WAC 284-66-232 Form for medicare supplement refund calculation.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR _____

TYPE	SMSBP(w)								
For the State of									
Washington Policy or Certificate Form No(s).									
Company Name									
NAIC Group Code 1	NAIC Company Code _								
Person Completing This Exhibit									
e Telephone Number									
Line		(a) Earned Premium (x)	(b) Incurred Claims (y)						
 Current Year's Experience Total (all policy years) Current year's issues (z) Net (for reporting purposes = 1a - 1b) 									
2. Past Years' Experience (All Policy Years)									
3. Total experience (Net Current Year + Past Years' Experience)									
4. Refunds Last year (Excluding Interest)									
5. Previous Since Inception (Excluding Interest)									
6. Refunds Since Inception (Excluding Interest)									
7. Benchmark Ratio Since Inception (SEE WORKSHEET FOR RATIO 1)									
8. Experienced Ratio Since Inception									
<u>Total Actual Incurred Claims (line 3, col b)</u> Total Earned Premium (line 3, col a) - Refunds Since Inception (line 6)	= Ratio 2								
9. Life Years Exposed Since Inception									
If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life proceed to calculation of refund.	e years exposure, then								
10. Tolerance Permitted (obtained from credibility table)									
11. Adjustment to incurred Claims for Credibility									
Ratio 3 = Ratio 2 + Tolerance									
If Ratio 3 is more than benchmark ratio (ratio 1), a refund or credit to premium is not required									
If Ratio 3 is less than the benchmark ratio, then proceed.									
12. Adjust Incurred Claims = [Total Earned Premium (line 3, col. a) - Refunds Since Inception (line 6)] X Ratio 3 (line 11)									
13. Refund = Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6) -									
<u>Adjusted Incurred Claims (line 12)</u> Benchmark Ratio (Ratio 1)									
If the amount on line 13 is less than .005 times the annualized premium in force as of Decembyear, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, arefund and/or credit against premiums to be used must be attached to this form.	per 31 of the reporting nd a description of the								

Medicare Supplement Credibility Table

Life Year Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If Less than 500	No credibility

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR_____

ТҮРЕ	SMSBP(w)
For the State of	
Washington Policy or Certificate Form No(s).	
Company Name	
NAIC Group Code	NAIC Company Code
Person Completing This Exhibit	
Title 7	Selephone Number

- (w) "SMSBP" = Standardized Medicare Supplement Benefit Plan
- (x) Includes modal loadings and fees charged.
- (y) Excludes Active Life Reserves.
- (z) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature Name - Please Type Title Date WORKSHEET #1 - INDIVIDUAL POLICIES REPORTING FORM FOR TIME CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES FOR CALENDAR YEAR _____ SMSBP (P) ____ FOR THE STATE OF WASHINGTON _ Washington Policy or Certificate Form No. ____ Company Name NAIC Group Code __ _____ NAIC Company Code ____ Person Completing This Exhibit ____ _ Telephone Number _ (b) (c) (d) (e) (f) (g) (h) (i) (i) (0)

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77

TYPE

Address .

Title_

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
15+1		4.175		0.493		8.684		0.725		0.77
Total:			(k):		(1):		(m):		(n):	
FN for	15+¹: To	include	the earn	ed premium fo	or all ye	ears pri	or to as	well as the	15th year	prior to the
current										
Benchm	nark Ratio Sinc	e Inception	: (1 + n) / (k ·	+ m):						
(a):	Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.)(b): For the calendar year on the appropriate line in column (a), the premium earned during that year 1 is 1990: Year 2 is 1989; etc.)Total of Column "d" Total of Column "d"(b):For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that $l =$ Total of Column "d" Total of Column "f" Total of Column "f" Total of Column "j" year.									f Column "f" f Column "h"
(0):	These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratio displayed on this worksheet. They are shown here for informational purposes only.									
				WORKSI	HEET #1 - G	ROUP PC	DLICIES			
WORKSHEET #1 - GROUP POLICIES REPORTING FORM FOR TIME CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR GROUP POLICIES FOR CALENDAR YEAR										
TYPE							SMSBP (P)_			
FOR THE	E STATE OF W	ASHINGT	ON							
Washingt	on Policy or Ce	ertificate Fo	orm No							
1 2								~ .		
	1						1	5		
	1 0									
(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445 6.075		0.811 0.818		0.87
10		4.175		0.567		6.650		0.818		0.88
10		4.175		0.567		7.176		0.824		0.88
12		4.175		0.567		7.655		0.828		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15+		4.175		0.567		8.684		0.838		0.89
Total:			(k):		(1):		(m):		(n):	
FN for	15+: To i	nclude	the earne	ed premium fo	or all ye	ars prid	or to as	well as the	15th year	prior to the

current year.

Benchmark Ratio Since Inception: (1 + n) / (k + m):

Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990: Year 2 is 1989; etc.) (a):

(b):

For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year. k = 1 = m = n =

Total of Column "d" Total of Column "f" Total of Column "h" Total of Column "j"

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratio displayed on this worksheet. They are shown here for informational purposes only. (p) "SMSBP" = Standardized Medicare Supplement Benefit Plan

[Statutory Authority: RCW 48.66.030 (3)(a), 48.66.041, and 48.66.165. WSR 09-24-052 (Matter No. R 2009-08), § 284-66-232, filed 11/24/09, effective 1/19/10. Statutory Authority: RCW 48.02.060. WSR 93-01-048 (Order 92-25), § 284-66-232, filed 12/10/92, effective 1/10/93. Statutory Authority: RCW 48.02.060, 48.20.450, 48.20.460, 48.20.470, 48.30.010, 48.44.020, 48.44.050, 48.44.070, 48.46.030, 48.46.130 and 48.46.200. WSR 92-06-021 (Order R 92-1), § 284-66-232, filed 2/25/92, effective 3/27/92.]