



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**MEDICARE SUPPLEMENT RATE FILING DOCUMENT**

<p><b>COMPANY INFORMATION</b></p> <p>Company Name: _____</p> <p>NAIC Company Code (9 digits): _____</p> <p>Domicile State: _____</p> <p>Date of this Filing: _____</p> <p><b>POLICY FORM INFORMATION</b></p> <p>Policy Form Number(s): _____</p> <p>Plan Type (check one):</p> <p>Standardized Plans:</p> <table style="width:100%; border:none;"> <tr> <td>_____ Plan A</td> <td>_____ Plan F</td> </tr> <tr> <td>_____ Plan B</td> <td>_____ Plan G</td> </tr> <tr> <td>_____ Plan C</td> <td>_____ Plan H</td> </tr> <tr> <td>_____ Plan D</td> <td>_____ Plan I</td> </tr> <tr> <td>_____ Plan E</td> <td>_____ Plan J</td> </tr> </table> <p>Pre-Standardized Plans:</p> <p>_____ One Policy Form</p> <p>_____ Pooled Policy Forms</p> <p>Plan Type (check one):</p> <table style="width:100%; border:none;"> <tr> <td>_____ Individual</td> <td>_____ Indiv. Select</td> </tr> <tr> <td>_____ Group</td> <td>_____ Group Select</td> </tr> </table> <p>Marketing Method (check one):</p> <table style="width:100%; border:none;"> <tr> <td>_____ Agent Sold</td> <td>_____ Dir. Response</td> </tr> <tr> <td>_____ Conversion</td> <td>_____ Assumption</td> </tr> </table> <p>Underwriting Method (excl. open enrollment) (check one):</p> <table style="width:100%; border:none;"> <tr> <td>_____ Guar. Issue</td> <td>_____ Underwritten</td> </tr> </table> <p>Eligibility (check all that apply):</p> <p>_____ Age 65 &amp; Over _____ Disabled</p>	_____ Plan A	_____ Plan F	_____ Plan B	_____ Plan G	_____ Plan C	_____ Plan H	_____ Plan D	_____ Plan I	_____ Plan E	_____ Plan J	_____ Individual	_____ Indiv. Select	_____ Group	_____ Group Select	_____ Agent Sold	_____ Dir. Response	_____ Conversion	_____ Assumption	_____ Guar. Issue	_____ Underwritten	<p><b>POLICY RATE/PREMIUM INFORMATION</b></p> <p>Original Filed Loss Ratio: _____ %</p> <p>Rate Change Requested: _____ %</p> <p>Effective Period (expected): ____/____/____ - ____/____/____ (these dates may change based on the approval date)</p> <p>Premium Rating Basis (if mixed, check all that apply):</p> <p>_____ Issue Age</p> <p>_____ Attained Age</p> <p>_____ Community Rated</p> <p>Number of Missouri Rating Areas: _____</p> <p>List Rate Filings in Missouri in Last 5 Years: (list most recent first)</p> <table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:center;">Approved (mo/yr)</th> <th style="text-align:center;">Implemented (mo/yr)</th> <th style="text-align:center;">Rate Change Approved (%)</th> </tr> </thead> <tbody> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> <tr><td style="text-align:center;">/</td><td style="text-align:center;">/</td><td style="text-align:center;">%</td></tr> </tbody> </table> <p><b>POLICY DATA</b></p> <table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Missouri</th> <th style="text-align:center;">National</th> </tr> </thead> <tbody> <tr><td>Policy Approved in (year)</td><td></td><td></td></tr> <tr><td>First Policy Issued in (year)</td><td></td><td></td></tr> <tr><td>Last Policy Issued in (year)*</td><td></td><td></td></tr> <tr><td>Policy Withdrawn in (year)*</td><td></td><td></td></tr> <tr><td>Number of Aged Insureds</td><td></td><td></td></tr> <tr><td>Number of Disabled Insureds</td><td></td><td></td></tr> <tr><td>Number of Total Insureds</td><td></td><td></td></tr> </tbody> </table> <p>Insured Data as of: ____/____/____</p> <p>*-If still being issued, state "Current"</p>	Approved (mo/yr)	Implemented (mo/yr)	Rate Change Approved (%)	/	/	%	/	/	%	/	/	%	/	/	%	/	/	%	/	/	%		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		
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<p><b>ACTUARIAL CERTIFICATION</b></p> <p>I hereby certify that to the best of my knowledge and ability, the following are true with respect to this filing:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The filed rates maintain the proper relationship between policies which have different rating methodologies (if such exist).</li> <li>The filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board.</li> <li>The filing is in compliance with applicable laws and regulations in the state.</li> <li>The rates requested are reasonable in relationship to the benefits provided.</li> </ol> <p>Actuary's Signature: _____</p> <p>Actuary's Name (print), including actuarial accreditations: _____</p> <p>Date Signed: _____</p>																																																																		