

UNDERWRITING GUIDE

- ◆ **Required Coverage – Minimum basic medical coverage consisting of at least a 21 day Blue Cross Policy and a \$25,000 “Wrap Around” Major Medical, (or equivalent) coverage is needed. Most HMO, PPO programs are acceptable. Primary coverage for ancillary benefits such as Dental or Vision care is not required.**
- ◆ **Minimum Group – Two (2) Employees (Insureds) with or without dependents. In CT and MA the policyholder must employ at least 51 people overall. In NJ, the employer must employ 50 people overall.**
- ◆ **All Risks are pooled to determine potential premium refunds or additional billing plus Retention.**

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◆ **Company location must be in CT¹, DE, DC, IL, MA¹, MN, MI, NJ², NY or PA**

◆ **Premium is billed monthly.**

¹ **available to businesses with 51 or more employees**

² **available to businesses with 50 or more employees**

Rating The 100% Solution – Coverage Amounts

Annual Expected Claims	Required Coverage
\$3,000.00	\$5,000.00
\$6,000.00	\$9,000.00
\$10,000.00	\$15,000.00
\$25,000.00	\$38,000.00
\$50,000.00	\$71,000.00
<i>Sets the Aggregate coverage at 65-70% loss ratio</i>	

Rating The 100% Solution

Size of Group (excluding dependents)	Minimum Annual Benefit per SINGLE* insured	Minimum Annual Benefit per FAMILY* insured
2 or more	\$3,000.00	\$5,000.00

Note: Annual Specific Coverage to \$1,000,000 is available.

* Specific limits subject to underwriting approval

Monthly Premium Determination

Total Group Aggregate	Factor
\$6,000 - \$14,999	0.0625
\$15,000 - \$24,999	0.06125
\$25,000 - \$49,000	0.0600
\$50,000 – and over	0.05875

EXAMPLE:

Total Group Aggregate = \$10,000 –Factor = 0.0625

$\$10,000 \times .0625 = \625 monthly premium

Application and Enrollment

- **Complete both sides of master application**
- **Complete an individual enrollment form for each covered employee**
- **Determine premium from underwriting guidelines**
- **Remit signed application, enrollment forms, and the first two month's premium to First Rehab Life**