



1277 Deming Way | Madison, Wisconsin 53717

## Solicitation Disclosure

**Section Ins. 8.48, Wisconsin Administrative Code, requires that the following information be disclosed to groups with 2-50 employees at the time of application:**

1. Rates are guaranteed for one year from your effective/anniversary date.
2. Your base premium rate on your initial date of coverage is determined by using our company experience and actuarial calculations for your group's geographic area. Factors which affect your base rate include: (1) age, sex and health status of employees and dependents, (2) benefits provided, (3) increase in the medical costs in your area and (4) the industry which you are engaged.
3. Your rates will change proportionately with the average rate for other groups your size. In addition, your rate could increase up to 15% depending on your group's claim experience. Finally, your rate will never vary from the average rate for small employer groups with similar benefits and case characteristics by more than 30%. Upon renewal, if you employed less than 2 or more than 50 eligible employees during at least 50% of the number of weeks in any previous 12 month period, the rate protections indicated above would cease to apply.
4. The policy will be renewed annually unless:
  - a. You fail to pay your premium;
  - b. You fail to meet the minimum participation requirements;
  - c. You fail to contribute the minimum amount required towards each employee's premium;
  - d. You engage in fraud or misrepresentation;
  - e. You commit a substantial and material breach of your contract with Dean Health Plan;
  - f. You cease to be an eligible group due to: (1) ceasing active business operations, (2) losing status as an independent legal entity or (3) moving your site of business to a state where this type of policy is not offered for sale by Dean Health Plan; or
  - g. Dean Health Plan ceases to offer coverage in the small group market in Wisconsin. In this case, notice will be given to your group at least 180 days before the date on which your coverage will be discontinued.
5. The following information is available to you upon request:
  - a. Any applicable policy provision relating to pre-existing condition exclusions; and
  - b. The benefits and premiums for the health insurance plans available to you.

The signatures below certify that disclosure of the rating factors and renewability provisions have been clearly stated.

\_\_\_\_\_  
Employer Signature/Date

\_\_\_\_\_  
Agent Signature/Date

Updated 02/23/2011