



**OFFICE OF INSURANCE REGULATION**  
**Life & Health Product Review**

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**SMALL EMPLOYER GROUP UNDERWRITING EXPERIENCE REPORTING FORM**

**COMPANY** \_\_\_\_\_  
**NAIC COMPANY CODE** \_\_\_\_\_  
**REPORTING PERIOD** \_\_\_\_\_ **to** \_\_\_\_\_

1.	THE AVERAGE NUMBER OF EMPLOYER GROUPS DURING THE REPORTING PERIOD	
2.	THE AVERAGE NUMBER OF COVERED EMPLOYEES DURING THE REPORTING PERIOD	
3.	ACTUAL EARNED PREMIUM DURING THE REPORTING PERIOD	
4.	PREMIUMS THAT WOULD HAVE RESULTED FROM CHARGING THE APPROVED COMMUNITY RATE, EXCLUDING ADMINISTRATIVE AND ACQUISITION CREDITS	
5.	PREMIUMS THAT WOULD HAVE RESULTED FROM CHARGING THE APPROVED COMMUNITY RATE, INCLUDING ADMINISTRATIVE AND ACQUISITION CREDITS	
6.	$(5)-(4)=$ TOTAL ADMINISTRATIVE AND ACQUISITION CREDITS	
7.	$(3)-(4)=$ TOTAL DEVIATION DUE TO CLAIMS, HEALTH AND DURATION STATUS	
8.	$(7)/(4)=$ PERCENTAGE DEVIATION FROM THE MODIFIED COMMUNITY RATE DUE TO ADJUSTMENTS IN THE RATE ACTUALLY CHARGED POLICYHOLDERS FOR CLAIM EXPERIENCE, HEALTH STATUS OR DURATION ADJUSTMENTS	