

This form should be completed and submitted by data submitters to request an extension to the deadline for submitting either a regular submission or a corrected resubmission. Please review the Data Submission Guide for details about completing and submitting this form, especially regarding the timeliness of the request.

I, _____ (Name), on behalf
of _____ (Business Name), request an extension. 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

EXTENSION INFORMATION

Extension Type	Applicable Data Period ³	Current Expected Date ⁴	Requested Target Date ⁵

¹ Federal Employer Identification Number (FEIN)

² National Association of Insurance Commissioners (NAIC)

³ Applicable data period – month/year in which claims data was adjudicated.

⁴ Current expected date – day/month/year in which applicable data was expected within the submission window.

⁵ Requested target date – requested day/month/year by which the data should be received (the extension date).

REQUEST DETAIL

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

JUSTIFICATION

Provide rationale for the extension request, outlining the reasons why the organization cannot or should not comply with the submission requirements. If applicable, indicate how the organization plans to become compliant.