

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.004 Other
Product Name: Rate Sheet #7216 for Disability Income Policy 19845-RB-DC
Project Name/Number: Rate Sheet #7216/Rate Sheet #7216

Filing at a Glance

Company: Combined Insurance Company of America
 Product Name: Rate Sheet #7216 for Disability Income Policy 19845-RB-DC
 State: District of Columbia
 TOI: H111 Individual Health - Disability Income
 Sub-TOI: H111.004 Other
 Filing Type: Rate
 Date Submitted: 10/08/2013
 SERFF Tr Num: ACEH-129239740
 SERFF Status: Assigned
 State Tr Num:
 State Status:
 Co Tr Num: RATE SHEET #7216
 Implementation: On Approval
 Date Requested:
 Author(s): Debra McNally, Sue Thill, Marivic Chiong
 Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

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General Information

Project Name: Rate Sheet #7216 Status of Filing in Domicile: Not Filed
Project Number: Rate Sheet #7216 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/10/2013
State Status Changed:
Deemer Date: Created By: Debra McNally
Submitted By: Debra McNally Corresponding Filing Tracking Number: ACEH-129239741

Filing Description:

SERFF Tracking Number: ACEH-129239740
Combined Insurance Company of America
FEIN Number: 36-2136262
NAIC Number: 626-62146
Form Numbers:
Rate Sheet #7216

Individual Disability Income
FILING SUBMITTED FOR REVIEW & APPROVAL

This is a new filing. Rate Sheet #7216 is a new rate sheet for Disability Income Policy, Form No. 19485-RB-DC filed under SERFF Tracking # ACEH-129239741.

These forms will be marketed through point of sale, agent solicitations through telephone sales, as well as internet and other direct response marketing approaches. The application form will be completed and/or transmitted either by paper or through electronic means. We certify that we will comply with your state's statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means.

The forms are in final printed format. However, it is possible that actual issued forms may have different format and font style (but not the type size) as a result of different computer publishing systems. Therefore, page breaks may occur at different lines. We do not anticipate refiling for typographical errors, format changes or font style variations.

Combined requests that the documents be treated as confidential and excepted from disclosure under the relevant sections of the District of Columbia Code Freedom of Information law Section 5-534(a)(1). This filing contains confidential and propriety information which if disclosed may cause irreparable harm to Combined.

We appreciate your time in reviewing this filing. Please feel free to call me at our toll free number or email me if you have further questions or need additional information.

Company and Contact

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Filing Contact Information

Debra McNally, Senior Policy Analyst debra.mcnally@combined.com
100 Milwaukee Ave. 847-953-1527 [Phone]
Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia

Filing Company: Combined Insurance Company of America

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheet #7216	19485-RB-DC	New		Rate Sheet #7216.pdf,
2		Actuarial Memorandum	19485-RB-DC	New		Actuarial Memorandum.pdf,

**COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS 60640
Rate Sheet for Policy Form #19845-RB-DC**

ANNUAL PREMIUM RATES PER \$1,000 OF MONTHLY BENEFITS

Occupation Class 2A

	6 Month Benefit Period	
	0 Acc. / 7 Sck. E.P.	7 Day E.P.
18-29	477.35	457.24
30-39	639.00	606.95
40-49	768.96	727.01
50-59	974.90	923.75
60-63	1,041.65	991.64

	12 Month Benefit Period		24 Month Benefit Period	
	14 Day E.P.	30 Day E.P.	14 Day E.P.	30 Day E.P.
18-29	\$392.61	262.02	\$445.12	296.87
30-39	\$488.76	331.72	\$572.00	421.41
40-49	\$651.52	455.38	\$837.20	615.42
50-59	\$860.17	659.94	\$1,214.84	961.74
60-63	\$1,118.34	819.82	\$1,666.65	1246.39

Occupation Class A

	6 Month Benefit Period	
	0 Acc. / 7 Sck. E.P.	7 Day E.P.
18-29	516.12	507.38
30-39	681.33	665.47
40-49	717.51	691.00
50-59	924.26	889.98
60-63	1,027.43	985.21

