

Instructions: Submitting the
Data Collection Template for
the Annual Medicare
Supplement Refund
Calculation Form to the VABOI
for Calendar Year 2020

Overview

- Submit the Medicare Supplement Refund Calculation Form (Appendix A) for Calendar Year 2020 (14 VAC 5-170-220.1) via SERFF. This is the same Form that has been submitted in prior years.
- In addition, please submit the 2017 and 2020 data provided in the Medicare Supplement Refund Calculation Form in the attached Data Collection Template (Template).
- These instructions illustrate how to properly fill out the Template.
- If you have any questions when completing the spreadsheet, please contact William Christian at wchristian@scc.virginia.gov.



Appendix A Key

- The highlighted figures on the right will be entered into the Template.
- Each figure has a letter assigned to it.
- On the next page, the Template has blank spaces with the same letters assigned.
- You are to match the letter on Appendix A with the letter on the Template and enter the corresponding figure in the blank field.

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2018**

| | | | |
|--------------------------------|---|-------------------|---------------|
| TYPE | <u>Individual</u> | SMSBP(p) | <u>Plan A</u> |
| For the State of | <u>Virginia</u> | | |
| Company Name | <u>Company XYZ</u> | | |
| NAIC Group Code | <u>191</u> | NAIC Company Code | <u>99999</u> |
| Address | <u>1300 W. Main Street, Any City, Any State 99999</u> | | |
| Person Completing This Exhibit | <u>First Last Name</u> | | |

| | (a) Earned Premium (x) | (b) Incurred Claims (y) |
|--|------------------------------|-------------------------------|
| 1. Current Year's Experience | | |
| a. Total (all policy years) | 3,348 | 1,378 |
| b. Current year's issues (z) | 0 | 0 |
| c. Net (for reporting purposes=1a -1b) | 3,348 | 1,378 |
| 2. Past Years' Experience (All Policy Years) | 13,858 | 4,305 |
| 3. Total Experience (Net Current Year + Past Years' Experience) | 17,206 | 5,684 |
| 4. Refunds last year (Excluding Interest) | 0 | |
| 5. Previous Since Inception (Excluding Interest) | 0 | |
| 6. Refunds Since Inception (Excluding Interest) | 0 | |
| 7. Benchmark Ratio Since Inception (see worksheet for Ratio 1) | 55.41% | |
| 8. Experienced Ratio Since Inception (Ratio 2) (line 3, col. b)/(line 3, col. a - line 6) | 33.03% | |
| 9. Life Years Exposed Since Inception | | 11 |
| If (Ratio 2 < Ratio 1) AND (line 9 > 500), proceed; else stop. | | |
| 10. Tolerance Permitted (from credibility table) | N/A | |
| 11. Adjustment to Incurred Claims (Ratio 3 = Ratio 2 + Tolerance) | N/A | |
| If (Ratio 3 > Ratio 1) a refund or credit to premium is not required | | |
| 12. Adjusted Incurred Claims (line 3, col. a - line 6) * line 11 | N/A | |
| 13. Refund (max(0 ; line 3, col. a - line 6 - (line 12/line 7))) | | 0 |
| If (line 13 < (.005 * Inforce Annualized Premium @ 12/31)) then no refund is made | | |

Data Entry

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X |
|----|-----------|-------------------|---|--------------|-----------------------------|------|------------------------------------|--|---|--|---|--|---|--|--|---|--|---|---|-------------------------|-------------------------------------|---|--|--------------|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | [1a. (col a)] Total (all policy Years) Earned Premium (x) | [1a. (col b)] Total (all policy Years) Incurred Claims (y) | [1b. (col a)] Current Year's Issues Earned Premium (x) | [1b. (col b)] Current Year's Issues Incurred Claims(y) | [2. (col a)] Past Years Experience Earned Premium | [2. (col b)] Past Years Experience Incurred Claims | [4.] Refunds Last Year (Excl Interest) | [5.] Previous Refunds Since Inception (Excl Interest) | [6.] Refunds Since Inception (Excl Interest) | [7.] Benchmark Ratio Since Inception (from page 2 Ratio 1 entered as decimal) | [8.] Experience d Ratio Since Inception | [9.] Life Years Exposed | [10.] Tolerance Permitted (decimal) | [11.] Adjustment to Incurred Claims for Credibility | [12.] Adjusted Incurred Claims for Credibility | [13.] Refund |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 3 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 5 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 8 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 9 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 10 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 11 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 12 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 13 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 14 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 15 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 16 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 17 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 18 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 19 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 20 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 21 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 22 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 23 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 24 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 25 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 26 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 27 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 28 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 29 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 30 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 31 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |
| 32 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | | |

*The blank spaces indicated by the letters, represent the fields in which the Appendix A data will be entered.

