

## Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification

Please fill in the following information.

**Health Insurance Oversight System (HIOS) Issuer ID:**

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**HIOS Product ID:**

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**Applicable HIOS Plan IDs (Standard Component):**

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Verify that the actuarial value analysis was

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

**Percentage of Actuarial Value for Pediatric Dental EHB:** \_\_\_\_\_

**Actuary Signature:** \_\_\_\_\_

**Actuary Printed Name:** \_\_\_\_\_

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

If you do not have enough space here to list your justifications, print out another form to augment them as needed.