

Date: _____

Company Name	_____
NAIC Company Code	_____
Contact Person	_____
Title	_____
Phone #	_____
Consumer Toll-Free Phone #	_____

Place a \checkmark beside the plans offered in DE:

- Plan A Plan B Plan C Plan D Plan F Plan G Plan I
Plan K Plan L Plan M Plan N High Deductible Plan F

Place a \checkmark beside the rating method used in Delaware.

- Issue Age Community Rated Attained Age

Total number of Insureds (Standard Plans) effective December 31, 2011 _____

Company _____ NAIC Code _____ Date: _____

Please provide base rates excluding any adjustments for discounts and/or factors. Please e-mail the completed form to ElderInfo@state.de.us. **This is a fillable form.** We ask that you please complete our chart as opposed to sending company printouts or other in-house charts. We need **ANNUAL RATES**. Contact Linda Nemes at (302) 674-7373 with any questions you may have.

PLANS							
Age	A	B	C	D	F	G	K
Under 65 Disabled							
Under 65 ESRD							
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PLANS				
Age	High Ded F	L	M	N
Under 65 Disabled				
Under 65 ESRD				
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