

SERFF Tracking #:

CAIC-128908167

State Tracking #:

Company Tracking #:

9332

State: District of Columbia

Filing Company: Continental American Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term

Product Name: Short Term Disability C50000

Project Name/Number: /

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):
Continental American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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

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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		Short Term Disability Rates DC	C50100DC, C50101DC	New		STD C50000 Rates District of Columbia.pdf

Base Rates (Standard)**State: District of Columbia****Annual rates per \$100 of monthly benefit**

<u>Acc EP</u>	<u>Sick EP</u>	<u>Industry</u>		<u>3 Month</u>	<u>6 Month</u>	<u>12 Month</u>
		<u>Class</u>	<u>Issue Ages</u>			
0	7	A	18-49	31.32	43.80	65.04
0	7	A	50-64	33.00	46.20	74.64
0	7	A	65-74	39.72	58.56	104.76
0	7	B	18-49	34.92	47.88	74.40
0	7	B	50-64	37.44	55.92	93.24
0	7	B	65-74	44.40	69.84	130.56
0	7	C	18-49	42.36	59.40	88.92
0	7	C	50-64	44.28	61.08	99.48
0	7	C	65-74	51.00	77.16	138.96
0	7	E	18-49	46.44	65.04	98.40
0	7	E	50-64	49.80	67.20	110.04
0	7	E	65-74	57.12	84.24	154.32
0	7	F	18-49	34.80	48.72	72.96
0	7	F	50-64	36.36	50.16	81.60
0	7	F	65-74	41.76	63.24	114.00
0	14	A	18-49	21.72	30.96	48.96
0	14	A	50-64	22.92	34.44	57.24
0	14	A	65-74	26.76	42.72	80.52
0	14	B	18-49	24.36	34.56	55.08
0	14	B	50-64	26.52	41.40	66.84
0	14	B	65-74	31.56	51.84	93.60
0	14	C	18-49	29.04	42.60	65.40
0	14	C	50-64	30.96	46.92	75.72
0	14	C	65-74	37.32	58.32	105.60
0	14	E	18-49	31.68	47.28	72.60
0	14	E	50-64	33.72	51.96	83.52
0	14	E	65-74	40.20	65.52	116.76
0	14	F	18-49	23.88	34.92	53.64
0	14	F	50-64	25.32	38.52	62.04
0	14	F	65-74	30.60	47.88	86.64
7	7	A	18-49	30.24	42.96	60.96
7	7	A	50-64	32.40	45.48	70.56
7	7	A	65-74	38.88	56.52	98.88
7	7	B	18-49	33.96	47.16	70.20
7	7	B	50-64	36.60	53.76	88.92
7	7	B	65-74	42.24	67.92	124.20
7	7	C	18-49	41.04	56.88	84.24
7	7	C	50-64	42.84	59.28	93.72
7	7	C	65-74	48.84	74.04	131.28
7	7	E	18-49	44.52	63.12	92.64
7	7	E	50-64	47.52	64.68	103.68

7	7	E	65-74	55.44	82.08	146.28
7	7	F	18-49	33.60	46.68	69.12
7	7	F	50-64	35.16	48.60	76.92
7	7	F	65-74	40.08	60.84	107.64
14	14	A	18-49	17.04	24.96	35.76
14	14	A	50-64	18.00	28.68	42.48
14	14	A	65-74	20.88	36.60	59.88
14	14	B	18-49	19.32	28.56	41.52
14	14	B	50-64	20.88	32.64	51.36
14	14	B	65-74	23.64	40.80	72.00
14	14	C	18-49	23.64	34.80	49.92
14	14	C	50-64	25.68	38.40	56.64
14	14	C	65-74	30.72	47.64	78.72
14	14	E	18-49	24.12	38.52	55.44
14	14	E	50-64	28.56	44.28	61.68
14	14	E	65-74	33.84	56.04	86.28
14	14	F	18-49	19.44	28.56	40.92
14	14	F	50-64	21.00	31.44	46.44
14	14	F	65-74	25.20	39.12	64.56
30	30	A	18-49	0.00	14.04	24.84
30	30	A	50-64	0.00	16.20	29.16
30	30	A	65-74	0.00	20.76	41.40
30	30	B	18-49	0.00	17.64	30.24
30	30	B	50-64	0.00	21.60	38.76
30	30	B	65-74	0.00	26.64	54.96
30	30	C	18-49	0.00	20.52	34.32
30	30	C	50-64	0.00	25.32	44.28
30	30	C	65-74	0.00	31.68	61.32
30	30	E	18-49	0.00	22.32	38.04
30	30	E	50-64	0.00	28.20	49.08
30	30	E	65-74	0.00	35.28	68.76
30	30	F	18-49	0.00	16.92	28.20
30	30	F	50-64	0.00	20.76	36.36
30	30	F	65-74	0.00	26.04	50.40
90	90	A	18-49	0.00	0.00	6.60
90	90	A	50-64	0.00	0.00	8.64
90	90	A	65-74	0.00	0.00	12.24
90	90	B	18-49	0.00	0.00	8.40
90	90	B	50-64	0.00	0.00	11.88
90	90	B	65-74	0.00	0.00	16.56
90	90	C	18-49	0.00	0.00	9.36
90	90	C	50-64	0.00	0.00	14.16
90	90	C	65-74	0.00	0.00	19.68
90	90	E	18-49	0.00	0.00	10.20
90	90	E	50-64	0.00	0.00	15.60
90	90	E	65-74	0.00	0.00	21.72
90	90	F	18-49	0.00	0.00	7.68

