

RATED PREMIUM WORKSHEET

For SELECT BENEFIT RIDER (SBR) & ADDITIONAL PREMIUM RIDER (APR)

IMPORTANT: SEPARATE WORKSHEETS ARE REQUIRED FOR EACH INDIVIDUAL APPLYING FOR COVERAGE. IF THE INDIVIDUAL IS APPLYING FOR RATED PREMIUM COVERAGE ON MORE THAN ONE PLAN OF INSURANCE, SEPARATE WORKSHEETS ARE REQUIRED FOR EACH APPLICATION.

AGENT'S SECTION					
Writing Agent's Name	Family Member As listed on the Application	Name of Family Member applying for Rated Premium coverage			
Writing Agent's Number	Policy Form	Plan Type or Daily Room Benefit	\$		
Disease or Condition #	DESCRIPTION OF DISEASE OR CONDITION			Point Value	Rider #
OVERWEIGHT? See Height & Weight chart in the Rated Premium Guide F5837					
TOTAL POINT VALUE					

TOTAL POINT VALUE	CIRCLE THE TOTAL POINT VALUE AND CHECK THE PREMIUM CONVERSION TABLE / CONVERSION FACTOR										
	15-20		21-40		41-60		61-80		81-150		151+
	TABLE	FACTOR	TABLE	FACTOR	TABLE	FACTOR	TABLE	FACTOR	TABLE	FACTOR	
SBR	<input type="checkbox"/> A	1.21	<input type="checkbox"/> B	1.51	<input type="checkbox"/> C	1.82	<input type="checkbox"/> D	2.18	<input type="checkbox"/> E	2.65	Uninsurable
APR	<input type="checkbox"/> F	1.26	<input type="checkbox"/> G	1.57	<input type="checkbox"/> H	1.89	<input type="checkbox"/> I	2.27	<input type="checkbox"/> J	2.76	

Factors – Conversion factors will only accurately calculate rated premiums for GSP3A and GSP3 policies. Refer to the Tables for rated premiums for all other policies.

	Standard Monthly Premium	CONVERTED PREMIUMS FROM PREMIUM CONVERSION TABLE (see F5837)			
		Annual (1)	Semi-Annual (2)	Quarterly (4)	Monthly (12)
BASIC (BASE) PLAN PREMIUM	\$	\$	\$	\$	\$
IHM RIDER PREMIUM <small>IN-HOSPITAL MEDICAL</small>	\$	\$	\$	\$	\$
OHE RIDER PREMIUM <small>OUTPATIENT HOSPITAL EXPENSE</small>	\$	\$	\$	\$	\$
AOB (\$500 or \$1,000) PREMIUM <small>ADDITIONAL OUTPATIENT BENEFIT</small>	\$	\$	\$	\$	\$
APV BENEFIT PREMIUM <small>ADDITIONAL PHYSICIAN VISITS</small>	\$	\$	\$	\$	\$
TOTAL CONVERTED PREMIUM RATES	\$	\$	\$	\$	\$

APR Additional Premium Rider (Not approved in OR.)
 APR is available with most health plans in CA, ID and MD, for HIPAA eligible individuals in all states (those that require guaranteed issue of the two most popular health plans) and for Foundation Signature Series (policy form MMGAP) applicants.
 An Additional Premium Rider, or Rated Premium Notice (RPN), is an attachment to a health insurance policy regarding certain preexisting health condition(s). The policyholder is charged an additional premium to provide coverage for the preexisting condition. The preexisting condition waiting period specified in the policy (in most states 12 months) will apply. Full policy benefits are paid for claims associated with the conditions listed in the RPN after the preexisting condition waiting period has expired.

SBR Select Benefit Rider (Not approved in CA, ID, MD, or OR.)
 Not available with **FOUNDATION Signature Series™ MMGAP**
 A Select Benefit Rider is an attachment to a health insurance policy that limits or adjusts the policy's coverage for a certain preexisting health condition(s). The preexisting condition waiting period specified in the policy (in most states 12 months) is shortened to 180 days for the condition(s) listed in the SBR. After the 180 day waiting period, policy benefits are paid at 75% of the regular policy benefit. SBR coverage is optional unless the applicant has more than three conditions requiring a rider or has any condition for which the SBR is mandatory.

HOME OFFICE USE ONLY

HOME OFFICE ADDITIONS AND/OR CORRECTIONS

Disease or Condition #	DESCRIPTION OF DISEASE OR CONDITION	Point Value	Rider #
OVERWEIGHT? See Height & Weight chart in the Rated Premium Guide F5837			
TOTAL POINT VALUE			

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TOTAL CONVERTED PREMIUM RATES	\$	\$	\$	\$	\$

MEMO TO AGENT: