ASSOCIATION REQUEST FOR SUSPENSION OF INDEX RATE RESTRICTION AFFIDAVIT

STATE OF ______________________   )
COUNTY OF ____________________ ) ss.:
ASSOCIATION STATEMENT:

I, ______________________________________________, on my oath swear that the following statements
(representative of the association or trust)
are true to the best of my knowledge. I have the authority to represent the association on these matters.

1. ______________________________________________ is (check one):

A. □ an association
B. □ a trust or a fund established, created or maintained for the benefit of members of one or
   more associations.

2. □ Each association or associations making up the trust or fund named in statement 1, has or have;
   (Check one of the following applicable statements):

   A. □ a minimum of fifty members, as defined in the association bylaws or constitution;
   B. □ been organized and maintained in good faith for purposes other than that of obtaining insurance;
   C. □ been in active existence for at least two years;
   D. □ a constitution and bylaws which provide that the association shall hold regular meetings not less than annually to further the purposes of the
      members;
   E. □ except for credit unions, collected dues or solicited contributions from members; and
   F. □ provided the members with voting privileges and representation on the governing board and committees.

3. The association, trust or fund, or the trustees of the trust or fund, named in statement 1,
   will be the policyholder of the group health policy issued by ______________________________
   (insurer/HMO)
   with policy number ___________________.

I represent the association, trust or fund named in statement number 1, in the following capacity:
____________________________________________________________________________

Signature: _______________________________________
Type or print name: _______________________________

Sworn to and subscribed before me this _____ day of _________________, _______.

My commission expires: ______________________

___________________________________________
Notary Public
PRODUCER REQUEST FOR SUSPENSION OF INDEX RATE RESTRICTION AFFIDAVIT

STATE OF ______________________   )
COUNTY OF ____________________ )

AGENTS STATEMENT:
I, ________________________________________, on my oath swear that the following statements are true in
(producer of records)
to the best of my knowledge:

I have advised and explained to the association, trust or fund and its participating member small employers as defined in
§379.930.2 RSMo that by participating in this group health benefit plan, they may be waiving a rating protection found in
§379.936.1(1) RSMo afforded in the Small Employer Health Insurance Availability Act.

Signature: _______________________________________
Type or print name: _______________________________________

Sworn to and subscribed before me this _____ day of _________________, _______.
My commission expires: ______________________

___________________________________________
Notary Public
INSURER REQUEST FOR SUSPENSION OF INDEX RATE RESTRICTION AFFIDAVIT

STATE OF ______________________________ ) ss.: COUNTY OF ______________________________ )

INSURER’S STATEMENT:
I, ______________________________________, on my oath swear that all of the following statements are true to the best of my knowledge:

1. Policy number ____________________ was issued in the name of the association or trust of associations identified in Page 1 of 4 above. The association, trust or fund, or the trustees of the trust or fund, named in Page 1, is the policyholder of the group health policy issued by ______________________________ under form number ___________.

   (insurer name and NAIC #)

2. Certificates of coverage are being offered to small employers as members of the association or trust named above and to all eligible employees and dependents all defined in §379.930.2 RSMo.

3. All participating association member employers, their eligible employees and dependents insured under this group contract are being rated and underwritten as if they are a single employer.

4. All participating association member employers and employees are being offered the same uniform health benefit plans.

5. Eligible employees and dependents as defined in § 379.930.2 RSMo are guaranteed issue of the uniform health benefit plans.

6. With issuance of this policy we are in compliance with all requirements of the Small Employer Health Insurance Availability Act, the requirements of §376.421.1(5)(e) RSMo, and request suspension of § 379.936.1(1) RSMo for the rates relative to this association/trust plan.

Signature: _______________________________________

Position/Office with the insurer/HMO: _______________________________________

Type or print name: _______________________________________

Sworn to and subscribed before me this _____ day of _________________, _______.

My commission expires: ______________________

___________________________________________
Notary Public