EXAMPLE: COVER LETTER FOR CONVERSION STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:	ABC123-06
Product:	ABC HEALTH (BASIC)
Proposed Effective Date:	August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Conversion Contract

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID	2. Company Name	For OIC Use Only		
WASHCOMPANY1234	WASHINGTON CARRIER	[ ] File ID	[ ] Analyst	
3. Date Submitted	4. Proposed Effective Date		Date	Initials
JUNE 1, 2006	AUGUST 1, 2006	Approved		
5. Contact	6. Title	Reviewed		
ANGELA BARNES	MANAGER, CONTRACTS	Withdrawn		
7. Phone	8. Fax #	Disapproved		
(000) 000-0000	(000) 000-0000	Acknowledged		
9. E-Mail	10. Purpose of Filing	State Tracking #		
ABARNES@WACARRIER.COM	TO FILE CONVERSION FILING			

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
	STANDARD MASTER CONTRACT			
11.	☐ **Large Group Contract (51+)**			
	☐ **Small Group Contract (2-50)**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
12.	☐ **Individual**			
	☐ Application			
	☐ Endorsement/Rider			
13.	☒ **Conversion**	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (BASIC)
	☐ Endorsement/Rider			
14.	☐ **Network Reports**			
	☐ Access Plan			
	☐ Form B – Network Enrollment			
	☐ GeoGraphic Network Report			
15.	☐ **Other**			
16.	☐ **Small Group Limited Schedule of Benefits**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
	☐ Benefit Brochure			
	PRIOR APPROVAL	**Agreement #/Effective Date**	**Prior Agreement #/Effective Date**	
17.	☐ Provider Agreement			
18.	**RATE**	**Contract #/Effective Date**	**Prior Contract #/Effective Date**	**Negotiated Contract #/Effective Date**
	☐ Proprietary ☐ For-Public			

19. NEGOTIATED CONTRACT ☐ Fully Negotiated ☐ Short-Form Filing	☐ Employer ☐ Paperwork	☐ Association ☐ Paperwork	☐ Government ☐ Paperwork	☐ Trust ☐ Paperwork	☐ Union ☐ Paperwork

Negotiated Contract Number: **Effective Date:**

Group Name: **Group Number:**

Standard Master Contract Number (short form filings only): **Effective Date:**

Forms Included in this Filing: ☐ **Contract** ☐ **Certificate of Coverage** ☐ **Group Application** ☐ **Enrollee Application**
(Please list form numbers in Section 22 attached)

20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)

Negotiated Endorsement/Rider Form #: | Changes Apply to: ☐ Contract ☐ Certificate of Coverage

Please note that rate filings and form filings must be submitted together for new plans

EXAMPLE: COVER LETTER FOR CONVERSION PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Conversion Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Conversion Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID	2. Company Name	For OIC Use Only		
WASHCOMPANY1234	WASHINGTON CARRIER	[ ] File ID	[ ] Analyst	
3. Date Submitted	4. Proposed Effective Date		Date	Initials
JUNE 1, 2006	AUGUST 1, 2006	Approved		
5. Contact	6. Title	Reviewed		
ANGELA BARNES	MANAGER, CONTRACTS	Withdrawn		
7. Phone	8. Fax #	Disapproved		
(000) 000-0000	(000) 000-0000	Acknowledged		
9. E-Mail	10. Purpose of Filing	State Tracking #		
ABARNES@WACARRIER.COM	TO FILE CONVERSION RATE FILING – FOR PUBLIC			

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
STANDARD MASTER CONTRACT				
11.	☐ **Large Group Contract (51+)**			
	☐ **Small Group Contract (2-50)**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
12.	☐ **Individual**			
	☐ Application			
	☐ Endorsement/Rider			
13.	☐ **Conversion**			
	☐ Endorsement/Rider			
14.	☐ **Network Reports**			
	☐ Access Plan			
	☐ Form B – Network Enrollment			
	☐ GeoGraphic Network Report			
15.	☐ **Other**			
16.	☐ **Small Group Limited Schedule of Benefits**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
	☐ Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	☐ Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
	☐ Proprietary ☒ For-Public	CONVERSION RATE FILING AUGUST 1, 2006	CONVERSION RATE FILING AUGUST 1, 2005	N/A

