

State: District of Columbia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term
Product Name: Blanket Disability Income
Project Name/Number: BDI/CPBDI100

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: Blanket Disability Income
State: District of Columbia
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.002 Short Term
Filing Type: Rate
Date Submitted: 07/31/2012
SERFF Tr Num: AEGG-128233100
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: CPBDI100
Implementation: On Approval
Date Requested:
Author(s): Billie Baldwin
Reviewer(s): Efren Tanhehco (primary), Carolyn King
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: BDI	Status of Filing in Domicile: Authorized
Project Number: CPBDI100	Date Approved in Domicile: 04/09/2012
Requested Filing Mode: Informational	Domicile Status Comments: Our state of domicile is Iowa.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Blanket, Other	Explanation for Other Group Market Type: Labor Union and Credit Union
Overall Rate Impact:	Filing Status Changed: 08/03/2012
Deemer Date:	State Status Changed:
Submitted By: Billie Baldwin	Created By: Billie Baldwin
	Corresponding Filing Tracking Number:

Filing Description:
DISTRICT OF COLUMBIA

RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC: 468-86231 FEIN: 39-0989781

NEW INFORMATIONAL BLANKET HEALTH DISABILITY RATE FILING
CPBDI1DC – Blanket Master Policy for Short Term Disability Income Insurance

Dear Sir/Madam:

This rate filing is for the above-referenced form that was submitted via SERFF #AEGG-128233101 today, July 31, 2012. This form is new and is not intended to replace any form previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

By way of background on this form:
CPBDI1DC - This is a Blanket Short Term Disability Income Policy that will be available for issue to employers, labor unions, trade organizations, associations, and credit unions in a worksite marketing solicitation as permitted under the laws of your state. This policy will provide self-administered, guaranteed-issue, Basic Disability coverage. The employees or members will not be required to complete an application. 100% of the premiums will be paid by the policyholder. Basic Disability coverage is provided for losses occurring as the result of off-the-job injuries and/or sicknesses. The policy also provides benefits for partial disability, limited mental illness, and waiver of premium.

To the best of our knowledge, this informational rate filing is complete and intended to comply with the insurance laws of your state. If you have any questions, please do not hesitate to contact me.

Sincerely,

Billie Jean Baldwin, FLMI, AIRC, CCP
 Senior Product Manager, Contract Compliance & Asst. Secretary
 Product Implementation Department
 Transamerica Life Insurance Company

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TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term
Product Name: Blanket Disability Income
Project Name/Number: BDI/CPBD1100

Telephone: 800-400-3042 x127-1098
 Email: BJ.Baldwin@transamerica.com

Company and Contact

Filing Contact Information

BJ Baldwin, Manager Life Compliance bj.baldwin@transamerica.com
 PO Box 8063 800-400-3042 [Phone] 1098 [Ext]
 Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
PO Box 8063	Group Code: 468	Company Type: Life and Health
Little Rock, AR 72203-8063	Group Name:	State ID Number:
(501) 227-1106 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$0.00		

SERFF Tracking #:

AEGG-128233100

State Tracking #:**Company Tracking #:**

CPBDI100

State:

District of Columbia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.002 Short Term

Product Name:

Blanket Disability Income

Project Name/Number:

BDI/CPBDI100

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		TransDI Blanket Gross Monthly Premium	CPBDI100	New		TransDI Blanket_Gross monthly premiums.pdf

Attachment A - Schedule of Manual Premium Rates

Transamerica Life Insurance Company Policy Form CPBDI100

Monthly Premium per \$100 Benefit

	Elimination Period	Ages	Benefit Period		
			6 months	12 months	24 months
Employer-paid, Employer-selected	7 / 7	18 +	1.88	2.50	4.34
	14 / 14	18 +	1.46	2.12	3.78
	30 / 30	18 +	1.12	1.82	3.40
Employer-paid, Employee-selected	7 / 7	18 +	3.04	3.74	5.52
	14 / 14	18 +	2.36	3.20	4.82
	30 / 30	18 +	1.80	2.76	4.32
Employee-paid, Voluntary	7 / 7	18 +	3.48	4.06	5.92
	14 / 14	18 +	2.74	3.46	5.14
	30 / 30	18 +	2.10	2.98	4.64

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
TransDI Blanket policy form_Act Memo-generic March 2012.pdf			

Actuarial Memorandum

Policy Forms

CPBDI100 Disability Income Group Master Policy

1. Scope and Purpose

The purpose of this memorandum is to certify that the premiums for the policy form shown above satisfy the requirements of your state. This memorandum should not be used for any other purpose.

