



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
MEDICARE SUPPLEMENT RATE FILING DOCUMENT

COMPANY INFORMATION	POLICY RATE/PREMIUM INFORMATION
Company Name: _____	Original Filed Loss Ratio: _____ %
NAIC Company Code (9 digits): _____	Rate Change Requested: _____ %
Domicile State: _____	Effective Period (expected): ____/____/____ - ____/____/____ (these dates may change based on the approval date)
Date of this Filing: _____	Rate information
POLICY FORM INFORMATION	(Yes) (No)
Policy Form Number(s): _____	Male/Female rates? <input type="checkbox"/> <input type="checkbox"/>
Plan Type (A, B, C, etc. One Plan per form): _____	Smoker/Non-Smoker rates? <input type="checkbox"/> <input type="checkbox"/>
Pre-Standardized Plans:	Number of Missouri Rating Areas: _____
_____ One Policy Form	List Rate Filings in Missouri in Last 5 Years: (list most recent first)
_____ Pooled Policy Forms	
Plan Type (check one):	Approved Implemented Rate Change Approved (mo/yr) (mo/yr) (%)
_____ Individual _____ Indiv. Select	_____ / _____ / _____ %
_____ Group _____ Group Select	_____ / _____ / _____ %
Marketing Method (check one):	_____ / _____ / _____ %
_____ Agent Sold _____ Dir. Response	_____ / _____ / _____ %
_____ Conversion _____ Assumption	_____ / _____ / _____ %
Underwriting Method (excl. open enrollment) (check one):	_____ / _____ / _____ %
_____ Guar. Issue _____ Underwritten	_____ / _____ / _____ %
Eligibility (check all that apply):	POLICY DATA
_____ Age 65 & Over _____ Disabled	Missouri National
	Policy Approved in (year) _____
	First Policy Issued in (year) _____
	Last Policy Issued in (year)* _____
	Policy Withdrawn in (year)* _____
	Number of Aged Insureds _____
	Number of Disabled Insureds _____
	Number of Total Insureds _____
	Insured Data as of: ____/____/____
	*-If still being issued, state "Current"
ACTUARIAL CERTIFICATION	
I hereby certify that to the best of my knowledge and ability, the following are true with respect to this filing:	
1. The assumptions present the actuary's best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of the filing.	
2. The anticipated lifetime, future, and third-year loss ratios all comply with the regulatory loss ratio requirements. For pre-standardized plans, the 1996-and-later (SSA-94) loss ratio also complies with the regulatory loss ratio requirements.	
3. The filed rates maintain the proper relationship between policies which have different rating methodologies (if such exist).	
4. The filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board.	
5. The filing is in compliance with applicable laws and regulations in the state.	
6. The rates requested are reasonable in relationship to the benefits provided.	
Actuary's Signature: _____	
Actuary's Name (print), including actuarial accreditations: _____	
Date Signed: _____	