



## Instructions For Filing Rates For UM, UIM and Med-Pay Coverages

House Bill 587 (effective April 17, 2007) allows insurers to avoid “stacking” (combining in the aggregate) of Uninsured Motorists [UM], Underinsured Motorists [UIM] and Medical Payments [Med-Pay] coverages provided the rates are filed with the Commissioner of Insurance and “reflect the limiting of coverage separately to the vehicles covered.” (See 33-23-203, Montana Code Annotated, as amended in 2007.)

Insurers filing rates under the new law must provide the following information, including an actuarial certification and supporting actuarial documents, with their rate filings. This checklist with appropriate answers must be completed by all insurers filing rates for UM, UIM and Med-Pay whether the insurer intends to allow “stacking” or not. [Note that new policy forms stating that coverage will be limited (not stacked) would also need to be filed with the Commissioner separately.]

### I. Is this rate filing in connection with UM, UIM or Med-Pay coverages and is “stacking” allowed?

#### A. Does the company *allow* BOTH the “stacking” and “non-stacking” of UM, UIM and Med-Pay limits?

**Yes**      **No** (If the answer to this question is “Yes,” please go to Section II. of the checklist and provide the information requested there for the non-stacked rates/premiums only)

#### B. Does the company *allow* the “stacking” only of UM, UIM and Med-Pay limits?

**Yes**      **No** (If the answer to this question is “Yes,” disregard the remainder of this checklist and send in the checklist with a response to these first three inquiries only. If the answer is “No,” continue to section II. of the checklist and provide the information requested there for the non-stacked rates/premiums.)

### II. Information required for rate filings when “stacking” is not allowed.

A. Provide a complete copy of UM, UIM and Med-Pay premiums and/or rates and a complete copy of the premiums and/or rates that are being replaced.

B. Provide actuarial certification from a qualified actuary\* that the premiums charged actuarially reflect the limiting of coverage separately to the vehicles covered by the policy per 33-23-203 (1)(c), MCA (2007).

Signature \_\_\_\_\_

C. Provide actuarial supporting documentation, assumptions and work papers as to how the rates and/or premiums are derived.

D. Provide answers to the following questions:

1. Is there a single policy covering all vehicles in a household or business or is there a separate policy covering each vehicle?

\_\_\_\_\_ **Single**    \_\_\_\_\_ **Separate**

2. Does the company charge a single premium for covering all vehicles in a household or business or a separate premium for each vehicle, whether covered in one or separate policies, for UM, UIM and Med-Pay coverage?

\_\_\_\_\_ **Single**    \_\_\_\_\_ **Separate**

3. On a separate piece of paper attached to this form, provide examples of how UM, UIM and Med-Pay premiums would be determined as follows (be sure to specify whether there is one or more policies per household/business, and whether there is a separate premium for each vehicle or one premium covering all vehicles):

**Example 1:** One insured, more than one vehicle.

**Example 2:** More than one insured, more than one vehicle.

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*\* A qualified actuary is one who has met the current Qualification Standards for Actuaries Issuing Statement of Actuarial Opinion in the United States as approved by the American Academy of Actuaries.*