**Section 5101.ILLUSTRATION A Actuarial Certification**

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| 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 Section 5101.30 (50 Ill. Adm. Code 5001.30) |
| 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 5101 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. |
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| Actuary name or the pre-approved individual's name (typewritten) |
|  |
| Signature |
|  |
| Date |