## TEXAS DEPARTMENT OF INSURANCE MEDICARE SUPPLEMENT REFUND CALCULATION FORM <br> FOR CALENDAR YEAR <br> $\qquad$

TYPE ${ }^{1}$
$S M S B P^{2}$
For the State of Texas
Company Name
NAIC Group Code $\qquad$ NAIC Company Code

## Address

## Person Completing This Exhibit

Title $\qquad$ Telephone $\qquad$
(I)

Earned
Premium ${ }^{3}$
Line

1. Current Year's Experience
a. Total (all policy years)
b. Current year's issues ${ }^{5}$
c. Net (for reporting purposes) (line 1a - line 1b)
2. Past Year's Experience
(all policy years)
3. Total Experience
(line 1c + line 2)
4. Refunds Last Year (excluding interest)
5. Refunds From all Previous Reporting Years
(excluding interest)
6. Refunds Since Inception (excluding interest)
(line 4 + line 5)
7. Benchmark Ratio Since Inception
(Ratio 1 automatically calculated from Benchmark form)
${ }^{1}$ 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).
${ }^{2}$ SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans. 3Includes Modal Loadings and Fees Charged.
${ }^{4}$ Excludes Active Life Reserves.
${ }^{5}$ This will be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

## TEXAS DEPARTMENT OF INSURANCE MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR <br> (Continued)

TYPE ${ }^{1}$
SMSBP ${ }^{2}$
Company Name
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 |
| $10,000+$ | $0.0 \%$ |
| $5,000-9,999$ | $5.0 \%$ |
| $2,500-4,999$ | $7.5 \%$ |
| $1,000-2,499$ | $10.0 \%$ |
| $500-999$ | $15.0 \%$ |

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)
[^0]
## (Continued)

TYPE ${ }^{1}$
SMSBP ${ }^{2}$
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
(. $005 \times$ 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

[^1]
## Company Name

NAIC Group Code $\qquad$ NAIC Company Code
Address
Person Completing This Exhibit $\qquad$
Title Telephone

| (a) ${ }^{3}$ | (b) ${ }^{4}$ | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (o) ${ }^{5}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Year | Earned Premium | Factor | (b) x (c) | Cumulative Loss Ratio | (d) $\times$ (e) | Factor | (b) $\times(\mathrm{g}$ ) | Cumulative Loss Ratio | (h)x(i) | Policy <br> Year <br> Loss <br> 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: (l+n)/(k+m): $\qquad$ (Ratio 1)
${ }^{1}$ Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
${ }^{2}$ SMSBP means Standardized Medicare Supplement Benefit Plan. Use "PS" for pre-standardized plans.
${ }^{3}$ Data entered must be for the calendar year displayed.
${ }^{4}$ For the calendar year on the appropriate line in column (a), the premium earned during that year is for policies issued in that year.
5 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 ${ }^{1}$
SMSBP ${ }^{2}$
Company Name
NAIC Group Code $\qquad$ NAIC Company Code
Address
Person Completing This Exhibit
Title $\qquad$ Telephone

| $(\mathrm{a})^{3}$ | $\text { (b) }{ }^{4}$ | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (0) ${ }^{5}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Year | Earned Premium | Factor | (b) x (c) | Cumulative Loss Ratio | (d) $\mathrm{x}(\mathrm{e}$ ) | Factor | (b) $\times$ (g) | Cumulative Loss Ratio | (h)x(i) | Policy <br> Year <br> Loss <br> 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: (l+n)/(k+m): $\qquad$ (Ratio 1)
${ }^{1}$ Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
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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. |
| :--- |
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|  |


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