

# Small Employer Insurer Renewability and Rating Notice



Underwritten by  
Gundersen Health Plan, Inc.

In compliance with Iowa statute and regulation, the following information is disclosed to you at time of application –

- 1. Your base premium rate on your initial date of coverage is determined by using the following factors:
  - ▶ Federal regulatory rating factors that apply to members of your group:
    - a) whether coverage is individual or family
    - b) the geographic rating area
    - c) age
- 2. Premium rates are renewed annually and are subject to change effective on the employer’s annual renewal date.
- 3. Your group is guaranteed renewable each year except for one of the following reasons:
  - ▶ You fail to pay your premium when due;
  - ▶ You engage in fraud or misrepresentation;
  - ▶ You fail to meet minimum enrollment participation requirements;
  - ▶ We cease to offer coverage in the market in which the Group Master Policy Agreement is included;
  - ▶ There is no longer a member who resides or works in the service area; or
  - ▶ The Group Master Policy Agreement is issued to a bona fide association and the employer ceases to be a member of the plan.

The undersigned agent hereby certifies that a copy of this Disclosure statement was given to the undersigned employer prior to the employer’s application for a group plan.

AGENT / SALESPERSON

EMPLOYER

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Group Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_