	12 Month Benefit Period		24 Month Benefit Period	
	14 Day E.P.	30 Day E.P.	14 Day E.P.	30 Day E.P.
18-29	434.48	292.31	497.64	353.70
30-39	541.76	363.39	650.00	461.89
40-49	653.77	504.61	847.48	682.80
50-59	879.16	704.69	1,241.85	1,027.25
60-63	1,170.99	991.76	1,744.67	1,507.53

Occupation Class B

	6 Month Benefit Period	
	0 Acc. / 7 Sck. E.P.	7 Day E.P.
18-29	587.93	575.12
30-39	687.98	665.82
40-49	915.71	874.32
50-59	1,168.01	1,106.60
60-63	1,327.33	1,251.64

	12 Month Benefit Period		24 Month Benefit Period	
	14 Day E.P.	30 Day E.P.	14 Day E.P.	30 Day E.P.
18-29	528.99	352.54	602.68	418.66
30-39	656.41	448.01	780.00	569.47
40-49	793.37	614.84	1,028.76	831.39
50-59	1,098.85	880.34	1,552.38	1,283.27
60-63	1,489.01	1,245.71	2,218.64	1,893.32

Notes: E.P. refers to Elimination Period; Acc. refers to Accident; Sck. refers to Sickness.
 Periodic premiums associated with other modes will be proportional.
 Premiums for other benefit amounts will be proportional to those provided above.
 Premiums for coverage beginning from the effective date will be reduced 5%.

**COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS 60640**

**ACTUARIAL MEMORANDUM
Form Number #19485-RB-DC**

1. **Scope and Purpose of Filing**

This is a new filing.

2. **Name of Plan and Description of Benefits Provided**

Disability Income Policy:

This policy pays a monthly benefit amount for total disability due to accident or sickness. The monthly benefit is reduced to the extent of any disability benefits under worker's compensation, occupational disease or similar law that the Insured is eligible to receive because of their disability. The maximum coverage available to a given policyholder is based on the person's earned income.

The monthly benefit begins after an elimination period of 0 days for accident and 7 days for sickness, 7, 14 or 30 days for accident and sickness, and is payable up to the maximum benefit period of 6, 12 or 24 months.

Additional Benefits:

Accidental Death Lump Sum Benefit

Provides \$1,000 lump sum benefit per unit of coverage upon policyholder's accidental death.

3. **Renewability Clause**

The policy is guaranteed renewable to age 72.

4. **Basis of Pricing**

The estimated net annual claim costs for the accident & sickness coverage were derived from actual 1991-2010 experience on similar benefits in existing products sold by the company. The data was adjusted to account for changes in selection of risks as well as demographic and risk characteristics of the anticipated insured population. In addition, some judgment was used.

Using standard actuarial techniques, gross annual premiums were derived. Gross annual premiums are level over the life of the policy, based on the issue age of the insured.

Rates reflect coverage from the date of application. If coverage begins on the effective date, rates will be reduced 5%.

5. **Issue Ages**

The policy is to be sold to those ages 18-63.

6. **Marketing Method**

This policy is to be individual agent marketed through point of sale, agent solicitations through telephone sales, as well as internet and other direct response marketing approaches.

7. **Average Annual Premium**

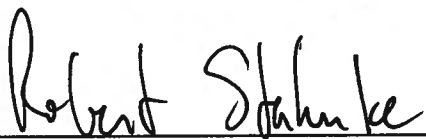
The expected average annual premium for this policy is \$580.

8. **Anticipated Loss Ratio**

The anticipated loss ratio, the projected benefits incurred divided by the projected premiums earned over the lifetime of the policy, is expected to meet or exceed 50%.

9. **Actuarial Certification**

To the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws and regulations of this state and with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". The benefits provided are reasonable in relation to the proposed premiums.



Robert Stahnke, F.S.A., M.A.A.A.

COMBINED INSURANCE COMPANY OF AMERICA

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Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	Please see Filing Description.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable. This filing is not a third part filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	Submitted under the Rate/rule Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see Actuarial Memorandum under the Rate Schedule.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	