Filing Data

- Begin by entering the information boxed in red on Appendix A into the Template as seen on the right.
- Each row represents a specific plan, year, and company. In this instance, the filing is for Company XYZ Plan A.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2018

TYPE Individual SMSBP(p) Plan A
 For the State of Virginia
 Company Name Company XYZ
 NAIC Group Code 191 NAIC Company Code 99999
 Address 1300 W. Main Street, Any City, Any State 99999
 Person Completing This Exhibit First Last Name
 Title Position, Department, Company XYZ Inc. Telephone Number: (000) 000-0000

| | A | B | C | D | E | F | G | H |
|----|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent |
| 1 | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A |
| 3 | Data Year | | | | Plan Type | | SMSBP | |
| 4 | Data Year | | | | Plan Type | | SMSBP | |
| 5 | Data Year | | | | Plan Type | | SMSBP | |
| 6 | Data Year | | | | Plan Type | | SMSBP | |
| 7 | Data Year | | | | Plan Type | | SMSBP | |
| 8 | Data Year | | | | Plan Type | | SMSBP | |
| 9 | Data Year | | | | Plan Type | | SMSBP | |
| 10 | Data Year | | | | Plan Type | | SMSBP | |
| 11 | Data Year | | | | Plan Type | | SMSBP | |
| 12 | Data Year | | | | Plan Type | | SMSBP | |
| 13 | Data Year | | | | Plan Type | | SMSBP | |
| 14 | Data Year | | | | Plan Type | | SMSBP | |
| 15 | Data Year | | | | Plan Type | | SMSBP | |
| 16 | Data Year | | | | Plan Type | | SMSBP | |
| 17 | Data Year | | | | Plan Type | | SMSBP | |
| 18 | Data Year | | | | Plan Type | | SMSBP | |
| 19 | Data Year | | | | Plan Type | | SMSBP | |
| 20 | Data Year | | | | Plan Type | | SMSBP | |
| 21 | Data Year | | | | Plan Type | | SMSBP | |
| 22 | Data Year | | | | Plan Type | | SMSBP | |
| 23 | Data Year | | | | Plan Type | | SMSBP | |
| 24 | Data Year | | | | Plan Type | | SMSBP | |
| 25 | Data Year | | | | Plan Type | | SMSBP | |
| 26 | Data Year | | | | Plan Type | | SMSBP | |
| 27 | Data Year | | | | Plan Type | | SMSBP | |
| 28 | Data Year | | | | Plan Type | | SMSBP | |
| 29 | Data Year | | | | Plan Type | | SMSBP | |

Database Table

Filing Data Continued

- Column C is only to be entered if the plan was previously associated with a different company/company code (i.e. due to a merger or assumed business).
- In Column D you are to enter the total number of plans being submitted for the current year
 - You must enter this number each time, so if you have 4 plans you will enter the number 4, 4 times, once per row.
- Plan type will be filled out twice in columns E and F
 - Column E represents how you currently identify plan type
 - Column F represents how the Type will be identified moving forward
- The Plan will be entered twice as well in columns G and H
 - In column G you are to enter the plan name currently being used
 - In Column H, you are to enter the plan name as it will be identified moving forward

| | A | B | C | D | E | F | G | H |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|----------------------------------|--|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Current Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent |
| 1 | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A |
| 3 | Data Year | | | | Plan Type | | SMSBP | |
| 4 | Data Year | | | | Plan Type | | SMSBP | |
| 5 | Data Year | | | | Plan Type | | SMSBP | |
| 6 | Data Year | | | | Plan Type | | SMSBP | |
| 7 | Data Year | | | | Plan Type | | SMSBP | |

| | A | B | C | D | E | F | G | H |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent |
| 1 | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A |
| 3 | Data Year | | | | Plan Type | | SMSBP | Plan A |
| 4 | Data Year | | | | Plan Type | | SMSBP | Plan B |
| 5 | Data Year | | | | Plan Type | | SMSBP | Plan C |
| 6 | Data Year | | | | Plan Type | | SMSBP | Plan D |
| 7 | Data Year | | | | Plan Type | | SMSBP | Plan E |

Numbers 2 and 4

- Continue entering the data working down Appendix A and across the Template.
- Number 3 will not be entered into the Template.
- The column headers match the numbering found on Appendix A.

