

**Kentucky Department of Insurance
Division of Health and Life Insurance
Health Care Financing Branch**

***RATE FILING INFORMATION FORM (Limited Benefits)**

* (This form is not required with Health Benefit Plan Rate Filings in KRS 304.17A)

Company

NAIC Company No.

Contact Person

E-Mail Address

Phone No. (800 # if available) EXT.

Fax Number

Form No(s).

No of Forms

CHECK ALL APPLICABLE: * This does not apply to Health Benefit Rate Filings

TYPE OF POLICY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Hospital/Medical/Surgical | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Short Term Limited Duration | <input type="checkbox"/> Short Term Nursing Home |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Specified Disease | <input type="checkbox"/> Medicare Supplement Pre-Standardized |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Student | <input type="checkbox"/> Medicare Supplement Standardized |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Vision | <input type="checkbox"/> Medicare Supplement Modernized |
| <input type="checkbox"/> Hospital Indemnity | <input type="checkbox"/> LTCPI (LTC Partnership Insurance) | <input type="checkbox"/> Other _____ |

REQUIRED ANNUAL MEDICARE SUPPLEMENT FILING:

MARKET TYPE: Individual Group KY Retirement/Group Seniors

AVAILABILITY: _____

PREMIUM STRUCTURE:

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Closed Block | <input type="checkbox"/> Open Block | <input type="checkbox"/> Attained Age | <input type="checkbox"/> Issue Age | <input type="checkbox"/> Community |
| <input type="checkbox"/> Other _____ | | | | |

RENEWAL CATEGORIES:

- | | |
|---|--|
| <input type="checkbox"/> OR- Optionally renewable | <input type="checkbox"/> CR- Conditionally renewable |
| <input type="checkbox"/> GR- Guaranteed renewable | <input type="checkbox"/> NC- Noncancelable |

FILING INFORMATION:

Range in Rate Structure (area, age slope, etc.) Yes _____ No _____ Previous Rate Filing DOI # _____

Rate % Increase Requested: _____ Range of Rate Increase: _____

Estimated Average Annual Premium *before* Increase: _____

Estimated Average Annual Premium *after* Increase: _____

No. of Kentucky Policies: _____ No. of National Policies: _____

Requested Filing Effective Date: _____ Original Filing Date: _____

Previous Increase Effective Date: _____ Amount of Last Approved Increase: _____