

LONG TERM CARE RATE INCREASE CHECKLIST

Please complete the following and provide supporting documentation for any 'no' response.

No.	Requirement pursuant to Wyoming Regulation, Chapter 37, Section 13	YES	NO
1	Benefits shall be deemed reasonable in relation to premiums provided.		
2	Expected loss ratio is at least sixty (60) percent.		
3	In evaluation the expected loss ratio, due consideration shall be given to all relevant factors, including:		
3a	Statistical credibility of incurred claims experience and earned premiums		
3b	The period for which rates are computed to provide coverage		
3c	Experienced and projected trends		
3d	Concentration of experience within early policy duration		
3e	Expected claim fluctuation		
3f	Experience refunds, adjustments, or dividends; - Prior Rate increases as part of experience		
3g	Renewability features		
3h	All appropriate expense factors		
3i	Interest; with and/or without		
3j	Experimental nature of the coverage		
3k	Policy reserves; active claim data		
3l	Mix of business by risk classification		
3m	Product features such as long elimination periods, high deductibles and high maximum limits.		

Please include the following information with your rate increase filing:

1. Approval of Rate Increase in Domicile State
2. Amount of Rate Increase filed in other states at this time
3. Effective Date of the Rate Increase
4. Rate Increase History for Wyoming.
5. Options for the Consumer - Reduction in Benefits, Shortened Benefit Period, Nonforfeiture Option
6. Plans for future rate increases.
7. Copy of the letter sent to Wyoming policyholders