| | (a) Earned Premium (x) | (b) Incurred Claims (y) |
|--|------------------------------|-------------------------------|
| 1. Current Year's Experience | | |
| a. Total (all policy years) | 3,348 | 1,378 |
| b. Current year's issues (z) | 0 | 0 |
| c. Net (for reporting purposes=1a -1b) | 3,348 | 1,378 |
| 2. Past Years' Experience (All Policy Years) | E → 13,858 | 4,305 ← F |
| 3. Total Experience (Net Current Year + Past Years' Experience) | 17,206 | 5,684 |
| 4. Refunds last year (Excluding Interest) | G → 0 | |

| | A | B | C | D | E | F | G | H | M | N | O |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|---|--|--|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | [2. (col a)] Past Years Experience Earned Premium | [2. (col b)] Past Years Experience Incurred Claims | [4.] Refunds Last Year (Excl Interest) |
| 1 | | | | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A | 13,858 | 4,305 | 0 |
| 3 | Data Year | | | | Plan Type | | SMSBP | | | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | E | F | G |
| 5 | Data Year | | | | Plan Type | | SMSBP | | | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | | | |

Numbers 5, 6, 7, and 8

| | | | |
|--|---|---|------------|
| 5. Previous Since Inception (Excluding Interest) | H | → | 0 |
| 6. Refunds Since Inception (Excluding Interest) | | | 0 ← I |
| 7. Benchmark Ratio Since Inception (see worksheet for Ratio 1) | J | → | 55.41% |
| 8. Experienced Ratio Since Inception (Ratio 2) (line 3, col. b)/(line 3, col. a - line 6) | | | 33.03% ← K |

| | A | B | C | D | E | F | G | H | P | Q | R | S |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|---|--|---|---|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | [5.] Previous Refunds Since Inception (Excl Interest) | [6.] Refunds Since Inception (Excl Interest) | [7.] Benchmark Ratio Since Inception (from page 2 Ratio 1 entered as decimal) | [8.] Experience d Ratio Since Inception |
| 1 | | | | | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A | 0 | 0 | 0.554 | 0.330 |
| 3 | Data Year | | | | Plan Type | | SMSBP | | | | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | H | I | J | K |
| 5 | Data Year | | | | Plan Type | | SMSBP | | | | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | | | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | | | | |

- Enter all percentages as a decimal. (100% = 1.0) In this example 55.41% should be entered as 0.5541.
 - The Template will round to 3 digits but you should still enter 4

Numbers 9, 10, 11, 12, and 13

9. Life Years Exposed Since Inception L → 11

If (Ratio 2 < Ratio 1) AND (line 9 > 500), proceed; else stop.

10. Tolerance Permitted (from credibility table) N/A ← M

11. Adjustment to Incurred Claims
(Ratio 3 = Ratio 2 + Tolerance) N → N/A

If (Ratio 3 > Ratio 1) a refund or credit to premium is not required

12. Adjusted Incurred Claims
(line 3, col. a - line 6) * line 11 N/A ← O

13. Refund (max{0 ; line 3, col. a - line 6 - (line 12/line 7)}) P → 0

If (line 13 < (.005 * Inforce Annualized Premium @ 12/31)) then no refund is made

| | A | B | C | D | E | F | G | H | T | U | V | W | X |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|-------------------------|-------------------------------------|---|--|--------------|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | [9.] Life Years Exposed | [10.] Tolerance Permitted (decimal) | [11.] Adjustment to Incurred Claims for Credibility | [12.] Adjusted Incurred Claims for Credibility | [13.] Refund |
| 1 | | | | | | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A | 11 | 0.000 | 0.000 | 0 | 0 |
| 3 | Data Year | | | | Plan Type | | SMSBP | | | | | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | L | M | N | O | P |
| 5 | Data Year | | | | Plan Type | | SMSBP | | | | | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | | | | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | | | | | |

N/A or Not Applicable should not be entered in the template; only 0 (zero) should be entered or the item left blank.

