

**GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-6540)**

Carrier Name	_____
Address	_____
Contract Holder/Pool Category and Name (Check One Box)	<input type="checkbox"/> Single Employer Group: Employer Name: _____
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name: _____
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name: _____
Contract Form Number	_____
Rate Form Number (if different from Contract Form Number)	_____
Product Name	_____

Rate Renewal Period: Date Submitted:	From: _____	To: _____
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input type="checkbox"/> Revision of Existing Group Contract

Rate Summary

Current Rate (Composite per employee or per member)	\$ _____ per member per month
Percentage Rate Change	_____ %
New Rate	\$ _____ per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	
Anticipated Loss Ratio	_____ %
Portion of carrier's total enrollment affected	_____ %
Portion of carrier's total premium revenue affected	_____ %

Summary of Contract Experience

	Experience Period From To	First Prior Period From To	Second Prior Period From To
Member Months			
Billed Premium			
Incurred Claims			
Expenses			
Gain/Loss			
Experience Refund/Credit or Recoupment			
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)			
Loss Ratio Percentage			

<p>Comments or additional information.</p> <p>Preparer's Information</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Title: _____</p> <p style="margin-left: 40px;">Telephone Number: _____</p>
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