90	90	F	50-64	0.00	0.00	11.64
90	90	F	65-74	0.00	0.00	16.08
0	30	A	18-49	0.00	20.64	32.28
0	30	A	50-64	0.00	23.76	39.84
0	30	A	65-74	0.00	29.76	55.44
0	30	B	18-49	0.00	24.60	39.84
0	30	B	50-64	0.00	30.00	49.56
0	30	B	65-74	0.00	37.08	69.36
0	30	C	18-49	0.00	30.60	47.88
0	30	C	50-64	0.00	37.92	64.20
0	30	C	65-74	0.00	47.40	89.52
0	30	E	18-49	0.00	33.36	53.04
0	30	E	50-64	0.00	41.40	70.56
0	30	E	65-74	0.00	52.32	98.16
0	30	F	18-49	0.00	25.20	39.36
0	30	F	50-64	0.00	31.08	52.68
0	30	F	65-74	0.00	38.88	73.44
7	14	A	18-49	20.28	28.80	44.04
7	14	A	50-64	21.72	32.76	51.96
7	14	A	65-74	24.60	41.40	72.36
7	14	B	18-49	22.92	32.76	50.88
7	14	B	50-64	24.84	36.72	62.28
7	14	B	65-74	28.92	45.60	86.52
7	14	C	18-49	27.96	39.48	62.76
7	14	C	50-64	29.88	44.40	68.28
7	14	C	65-74	35.64	55.80	96.00
7	14	E	18-49	30.48	43.20	68.64
7	14	E	50-64	33.72	49.32	75.24
7	14	E	65-74	39.96	61.92	105.36
7	14	F	18-49	22.92	32.40	51.48
7	14	F	50-64	24.48	36.48	56.04
7	14	F	65-74	29.16	45.84	78.72

Annual Premium Rate per \$100 Unit of Monthly Benefit

<u>Acc EP</u>	<u>Occ Class</u>	<u>AgeBand</u>	<u>Benefit Period</u>		
			<u>3</u>	<u>6</u>	<u>12</u>
0	A	18-74	15.36	19.80	24.12
0	B	18-74	21.96	24.12	30.72
0	C	18-74	24.12	30.72	39.48
0	F	18-74	19.80	25.20	32.40
7	A	18-74	13.20	17.52	21.96
7	B	18-74	19.80	21.96	26.40
7	C	18-74	21.96	26.40	32.88
7	F	18-74	18.00	21.72	27.00
14	A	18-74	8.76	15.36	19.80
14	B	18-74	17.52	19.80	24.12
14	C	18-74	19.80	24.12	30.72
14	F	18-74	16.20	19.80	25.20
30	A	18-74		13.20	15.36
30	B	18-74		15.36	19.80
30	C	18-74		19.80	24.12
30	F	18-74		16.20	19.80
90	A	18-74			8.76
90	B	18-74			13.20
90	C	18-74			15.36
90	F	18-74			12.60

PRE-EX BENEFIT		THESE FACTORS APPLY TO THE OTJ RIDER
Benefit Period	Factor	
3	1.093	
6	1.072	
12	1.051	
No Pre-ex	1.165	
Full Pre-ex	1.000	
PARTIAL DISABILITY BENEFIT		
Benefit Period	Factor	
3	1.071	
6	1.056	
12	1.039	
No Partial	1.000	
CONTINUITY OF COVERAGE		
	Factor	
None	1.000	
Included	1.112	
REPLACEMENT %		
%	Factor	
<= 60	1.000	
662/3	1.100	