De Minimis Amount

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2018**

TYPE: Individual SMSBP(p): Plan A

For the State of: Virginia

Company Name: Company XYZ

NAIC Group Code: 191 NAIC Company Code: 99999

Address: 1300 W. Main Street, Any City, Any State 99999


Person Completing This Exhibit: First Last Name

Title: Position, Department, Company XYZ, Inc. Telephone Number: (000) 000-0000

| | (a) Earned Premium (x) | (b) Incurred Claims (y) |
|--|------------------------------|-------------------------------|
| 1. Current Year's Experience | | |
| a. Total (all policy years) | 3,348 | 1,378 |
| b. Current year's issues (z) | 0 | 0 |
| c. Net (for reporting purposes=1a -1b) | 3,348 | 1,378 |
| 2. Past Years' Experience (All Policy Years) | 13,858 | 4,305 |
| 3. Total Experience (Net Current Year + Past Years' Experience) | 17,206 | 5,684 |
| 4. Refunds last year (Excluding Interest) | | 0 |
| 5. Previous Since Inception (Excluding Interest) | | 0 |
| 6. Refunds Since Inception (Excluding Interest) | | 0 |
| 7. Benchmark Ratio Since Inception (see worksheet for Ratio 1) | | 55.41% |
| 8. Experienced Ratio Since Inception (Ratio 2) (line 3, col. b)/(line 3, col. a - line 6) | | 33.03% |
| 9. Life Years Exposed Since Inception | | 11 |
| If (Ratio 2 < Ratio 1) AND (line 9 > 500), proceed; else stop. | | |
| 10. Tolerance Permitted (from credibility table) | | NA |
| 11. Adjustment to Incurred Claims (Ratio 3 = Ratio 2 + Tolerance) | | NA |
| If (Ratio 3 > Ratio 1) a refund or credit to premium is not required | | |
| 12. Adjusted Incurred Claims (line 3, col. a - line 6) * line 11 | | NA |
| 13. Refund (max[D ; line 3, col. a - line 6 - (line 12/line 7)]) | | 0 |
| If (line 13 < (.005 * Inforce Annualized Premium @ 12/31)) then no refund is made | | |

| 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. | |

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

Signature: 

Name: Aaron Iddings

Title: Associate Director FSA, MAAA

Date: 15-May-19

- If your filing has a de minimis amount listed enter it in column Y
- If no de minimis amount is given leave column Y blank
- De minimis may be seen spelled as “de minimis”, “de minimus”, or “deminimus”

| | A | B | C | D | E | F | G | H | Y |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|-------------------|
| | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | De minimis amount |
| 1 | | | | | | | | | |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A | |
| 3 | Data Year | | | | Plan Type | | SMSBP | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | |
| 5 | Data Year | | | | Plan Type | | SMSBP | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | |

Previous 15 Years

| | | | |
|--------------------------------|--|-------------------|----------------|
| TYPE | Individual | SMSBP(p) | Plan A |
| For the State of | Virginia | | |
| Company Name | Company XYZ | | |
| NAIC Group Code | 191 | NAIC Company Code | 9999 |
| Address | 1300 W. Main Street, City, Any State 99999 | | |
| Person Completing This Exhibit | First and Lastname | | |
| Title | Position, Department, Company | Telephone Number: | (000) 000-0000 |

| (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 | 0 | | | | | | | | | |
| 2 | 1,537 | | | | | | | | | |
| 3 | 2,846 | | | | | | | | | |
| 4 | 1,080 | | | | | | | | | |
| 5 | 0 | | | | | | | | | |
| 6 | 0 | | | | | | | | | |
| 7 | 1,095 | | | | | | | | | |
| 8 | 0 | | | | | | | | | |
| 9 | 0 | | | | | | | | | |
| 10 | 1,537 | | | | | | | | | |
| 11 | 0 | | | | | | | | | |
| 12 | 0 | | | | | | | | | |
| 13 | 0 | | | | | | | | | |
| 14 | 0 | | | | | | | | | |
| 15 | 0 | | | | | | | | | |
| Total: | | | | | | | | | | |

| | A | B | C | D | E | F | G | H | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP |
|---|-----------|-------------------|---|--------------|-----------------------------|------------|------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------------|
| 1 | Year | Primary NAIC Code | Secondary NAIC Code / Prior Year Code (if Applicable) | Qty of Plans | Type1 (Currently used name) | Type | Company Plan Name (Currently Used) | 'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent | Earned Premium Year 1 | Earned Premium Year 2 | Earned Premium Year 3 | Earned Premium Year 4 | Earned Premium Year 5 | Earned Premium Year 6 | Earned Premium Year 7 | Earned Premium Year 8 | Earned Premium Year 9 | Earned Premium Year 10 | Earned Premium Year 11 | Earned Premium Year 12 | Earned Premium Year 13 | Earned Premium Year 14 | "Roll-up" of years not listed |
| 2 | 2018 | 99999 | | 8 | Individual | Individual | Plan A | Plan A | 0 | 1,537 | 2,846 | 1,080 | 0 | 0 | 1,095 | 0 | 0 | 1,537 | 0 | 0 | 0 | 0 | 0 |
| 3 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | |
| 4 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | |
| 5 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | |
| 6 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | |
| 7 | Data Year | | | | Plan Type | | SMSBP | | | | | | | | | | | | | | | | |

- You are to continue filling out the Template, entering the previous 15 years of earned premiums in columns AB through AP.
- Column AP includes earned premium for all years prior to as well as the 15th year prior to the current year.
- Match the year in Appendix A with the year in the column header.

End of Data Entry

- Once you have entered in all of the requested data you are finished.
- Submit the Template and Appendix A via SERFF.