- ☐ Exception from a requirement under the regulations
- ☐ Partial exception from select submission requirements*

Start Date:	
End Date**:	

REQUEST DETAIL

Provide as much detail as possible regarding the exception request, indicating the specific submission requirements for which relief is being sought.

* For partial exceptions that request a lower threshold than required in the CDL, please fill out and include the Threshold Exception Request Form with the exception request submission.

** Exceptions cannot be granted for periods longer than a year.

JUSTIFICATION

Provide rationale for the exception request, outlining the reasons why the organization is unable to comply with the relevant requirements. If applicable, indicate how the organization plans to become compliant. ***

¹ Federal Employer Identification Number (FEIN)

² National Association of Insurance Commissioners (NAIC)

*** Exceptions cannot be granted “from any requirement contained in insurance code Chapter 38”.