

Monthly New Business Premium Rate

The following assumptions should be used in making the calculation:

1. All employees work full-time, are employed by a class of business acceptable to your company, and pass medical underwriting.
2. The loss experience is normal (by your standards) for a group of that size.
3. The policy is marketed through your standard distribution system.
4. All employees work in Wisconsin for a Wisconsin corporation.
5. Your product is the only product offered to the group.
6. The plan is fully insured by your company.
7. The deductible is \$500 and the copayment is 80/20 up to \$2,500. (If you do not offer this option exactly, use the closest option you have available and make a note of this.)

Group 1		Group 2		Group 3		Group 4	
25 Employees Manufacturing, Address in downtown Milwaukee		75 Employees Manufacturing, Address in downtown Milwaukee		25 Employees Manufacturing, Address in downtown Wisconsin Rapids		75 Employees Manufacturing, Address in downtown Wisconsin Rapids	
Males:	17	Males:	52	Males:	17	Males:	52
Females:	8	Females:	23	Females:	8	Females:	23
Age		Age		Age		Age	
Males	Females	Males	Females	Males	Females	Males	Females
1 = 20	1 = 22	1 = 20	1 = 20	1 = 20	1 = 22	1 = 20	1 = 20
1 = 23	1 = 24	3 = 22	2 = 22	1 = 23	1 = 24	3 = 22	2 = 22
1 = 24	1 = 30	2 = 23	1 = 24	1 = 24	1 = 30	2 = 23	1 = 24
1 = 25	1 = 35	3 = 24	1 = 25	1 = 25	1 = 35	3 = 24	1 = 25
1 = 27	1 = 40	1 = 25	1 = 26	1 = 27	1 = 40	1 = 25	1 = 26
1 = 30	1 = 45	2 = 26	1 = 27	1 = 30	1 = 45	2 = 26	1 = 27
1 = 34	1 = 50	2 = 27	1 = 29	1 = 34	1 = 50	2 = 27	1 = 29
1 = 35	1 = 60	2 = 28	1 = 31	1 = 35	1 = 60	2 = 28	1 = 31
1 = 36		1 = 29	1 = 32	1 = 36		1 = 29	1 = 32
1 = 40		2 = 30	1 = 36	1 = 40		2 = 30	1 = 36
1 = 42		3 = 32	2 = 38	1 = 42		3 = 32	2 = 38
1 = 45		3 = 34	1 = 42	1 = 45		3 = 34	1 = 42
1 = 50		4 = 35	2 = 45	1 = 50		4 = 35	2 = 45
1 = 52		2 = 37	1 = 47	1 = 52		2 = 37	1 = 47
1 = 54		3 = 38	2 = 52	1 = 54		3 = 38	2 = 52
1 = 57		2 = 39	1 = 55	1 = 57		2 = 39	1 = 55
1 = 60		2 = 46	2 = 57	1 = 60		2 = 46	2 = 57
		2 = 48	1 = 62			2 = 48	1 = 62
		1 = 50				1 = 50	
		1 = 52				1 = 52	
		1 = 53				1 = 53	
		2 = 55				2 = 55	
		2 = 57				2 = 57	
		2 = 59				2 = 59	
		1 = 60				1 = 60	
		2 = 62				2 = 62	

**Group Health Insurance
Reporting Form**



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585
E-Mail: ociinformation@wisconsin.gov
Web Address: oci.wi.gov

Ref: s. 601.42, Wis. Stat.

Type of Product (check one):	Indemnity <input type="checkbox"/>	HMO <input type="checkbox"/>	POS <input type="checkbox"/>	PPO <input type="checkbox"/>
Name of Policy Form:				

Rates as of July 1, 2012

	Monthly Premium For Single Coverage	Monthly Premium For Family Coverage
Group 1		
Group 2		
Group 3		
Group 4		

Name of Insurer	
Address	
Name of Person Completing Form	Telephone

Please return this form by August 31, 2012, to:

Jim Guidry
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
or FAX (608) 261-8579
or e-mail jim.guidry@wisconsin.gov