

**REVIEW REQUIREMENTS CHECKLIST**

**HEALTH INSURANCE RATE FILINGS**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE Form/Page/Para.
Reasonableness of Benefits in Relation to Premium Charged	A.A.C. R20-6-607		
Required Information for all Health Insurance Rate Filings	Unpublished Requirement	All rate filings must include the following information;	
		1. Complete rate history, including dates filed.	
		2. Schedule of current and requested rates.	
		3. Arizona specific loss experience for most recent 5 years, including earned premium, losses paid and losses incurred.	
		4. Nationwide loss experience for most recent 5 years, including earned premiums, losses paid and losses incurred.	
		5. Exhibit demonstrating how rate revision was calculated.	
		6. A trend worksheet exhibiting development and calculation of annual trend.	
		7. Number of Arizona policyholders affected by filing.	
		8. Number of nationwide policyholders affected by filing.	
		9. Scope and reason for rate revision.	
		10. Expected average effect of premiums.	
		11. Does rate revision apply to new business only, inforce policies only or both?	
		12. Is this a closed block of business?	
		13. Accreditation of actuary (Form P-124).	
Loss Ratio - Long Term Care	A.A.C. R20-6-1011		
Loss Ratio Standards and Refund or Credit of Premium - Medicare Supplement Policies	A.A.C. R20-6-1110		

**REVIEW REQUIREMENTS CHECKLIST**

**HEALTH INSURANCE RATE FILINGS**

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that to the best of my knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all of the applicable requirements outlined above; 2) Contains no provision(s) previously disapproved or required to be corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed this insurer's powers, the authority granted by its state of domicile and its Arizona certificate of authority.

Signature of  
Officer: \_\_\_\_\_  
Date: \_\_\_\_\_