19. NEGOTIATED CONTRACT ☐ Fully Negotiated ☐ Short-Form Filing	☐ Employer ☐ Paperwork	☐ Association ☐ Paperwork	☐ Government ☐ Paperwork	☐ Trust ☐ Paperwork	☐ Union ☐ Paperwork

Negotiated Contract Number: **Effective Date:**

Group Name: **Group Number:**

Standard Master Contract Number (short form filings only): **Effective Date:**

Forms Included in this Filing: ☐ **Contract** ☐ **Certificate of Coverage** ☐ **Group Application** ☐ **Enrollee Application**
(Please list form numbers in Section 22 attached)

20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)

Negotiated Endorsement/Rider Form #: | Changes Apply to: ☐ Contract ☐ Certificate of Coverage

Please note that rate filings and form filings must be submitted together for new plans

21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
CONVERSION CONTRACT	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (BASIC)

This Schedule is Part of Contract #: CONVERSION RATE FILING

Effective Date: AUGUST 1, 2006

EXAMPLE: COVER LETTER FOR CONVERSION PROPRIETARY RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Conversion Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Conversion Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology
- Rate Exhibit

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID	2. Company Name	For OIC Use Only		
WASHCOMPANY1234	WASHINGTON CARRIER	[ ] File ID	[ ] Analyst	
3. Date Submitted	4. Proposed Effective Date		Date	Initials
JUNE 1, 2006	AUGUST 1, 2006	Approved		
5. Contact	6. Title	Reviewed		
ANGELA BARNES	MANAGER, CONTRACTS	Withdrawn		
7. Phone	8. Fax #	Disapproved		
(000) 000-0000	(000) 000-0000	Acknowledged		
9. E-Mail	10. Purpose of Filing	State Tracking #		
ABARNES@WACARRIER.COM	TO FILE CONVERSION RATE FILING – PROPRIETARY			

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
	STANDARD MASTER CONTRACT			
11.	☐ **Large Group Contract (51+)**			
	☐ **Small Group Contract (2-50)**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
12.	☐ **Individual**			
	☐ Application			
	☐ Endorsement/Rider			
13.	☐ **Conversion**			
	☐ Endorsement/Rider			
14.	☐ **Network Reports**			
	☐ Access Plan			
	☐ Form B – Network Enrollment			
	☐ GeoGraphic Network Report			
15.	☐ **Other**			
16.	☐ **Small Group Limited Schedule of Benefits**			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
	☐ Benefit Brochure			
	PRIOR APPROVAL	**Agreement #/Effective Date**	**Prior Agreement #/Effective Date**	
17.	☐ Provider Agreement			
	18. RATE	**Contract #/Effective Date**	**Prior Contract #/Effective Date**	**Negotiated Contract #/Effective Date**
	☒ Proprietary ☐ For-Public	CONVERSION RATE FILING AUGUST 1, 2006	CONVERSION RATE FILING AUGUST 1, 2005	N/A

19. NEGOTIATED CONTRACT ☐ Fully Negotiated ☐ Short-Form Filing	☐ Employer ☐ Paperwork	☐ Association ☐ Paperwork	☐ Government ☐ Paperwork	☐ Trust ☐ Paperwork	☐ Union ☐ Paperwork

Negotiated Contract Number: **Effective Date:**

Group Name: **Group Number:**

Standard Master Contract Number (short form filings only): **Effective Date:**

Forms Included in this Filing: ☐ **Contract** ☐ **Certificate of Coverage** ☐ **Group Application** ☐ **Enrollee Application**
(Please list form numbers in Section 22 attached)

20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)

Negotiated Endorsement/Rider Form #: | Changes Apply to: ☐ Contract ☐ Certificate of Coverage

Please note that rate filings and form filings must be submitted together for new plans

21. Additional Group Numbers:		
22. Additional Form Numbers:		

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
CONVERSION CONTRACT	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH (BASIC)

This Schedule is Part of Contract #: CONVERSION RATE FILING - PROPRIETARY

Effective Date: AUGUST 1, 2006