**Section 3801.ILLUSTRATION A Actuarial Certification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The following illustrates an acceptable actuarial certification: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | (name) am an officer/employee of | | | | | | | | | |  | | | | | | | | | | | | (carrier |
| name) OR am associated with the firm of | | | | | | | | | |  | | | | | | | | | | | (employer name) | | | | | | |
| and am a member of the American Academy of Actuaries and meet the Qualification Standards appropriate for this certification. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (or) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | (name) am an officer/employee of | | | | | | | | | |  | | | | | | | | | | (carrier | |
| name) OR am associated with the firm of | | | | | | | | | |  | | | | | | | | | | (employer name) | | | | | | | |
| and am not a member of the American Academy of Actuaries. I meet the definitional standards of the "Other Individual Acceptable to the Director" and have received the Director's prior | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| approval on | |  | | (date) pursuant to 50 Ill. Adm. Code 3801.30. | | | | | | | | | | | | | | | | | | | | | | | |
| I am completing the small employer carrier actuarial certification for | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| (carrier name). I am familiar with the applicable statutory provisions of 215 ILCS 93/1 through 99 and requirements of 50 Ill. Adm. Code 3801 and the Company Bulletins issued by the Director of Insurance. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This certification is for the period from | | | | | | | | |  | | | through | | | | |  | | | | | . | | | | | |
| I relied on listings (summaries, rate manuals, etc.) of relevant data prepared by | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| (name and title of company officer responsible for preparing the underlying records). Attached is a (are) statement(s) by the indicated company officer(s) on whom I relied. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Carrier had | | |  | | | | | separate class(es) of business at the end of the certification | | | | | | | | | | | | | | | | | | | |
| period. (If more than one, list the classes and the substantial differences which qualified each as a separate class. For each class, list the criteria by which groups are assigned to the class.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Carrier had small employer group annual premium volume of $ | | | | | | | | | | | | | | | | | |  | | | | | | | in force | | |
| at the end of the certification period. I tested the rates of small employer groups whose annual | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| premium volume totaled $ | | | | | | |  | | | | to verify that the rates actually charged were in | | | | | | | | | | | | | | | | |
| accordance with the rating manual(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based upon my review, I find that the small employer carrier | | | | | | | | | | | | | |  | | | | | | | | | | (was or was | | | |
| not) in compliance with Section 25 of the Small Employer Health Insurance Rating Act [215 ILCS 93/25]. (If not in compliance, include required additional paragraph, detail of instances of noncompliance and a description of the small employer carrier's plan to correct the areas of noncompliance.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In other respects, my examination included a review of the actuarial methods in order to assure that the rating methods of the small employer carrier were actuarially sound. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actuarial methods, considerations and analysis used in forming my opinion to conform the appropriate Actuarial Standards Board's Standards of Practice (ASOP), which form the basis of the statement of opinion. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Actuary name or the pre-approved individual's name (typewritten) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | |