

**APPENDIX Q. MEDICARE SUPPLEMENT [REVOKED]  
 APPENDIX Q. MEDICARE SUPPLEMENT [NEW]  
 TABLE 1. REFUND CALCULATION FORM**

FOR CALENDAR YEAR \_\_\_\_\_

TYPE (v) \_\_\_\_\_ SMSBP (w) \_\_\_\_\_  
 For the State of \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 Person Completing This Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a)	(b)
Earned Premium (x)	Incurred Claims (y)
_____	_____

Line

- 1 Current Year's Experience
  - a. Total (all policy years)
  - b. Current year's issues (z)
  - c. Net (for reporting purposes  
= 1a - 1b ) \_\_\_\_\_
- 2 Past Years' Experience  
(All Policy Years) \_\_\_\_\_
- 3 Total Experience (Net Current Year  
+ Past Years' Experience) \_\_\_\_\_
- 4 Refunds last year (Excluding  
Interest)
- 5 Previous Since Inception  
(Excluding Interest)
- 6 Refunds Since Inception (Excluding  
Interest)
- 7 Benchmark Ratio Since Inception  
(SEE WORKSHEET FOR RATIO 1)

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FOR CALENDAR YEAR \_\_\_\_\_

TYPE (v) \_\_\_\_\_ SMSBP (w) \_\_\_\_\_  
For the State of \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

	(a)	(b)
	Earned	Incurred
	Premium (x)	Claims (y)
	_____	_____

Line

8 Experience Ratio Since Inception

Total Actual Incurred Claims (line  
3, col b) = Ratio 2

\_\_\_\_\_

Total Earned Premium (line 3, col  
a) - Refunds Since Inception (line  
6)

9 Life Years Exposed Since Inception

\_\_\_\_\_

If the Experienced Ratio is less than  
the Benchmark Ratio, and there are more  
than 500 life years exposure, then  
proceed to calculation of refund.

10 Tolerance Permitted (obtained from  
credibility table) \_\_\_\_\_

11 Adjustment to Incurred Claims for  
Credibility

Ratio 3 = Ratio 2 + Tolerance

If Ratio 3 is more than benchmark ratio  
(ratio 1), a refund or credit to  
premium is not required.

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TYPE (v) \_\_\_\_\_ SMSBP (w) \_\_\_\_\_  
 For the State of \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 Person Completing This Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

	(a)	(b)
	Earned	Incurred
	Premium (x)	Claims (y)
	_____	_____

Line

If Ratio 3 is less than the benchmark ratio, then proceed.

12 Adjusted Incurred Claims =  
     [Total Earned Premiums (line 3,  
     col a) - Refunds Since Inception  
     (line 6)] x Ratio 3 (line 11)

13 Refund =  
     Total Earned Premiums  
     (line 3, col a) -  
     Refunds Since Inception (line 6) -  
     Adjusted Incurred Claims (line 12)  
     -----  
     Benchmark Ratio (Ratio 1)

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

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FOR CALENDAR YEAR \_\_\_\_\_

TYPE (v) \_\_\_\_\_ SMSBP (w) \_\_\_\_\_  
For the State of \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

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.

- (v) Individual, Group, Individual Medicare Select or Group Medicare Select Only
- (w) "SMSBP" = Standardized Medicare Supplement Benefit Plan
- (x) Includes modal loadings and fees charged.
- (y) Excludes Active Life Reserves.
- (z) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - Please Type

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date