MENTAL/ NERVOUS		FACTORS DO NOT APPLY TO OTJ RIDER
Benefit Period	Factor	
3	1.089	
6	1.065	
12	1.043	
No Benefit	1.000	
DRUG/ ALCOHOL		
Benefit Period	Factor	
3	1.024	
6	1.018	
12	1.012	
No Benefit	1.000	

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

Product Name:

Short Term Disability C50000

Project Name/Number:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
Cover Letter Rates.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	NA		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
C50000 Actuarial Memorandum (50% LR).pdf			
		Item Status:	Status Date:
Bypassed - Item:	Actuarial Justification		
Bypass Reason:	Please see the Actuarial Memorandum for the signed certification statement.		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	This is not a property and casualty filing.		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	This is not a property and casualty filing.		
		Item Status:	Status Date:

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Product Name:

Short Term Disability C50000

Project Name/Number:

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Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	This is not a rate increase.		



2/21/13

Dear Sir or Madam:

These rates are being submitted for your review and approval. This is a new filing and will not replace any other rates on file with your department.

These rates are intended for use with our Group Short Term Disability forms, C50100DC, et al, which were approved by your department on 1/25/13 under SERFF tracking number CAIC-128838025.

Thank you for your consideration in this matter. If you have any questions please contact Elizabeth Goodall at 1-888-730-2244, ext. 8304 or at CompanyCompliance@aflac.com.

Sincerely,

Digitally signed by James J Hennessy
DN: cn=James J Hennessy, o=Continental American
Insurance Company-Aflac, ou=2nd VP of
Compliance, email=jhennessy@aflac.com, c=US
Date: 2013.02.21 14:39:35 -05'00'

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance

/ewg

Sincerely,



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Actuarial Memorandum GROUP SHORT-TERM DISABILITY

Scope & Purpose

This policy and riders are intended to provide indemnity coverage for Short-Term Disability. This policy is optionally renewable until age 75. This policy will be marketed individually through agents of the Company and through brokers. This Filing is intended for the purpose of filing with the State Insurance Department. It is not intended for other purposes.

Benefit Description

Available in 3, 6, or 12 month benefit periods with 0, 7, 14, 30, or 90 day elimination periods for injury and 7, 14, 30, or 90 day elimination periods for sickness.

Provides disability benefits for covered injury or sickness.

Detailed descriptions of benefits are contained in the policy form.

Renewability Clause

This policy is Optionally Renewable until age 75.

Calculation Method

Premiums are based on issue age and are leveled for future aging. The premiums were calculated by projecting experience over the anticipated life of the policy. Assumptions used in the calculation and testing include:

Morbidity

Claim costs were constructed using applicable Company data from Short-Term Disability plans, other Company experience

Persistency

The persistency assumptions for these forms are based on Company experience on similarly marketed policy forms

Distribution

Issue distribution is based on Company experience on similarly marketed policy forms.

Premium Classes

All rates apply to both males and females.

Coverage is available for the Named Insured only.

These policies will be sold and billed as follows:

Payroll Deduction policies written on an individual basis to employees of common employer groups with premiums collected through the payroll deduction process or any other method agreed to by CAIC and the employers.

Rates also vary by industry/occupation class.

Issue Age Range

This policy will be issued for ages 18-74. Premiums are based on issue age with insuring age being age last birthday.

Average Annual Premium

The anticipated average annual premium for this series is \$613.

Premium Modalization Rules

This policy uses the following modal factors:

Semi-annually =	Annual ÷ 2
Quarterly =	Annual ÷ 4
Monthly =	Annual ÷ 12

Adjustments

Rates may be reduced by up to 15% based on the enrollment method, case size or other factors. For example, an online enrollment with no participation by enrollers would not incur significant enrollment expenses.

Rates may also be increased or decreased by up to 5% based on underwriting judgment of the enrollment conditions and the underwriting offer. High guaranteed issue limits and extended enrolment periods would be expected to result in more anti-selection and higher claim costs.

Lifetime Loss Ratio

The anticipated lifetime loss ratio for this series, calculated as the present value of incurred claims divided by the present value of earned premium, meets or exceeds 50%.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws of the State and the Actuarial Standard of Practice No. 8 and the benefits provided are reasonable in relation to the proposed premiums.

Kenyon Stevenson,
FSA, MAAA

Digitally signed by Kenyon Stevenson, FSA, MAAA
DN: cn=Kenyon Stevenson, FSA, MAAA,
o=Continental American Insurance Company,
ou=Senior Assistant Actuary,
email=kstevenson@caicworksite.com, c=US
Date: 2013.02.20 17:30:32 -05'00'

Kenyon Stevenson, FSA, MAAA

2/20/13
Date