

WAC 284-43-6540 Summary for group contract filings other than small group contract filings.

Groups Other Than Small Groups Filing Summary

Carrier Name	_____
Address	_____ _____ _____
Contract Holder/Pool Category and Name (Check One Box)	<input type="checkbox"/> Single Employer Group: Employer Name: _____
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name: _____
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name: _____
Contract Form Number	_____
Rate Form Number (if different from Contract Form Number)	_____
Product Name	_____

If additional space is required to list the contract/rate form number and product name, attach a separate sheet.

Rate Renewal Period:	From: _____	To: _____
Date Submitted:	_____	
Type of Filing (Check One Box)	<input type="checkbox"/> New Group Contract	<input type="checkbox"/> Revision of Existing Group Contract

Proposed Rate Schedules: Attach a separate sheet to list all proposed tier rates.

Rate Summary

Current Rate (Composite per employee or per member)	\$_____ per member per month
Percentage Rate Change	_____ %
New Rate	\$_____ per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	_____
Anticipated Loss Ratio	_____ %
Portion of carrier's total enrollment affected	_____ %
Portion of carrier's total premium revenue affected	_____ %

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From To	From To	From To
Member Months			
Billed Premium			
Incurred Claims			
Expenses			
Gain/Loss			
Experience Refund/Credit or Recoupment			

	Experience Period	First Prior Period	Second Prior Period
	From To	From To	From To
Earned Premium (Billed Premium +/- Refund/ Credit or Recoupment)			
Loss Ratio Percentage			

<p>Attach comments or additional information.</p> <p>Preparer's Information</p> <p>Name: _____</p> <p>Title: _____</p> <p>Telephone Number: _____</p>

[Statutory Authority: RCW 48.02.060, 48.44.050, 48.46.200, 48.44.020 (2) (d), 48.44.022, 48.44.023, 48.46.060 (3) (d) and (5), 48.46.064, 48.46.066, and 2015 c 19. WSR 16-03-018 (Matter No. R 2015-04), § 284-43-6540, filed 1/8/16, effective 1/8/16.]