

## **Capital Adequacy (E) Task Force**

### **RBC Proposal Form**

1. Complete this form for EACH proposal to modify RBC documents.
2. Check which group to which this proposal form applies.
3. Under "Identification of Sources and Form(s)/Instructions to Change", mark all appropriate boxes for the forms or instructions that apply.
4. Under "Description of Changes", state in specific terms the changes to be made for this proposal. Include the line(s) to be changed, as well as the Page number(s), and the Paragraph or Item number(s), or other identification and specific reference to items to be changed.
5. Under "Reason or Justification for Change", state in specific terms the enhancement to the RBC formula to be derived from this proposal.
6. All attachments should be presented in Word and/or Excel format wherein new language is underscored and deletions struck through.
7. Original forms, etc., are available from the RBC Forecasting & Instructions and from NAIC staff support for the RBC Working Groups.
8. All Submission Forms and Attachments must be Typed and Submitted electronically directly to the appropriate NAIC staff support.

#### **Legend for Working Group/Subgroup /Business Type**

- CA Capital Adequacy
- CR Catastrophe Risk Subgroup
- F Fraternal
- X Health RBC Working Group
- I Investment RBC Working Group
- L Life RBC Working Group
- P Property/Casualty RBC Working Group
- O Operational Risk Subgroup f.k.a. SMI RBC Subgroup
- C3 C3/P2 (E/A) Subgroup
- S Stress Testing Subgroup

**Capital Adequacy (E) Task Force**  
**RBC Proposal Form**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Capital Adequacy (E) Task Force  | <input type="checkbox"/> Health RBC (E) Working Group     | <input type="checkbox"/> Life RBC (E) Working Group    |
| <input type="checkbox"/> Catastrophe Risk (E) Subgroup    | <input type="checkbox"/> Investment RBC (E) Working Group | <input type="checkbox"/> Operational Risk (E) Subgroup |
| <input type="checkbox"/> C3 Phase II/ AG43 (E/A) Subgroup | <input type="checkbox"/> P/C RBC (E) Working Group        | <input type="checkbox"/> Stress Testing (E) Subgroup   |

<b>DATE:</b> _____	<b><u>FOR NAIC USE ONLY</u></b>
<b>CONTACT PERSON:</b> _____	Agenda Item # _____
<b>TELEPHONE:</b> _____	Year _____
<b>EMAIL ADDRESS:</b> _____	<b><u>DISPOSITION</u></b>
<b>ON BEHALF OF:</b> _____	<input type="checkbox"/> ADOPTED _____
<b>NAME:</b> _____	<input type="checkbox"/> REJECTED _____
<b>TITLE:</b> _____	<input type="checkbox"/> DEFERRED TO _____
<b>AFFILIATION:</b> _____	<input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____
<b>ADDRESS:</b> _____	<input type="checkbox"/> EXPOSED _____
_____	<input type="checkbox"/> OTHER (SPECIFY) _____
_____	

**IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health RBC Blanks    | <input type="checkbox"/> Property/Casualty RBC Blanks | <input type="checkbox"/> Life RBC Instructions              |
| <input type="checkbox"/> Fraternal RBC Blanks | <input type="checkbox"/> Health RBC Instructions      | <input type="checkbox"/> Property/Casualty RBC Instructions |
| <input type="checkbox"/> Life RBC Blanks      | <input type="checkbox"/> Fraternal RBC Instructions   | <input type="checkbox"/> OTHER _____                        |

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**DESCRIPTION OF CHANGE(S)**

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**REASON OR JUSTIFICATION FOR CHANGE \*\***

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**Additional Staff Comments:**

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**\*\* This section must be completed on all forms.** **Revised 11-2013**