## TEXAS DEPARTMENT OF INSURANCE MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR					
TYPE <sup>1</sup>	SMSBP <sup>2</sup>				
For the State of					
Company Name					
NAIC Group Code	NAIC Company Code				
Address					
Person Completing This Exhibit					
Title	Telephone				
	(I) (II) Earned Incurr Premium <sup>3</sup> Claim				
Line 1. Current Year's Experience a. Total (all policy years) b. Current year's issues <sup>5</sup> c. Net (for reporting purposes) (line 1a - line 1b)					
<ol> <li>Past Year's Experience (all policy years)</li> </ol>					
<ol> <li>Total Experience (line 1c + line 2)</li> </ol>					
4. Refunds Last Year (excluding interest)					
<ol> <li>Refunds From all Previous Reporting Years (excluding interest)</li> </ol>					
<ol> <li>Refunds Since Inception (excluding interest) (line 4 + line 5)</li> </ol>					
<ol> <li>Benchmark Ratio Since Inception (Ratio 1 automatically calculated from Benchm</li> </ol>	mark form)				

<sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only. (Ensure you have chosen the correct "Type". Changing the "Type" after data has been entered in the Benchmark page will result in the deletion of all

data entered in the Benchmark page).

<sup>4</sup>Excludes Active Life Reserves.

<sup>5</sup>This will be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

<sup>&</sup>lt;sup>2</sup>SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans. <sup>3</sup>Includes Modal Loadings and Fees Charged.

# TEXAS DEPARTMENT OF INSURANCE MEDICARE SUPPLEMENT REFUND CALCULATION FORM

#### FOR CALENDAR YEAR

### (Continued)

TYPE <sup>1</sup>		SMSBP <sup>2</sup>	
8.	Experience Ratio Since Inception (Ratio 2) (line 3 col. II) / (line 3 col. I - line 6)		
9.	Life Years Exposed Since inception If (line 8 < line 7) AND (line 9 > 499), proceed; otherwise stop		

10. Tolerance Permitted (obtained from credibility table)

Medicare Supplement Credibility Table				
Life Years 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				

- 11. Adjustment to Incurred Claims for Credibility (Ratio 3) (line 8 + line 10) If line 11>Line 7, a refund/credit is not required.
- 12. Adjusted Incurred Claims (line 3, col. 1 - line 6) X (line 11)

<sup>&</sup>lt;sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only

<sup>&</sup>lt;sup>2</sup>SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans

#### TEXAS DEPARTMENT OF INSURANCE MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR

#### (Continued)

TYPE<sup>1</sup>

SMSBP<sup>2</sup>

Company Name

13. Refund

[line 3, col. I - line 6 - (line 12/line 7)]

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year (the de minimis amount), then there is no refund. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund or credit against premiums to be used must be listed in the Distribution Methodology field.

De minimis Amount (.005 x annualized premium in force on 12/31)

Distribution Methodology

By checking this box, I attest that all information contained in this form is a full and true statement in accordance with the instructions provided to the best of my information, knowledge, and belief.

Name - Please Print or Type

Title

Date

<sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup>SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans

#### **TEXAS DEPARTMENT OF INSURANCE REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES** FOR CALENDAR YEAR

TYPE <sup>1</sup>	SMSBP <sup>2</sup>	
Company Name		

NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_

Address

Person Completing This Exhibit

 Title
 \_\_\_\_\_\_
 Telephone

(a) <sup>3</sup>	(b) <sup>4</sup>	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o) <sup>5</sup>
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
		2.770		0.442		0.000		0.000		0.40
		4.175		0.493		0.000		0.000		0.55
		4.175		0.493		1.194		0.659		0.65
		4.175		0.493		2.245		0.669		0.67
		4.175		0.493		3.170		0.678		0.69
		4.175		0.493		3.998		0.686		0.71
		4.175		0.493		4.754		0.695		0.73
		4.175		0.493		5.445		0.702		0.75
		4.175		0.493		6.075		0.708		0.76
		4.175		0.493		6.650		0.713		0.76
		4.175		0.493		7.176		0.717		0.76
		4.175		0.493		7.655		0.720		0.77
		4.175		0.493		8.093		0.723		0.77
		4.175		0.493		8.493		0.725		0.77
		4.175		0.493		8.684		0.725		0.77
Total:		(k):		(I):		(m):		(n):		

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

<sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup>SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans.

<sup>3</sup>Data entered must be for the calendar year displayed.

<sup>&</sup>lt;sup>4</sup> For the calendar year on the appropriate line in column (a), the premium earned during that year is for policies issued in that year.

<sup>&</sup>lt;sup>5</sup> 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 ratios displayed on this worksheet. They are shown here for informational purposes only.

#### **TEXAS DEPARTMENT OF INSURANCE** REPORTING FORM FOR THE CALCULATION OF BENCHMARK **RATIO SINCE INCEPTION FOR GROUP POLICIES** FOR CALENDAR YEAR

\_\_\_\_\_

TYPE<sup>1</sup>

SMSBP<sup>2</sup>

Company Name

NAIC Group Code \_\_\_\_\_\_ NAIC Company Code \_\_\_\_\_\_

Address

Person Completing This Exhibit

Title

Telephone \_\_\_\_\_

(a) <sup>3</sup>	(b) <sup>4</sup>	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o) <sup>5</sup>
Year	Earned Premium	Factor	(b)x(c)	Cumulative Loss Ratio	(d)x(e)	Factor	(b)x(g)	Cumulative Loss Ratio	(h)x(i)	Policy Year Loss Ratio
		2.770		0.507		0.000		0.000		0.46
		4.175		0.567		0.000		0.000		0.63
		4.175		0.567		1.194		0.759		0.75
		4.175		0.567		2.245		0.771		0.77
		4.175		0.567		3.170		0.782		0.80
		4.175		0.567		3.998		0.792		0.82
		4.175		0.567		4.754		0.802		0.84
		4.175		0.567		5.445		0.811		0.87
		4.175		0.567		6.075		0.818		0.88
		4.175		0.567		6.650		0.824		0.88
		4.175		0.567		7.176		0.828		0.88
		4.175		0.567		7.655		0.831		0.88
		4.175		0.567		8.093		0.834		0.89
		4.175		0.567		8.493		0.837		0.89
		4.175		0.567		8.684		0.838		0.89
Total:		(k):		(I):		(m):		(n):		

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

<sup>&</sup>lt;sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>&</sup>lt;sup>2</sup>SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans.

<sup>&</sup>lt;sup>3</sup>Data entered must be for the calendar year displayed.

<sup>&</sup>lt;sup>4</sup> For the calendar year on the appropriate line in column (a), the premium earned during that year is for policies issued in that year.

<sup>&</sup>lt;sup>5</sup> 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 ratios displayed on this worksheet. They are shown here for informational purposes only.

# Form numbers for Medicare Supplement Refund Calculation for Plan

Please enter only one Form Number per line.	Please enter only one Form Number per line.
· ·	