2. Benefit Description

This group policy offers a short-term monthly disability income benefit for a covered disability resulting from accident, sickness, or maternity. It does not pay benefits for on-the-job disabilities.

Benefits are payable after an elimination period, up to the maximum benefit period specified in the policy. Both total and partial disability benefits are available. During the own occupation period, total disability means that the insured is unable to perform all of the material and substantial duties of his or her own occupation. Following the own occupation period, totally disability means that the insured is unable to perform the material and substantial duties of any occupation for which he or she is reasonably qualified by education, training, or experience. During the own occupation period, partial disability means that the insured is able to perform one or more, but not all, of the duties of his or her own occupation on a full-time or part-time basis. Following the own occupation period, partial disability means that the insured is able to perform one or more, but not all, of the duties of another occupation on a full-time or part-time basis.

Benefits for disabilities due to mental illness and substance abuse are limited to one half of the benefit period for other disabilities. Benefits will be reduced on a dollar-for-dollar basis for any amounts received for Social Security, other group and individual disability plans, pension plans, sick leave plans, or any form of state or federal disability benefits.

If total disability is because of a pre-existing condition, benefits will not be paid for a disability period that begins during the first 12 months of coverage. A disability due to a pre-existing condition that begins after 12 months of coverage will be paid the same as any other illness.

3. Renewability

The company or the policyholder may end the policy on any premium due date. Thirty-one days advance notice is required.

4. Applicability

This form will be available for new issues.

5. Marketing Method

Policies will be marketed at the worksite on a voluntary basis through independent brokers.

6. Underwriting

This policy is sold using simplified medical underwriting, conditional guaranteed issue, or guaranteed issue underwriting. Simplified medical underwriting includes an application and health questionnaire. Conditional guaranteed issue includes some health questions. Guaranteed issue underwriting omits the health questionnaire.

7. Premium Classes

Policies will be issued to lives aged 18 and older using attained-age premiums. Premium rates apply to both males and females.

The premium rates for the policy in the attached table (Attachment A) vary by the following factors:

- Elimination Period
- Benefit Period
- Employer paid, employee paid, or voluntary

The attached table of manual premium rates reflects the base commission schedule. For cases sold with an alternative commission schedule, premium adjustments may apply.

Prior to the issue date or on any date after the first renewal date, the company may establish a set of premium rates for a group that differ from the attached schedule of manual premiums. These rates will be based on a variety of factors including, but not limited to, the group's historical experience, the benefits and coverage features of the policy, the underwriting basis for the group, and the level of premium contribution by the group policyholder.

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

8. Issue Age Range

The issue ages are 18 and older. There is no maximum issue age as long as the insured is actively at work for 16 hours or more per week.

9. Area Factors

There are no area factors.

10. Average Annual Premium

The average annual premium for this policy form is \$494.

11. Premium Modalization Rules

The premium modal factors are shown in Table 4 below:

Table 4 Modal Factors	
Premium Mode	Factor
Annual	12.00
Semi-Annual	6.00
Quarterly	3.00
Monthly	1.00

12. Claim Liability and Reserves

Because this is a new policy form, there are no current claim liabilities and reserves. As claims emerge on this policy form, claim reserves will be computed using the specified minimum interest and morbidity standards which are then required by this state. When sufficient experience has developed to produce meaningful claim runoffs, the reserve assumptions may be modified to reflect the emerging experience.

13. Active Life Reserves

This is an annually renewable group policy. Active life reserves will not be required.

14. Trend Assumption

No insurance trend assumption was used in pricing.

15. Anticipated Loss Ratio

The anticipated loss ratio for this policy form is 62%.

16. History of Rate Adjustments

Because this is a new policy form, there have been no prior rate adjustments.

17. Number of Policyholders

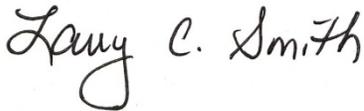
Because this is a new policy form, there are currently no policyholders in this state or nationwide.

18. Proposed Effective Date

The proposed effective date of these premium rates will be immediately upon approval by this state.

19. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of this state and with Actuarial Standard Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". I also certify that the benefits are reasonable in relation to the proposed premiums, and that they are not excessive, inadequate, or unfairly discriminatory.



March 22, 2012

Larry C. Smith, ASA, MAAA
Actuary
Transamerica Life Insurance Company

Date