

APPENDIX M. CREDIT DISABILITY INSURANCE EXPERIENCE REPORT

STATE OF _____
PRESUMPTIVE EARNED PREMIUM

FORM CI-EP-DIS

Class of Business _____ Calendar Year 19____

Premium Mode _____ Plan of Benefits _____

		Actual Earned Premium	Premium Rates:			Pre- sumptive Earned Premium
		Col. 1	12 Mo. Col. 2	24 Mo. Col. 3	36 Mo. Col. 4	Col. 5
A.	Earned Premium at Presumptive Rate	_____	_____	_____	_____	_____
B.	Other Premium at Other Than Presumptive Rate:					
1.						
	a. Actual Rate	XXXX	_____	_____	_____	XXXX
	b. Ratio	XXXX	_____	_____	_____	XXXX
	c. Earned Premium	_____	_____	_____	_____	_____
2.						
	a. Actual Rate	XXXX	_____	_____	_____	XXXX
	b. Ratio	XXXX	_____	_____	_____	XXXX
	c. Earned Premium	_____	_____	_____	_____	_____
3.						
	a. Actual Rate	XXXX	_____	_____	_____	XXXX
	b. Ratio	XXXX	_____	_____	_____	XXXX
	c. Earned Premium	_____	_____	_____	_____	_____
	Totals	_____	XXXX	XXXX	XXXX	_____
		To Form CI-EX- DIS Line 1d.				To Form CI-EX- DIS Line 1e.

[Source: Added at 10 Ok Reg 3049, eff 10-1-93]