

**RATE INCREASE INFORMATION  
FOR  
HEALTH & ACCIDENT**

*In addition to all other requirements for accident and health insurance rate increase filings, the following information must be provided in the exact form shown below.*

Name of Company \_\_\_\_\_

Policy Form No. "" \_\_\_\_\_

Type of Policy: \_\_\_\_\_  
(Medicare Supplement, Long Term Care, Major Medical, etc.)

Date of Current Rate Increase \_\_\_\_\_ Percentage of Current Rate Increase" \_\_\_\_\_

Date of Last Five (5) Year Increases \_\_\_\_\_

Percent of Last Five (5) Year Increases \_\_\_\_\_

Last Five (5) Years Loss Ratio \_\_\_\_\_

No. of MS Insureds\* \_\_\_\_\_

\*Number of Mississippi Insureds refers to the number of insureds covered under individual policies and/or group policies.