

State Of Colorado
Health Rate Filing Form
Form HR-1

Must Be Completed For All Products		SERFF FILING #
1. Company:		
2. Person Responsible For Filing:	3. Title:	
4. Address Of Responsible Person:	5. Telephone #:	ext.
6. Email Address:		
7. Type Of Coverage:		
Other :		
8. Medicare Supplement: Not Applicable		
(1) Prestandardized Plan(s):		
(2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L		
(3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N		
9. Sub Category:		
10. A. Group Information:		
B. Name of association or trust (<i>if applicable</i>):		
C. Description of discretionary group(<i>if applicable</i>):		
11. Colorado State Code(s):		
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.):		
13. Reason For Filing:		
Increase In Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduction In Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increase in Profits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change Needed To Meet Projected Losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trend Only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change In Rating Methodology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Product (Initial Offering As Opposed To Rate Revision)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If other, please explain)		
14. Policy Form(s) Affected:		

