FIS 0805 (8/01) Michigan Office of Financial & Insurance Services

Life & Health Rate/Rating System Data Sheet

Complete this sheet for filings that include rate changes.

Filing Summary (form FIS 0800) submission date MM / DD / YY

Name of specific insurer submitting these rates/rules: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

NAIC Company Number

Line of insurance

Type or title of policy to which these rates belong

Original Issue Date MM / DD / YY

Original Issue date in Michigan *(if different)* MM / DD / YY

Current new issue status in Michigan *(if inactive, enter date)*

☐ Active ☐ Inactive →

Date Inactive *(if applicable)* MM / DD / YY

Minimum loss ratio for this disability, med sup or long term care product *(select only one if applicable)*

Individual Disability Policies as required by Administrative Rule R500.803

- ☐ 65% rated by age
- ☐ 60% collectively renewable or optionally renewable
- ☐ 55% guaranteed renewable or non-renewable for stated reasons only
- ☐ 50% non-cancellable, non-cancellable and guaranteed renewable, or accident only
- ☐ 55% all other Individual Disability

Medicare Supplement and Long Term Care Policies

- ☐ 75% for Group Medicare Supplement Policies as required by MCLA 500.3851(a)
- ☐ 65% for Individual Medicare Supplement Policies as required by MCLA 500.3851(b)
- ☐ 60% for Individual Long Term Care Policies as required by MCLA 500.3927

Requested rate change as a percentage %

Requested effective date for rate change MM / DD / YY

Anticipated loss ratio for this product %

Statement of Review *(required for credit products only)*

☐ I affirm that MCLA 550.601-624 and Administrative Rules R550.201-221 have been reviewed and applied to any Credit Life and Disability Program submitted in this filing.

NOTE: The following exhibits must be attached to this filing:

1. An exhibit that briefly describes the reasons for the rate change including any unique and unusual situations.

2. An exhibit which shows the rate changes for this product from inception by effective date of change.

File form FIS 0805 Life & Health Rate/Rating System Data Sheet with form FIS 0800 Life & Health Filing Summary, when filings contain any rate changes. Enclose sample or final printed manual pages. Assure that company name and page number appears on each page.

If final printed manual pages are not enclosed, they must be submitted to us within 90 days or approval will be automatically withdrawn.

Official Use Only		
Analyst	Approved	Deemed
Filed	Withdrawn	Disapproved
Effective	Reviewed ☐ Yes ☐ No	In manual
Copy mailed	Processed	CMS

Our web address is: http://cis.state.mi.us/ofis
Our toll free phone number is 1-877-999-6442
For specific questions about the filing process, please phone (517) 373-0242