

SMALL EMPLOYER INSURER RENEWABILITY AND RATING NOTICE

In compliance with Illinois 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
 - d) smoking status
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
4. Quartz does not apply pre-existing condition exclusions.
5. Benefits and premiums available to your group are displayed in the group quote materials.

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:
