

**Appendix B****Reporting Instructions
Medicare Supplement Insurance Experience Report**

1. **Policy Form Number:** A report form should be filled out for each Medicare Supplement policy form. Policy forms are not to be grouped unless they are nearly identical in Coverage & Premium. Do not include any experience for optional riders that may be attached to the policy form being reported.
2. **Year First Issued in Missouri:** Self-explanatory.
3. **Is the same rate charged Countrywide for this policy form?** Enter “Y” for Yes or “N” for No.
4. **Is this a Group Policy or an Individual Policy?** Enter the appropriate code as follows:
I=Group
II=Individual Policy
III=Mass Marketed or Direct Response
5. **Is the policy form Mass Marketed?** Enter “Y” for Yes and “N” for No. Direct Response policies are to be considered Mass Marketed.
6. **Renewability Type:** Enter a two-digit alphabetic code from the following table:
OR=Optionally Renewable
CR=Conditionally Renewable or Quasi-Guaranteed
GR=Guaranteed Renewable
NC=Non-Cancellable
7. **Missouri Experience:** Enter experience in the following categories by policy duration as displayed in the report form for Missouri only:
Duration—The number of years a policy has been in force. Round down to the nearest year when reporting experience.
Number of Policies in Force
Written Premium
Earned Premium
Paid Claim Count—Enter number of claims paid
Paid Losses—Enter dollars paid for claims excluding loss adjustment expense
Total Loss Reserves—Enter all reserves used to adjust paid losses to incurred losses
Incurred Claim Counts—Enter the number of incurred claims
Incurred Losses—Enter the dollars incurred Exclude all Administrative and Loss Adjustment Expenses. (Paid \pm Loss Reserve)
Loss Ratio—Incurred Losses divided by Earned Premium
8. **Missouri Loss Reserves—Use Missouri data only.**
 - a. **Unpaid Claim Reserves**
 - 1) Claim Reserves, current year: Enter the current year ending amount set aside to pay all claims outstanding no matter what year the loss was incurred.
 - 2) Claim Reserves, prior year: Enter the prior year ending amount that was set aside to pay all claims outstanding no matter what year the loss was incurred.
 - 3) Change in Unpaid Claim Reserves: Current Year Reserve—Prior Year Reserve
 - b. **Incurred but no Reported Reserves**
 - 1) IBNR Reserves, current year: Enter the current year ending amount set aside as IBNR reserve.
 - 2) IBNR Reserves, prior year: Enter the prior year ending amount set aside as IBNR reserve.
 - 3) Change in IBNR Reserves: Current Year Reserve—Prior Year Reserve
 - c. **Total Reserves added for Missouri this Calendar Year:** Change in Unpaid Claim Reserves + Change in IBNR Reserves. This number must equal the total for all loss reserves by duration (line 6).
9. **List all Riders Attached to this Policy Form and Included in the Experience Above—Provide the rider number and a brief description of all riders included in the experience reported. Do not include optional riders in the experience reported.**



- (10) Countrywide Experience: Please enter total countrywide experience for this policy form by duration for the following:
- Duration—The number of years a policy has been in force. Round down to the nearest year when reporting experience.
 - Number of Policies in Force
 - Written Premium
 - Earned Premium
 - Paid Claim Count—Enter number of claims paid
 - Paid Losses—Enter dollars paid for claims excluding loss adjustment expense
 - Total Loss Reserves—Enter all reserves used to adjust paid losses to incurred losses
 - Incurred Claim Counts—Enter the number of incurred claims
 - Incurred Losses—Enter the dollars incurred. Exclude all Administrative and Loss Adjustment Expenses.
(Paid + Loss Reserve)
 - Loss Ratio—Incurred Losses divided by Earned Premium



State of Missouri
Medicare Supplement Insurance Experience Report
For Calendar Year: _____

- 1. Policy Form No. _____ 2. Year First Issued in Missouri _____
3. Is the same rate charged countrywide for this policy form? _____
4. Group (I) or Individual (II) Policy? _____
5. Is this policy Mass-Marketed? ("Y" or "N")? _____
6. Renewability Type (Use two-digit alphabetic code from instructions): _____

7. Missouri Experience:

Table with 10 columns: Duration (Policy Year), Number of Policies in Force, Written Premium, Earned Premium, Paid Claim Count, Paid Losses, Total Loss Reserves, Incurred Claim Counts, Incurred Losses, Loss Ratio. Rows for 5±, 4, 3, 2, 1, 0.

Total

8. Missouri Loss Reserves:

A. Unpaid Claim Reserves

- 1) Claim Reserves, current year: _____
2) Claim Reserves, prior year _____
3) Change in Unpaid Claim Reserves (1 ! 2) _____

B. IBNR Reserves

- 1) IBNR Reserves, current year: _____
2) IBNR Reserves, prior year _____
3) Change in IBNR Reserves (1 ! 2) 0 _____

C. Total Loss Reserves Added for Missouri This Calendar Year ((A.3) + B.3) _____



9. List All Riders Attached to This Policy Form and Included in the Experience Above:

<u>Rider Form Number</u>	<u>Description</u>
A.	
B.	
C.	
D.	
E.	
F.	

10. Countrywide Experience:

Duration (Policy Year)	Number of Policies in Force	Written Premium	Earned Premium	Paid Claim Count	Paid Losses	Total Loss Reserves	Incurred Claim Counts	Incurred Losses	Loss Ratio
5+									
4									
3									
2									
1									
0									
Total									

Signature of an Officer of the Company/Title

Signature of Person Preparing Report/Title

Print Name of Person Preparing Report

Company Name

NAIC Group and Company Code

Address

Phone Number