

SERFF Tracking #:

CAIC-128946891

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company: Continental American Insurance Company

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

Product Name: USAFA

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	CAI5000DC-USAFA	New		Single-Case STD Rates 20130419.pdf,



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

Group Short Term Disability

POLICY FORMS CAI5000DC-USAFA, et al

Monthly Rates

The tables below show the unit premiums applicable to this Plan on the Effective Date. Rates can be changed annually.

7-day Elimination Period, 4-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
17-49	\$ 5.90	\$ 5.57
50-59	\$ 6.87	\$ 5.57
60-69	\$ 8.85	\$ 5.57

14-day Elimination Period, 4-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
17-49	\$ 4.24	\$ 3.70
50-59	\$ 5.13	\$ 3.70
60-69	\$ 6.82	\$ 3.70

30-day Elimination Period, 3-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
17-49	\$ 3.26	\$ 2.69
50-59	\$ 3.87	\$ 2.69
60-69	\$ 5.00	\$ 2.69

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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	See filing description
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Single-Case STD Actuarial Memo 20130419.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
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:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Rate Summary Worksheet
Bypass Reason:	NA-no increase
Attachment(s):	
Item Status:	
Status Date:	



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Group Short Term Disability

POLICY FORMS CAI5000DC-USAFA, et al

Actuarial Memorandum

This is a single case filing. The group is comprised of union members who all work for a common employer. The union is based in Washington DC.

Renewability Clause

This group contract is optionally renewable.

Marketing Method

This form is marketed primarily to employee and union member groups through Payroll Deduction.

Underwriting

We will offer a base of benefits without health questions. Actively at work requirements apply to employee coverages.

Description of Benefits

This coverage is for total disability. Benefit combinations offered will be 7-day elimination/ 4-month benefit period, 14-day elimination/ 4-month benefit period and 30-day elimination/ 3-month benefit period.

Interest Rate

Interest rate assumption is 4%

Trend Assumptions

No trend assumptions are used.

Persistency

Lapse rates used are based on experience as appropriate for voluntary business.

<u>Duration</u>	<u>Lapse Rate</u>
Year 1	45%
Year 2	22%
Year 3	15%
Year 4-9	12%
Year 10+	10%

Expenses

Expenses as a level per cent of twenty years premium present value basis.

Commissions	11.1%
General Expenses	18.3%
Claim Benefits	60.0%
Margin	10.6%
Total of Premium	100.0%

Average Premium

The average annual Premium expected is \$1,014 per Insured.

Experience

No experience exists for this group. Experience for a similar group indicates that loss ratios will be at a minimum 50.0%

Monthly Rates

The tables below show the premiums applicable to this Plan on the Effective Date. Rates can be changed annually. Rates are shown per \$100 monthly benefit.

7-day Elimination Period, 4-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
18-49	\$ 5.90	\$ 5.57
50-59	\$ 6.87	\$ 5.57
60-69	\$ 8.85	\$ 5.57

14-day Elimination Period, 4-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
18-49	\$ 4.24	\$ 3.70
50-59	\$ 5.13	\$ 3.70
60-69	\$ 6.82	\$ 3.70

30-day Elimination Period, 3-month Benefit Period		
	Non-Occupational Coverage (Monthly Rate/ \$100)	\$500 On-the-Job Flat Benefit (Flat Monthly Rate)
18-49	\$ 3.26	\$ 2.69
50-59	\$ 3.87	\$ 2.69
60-69	\$ 5.00	\$ 2.69

Existing Insureds Affected

There are no existing Insureds for this group

Anticipated Loss Ratio

The future minimum loss ratio anticipated for these forms is 50.0%

I hereby certify that, to the best of my knowledge and belief, this rate filing is in compliance with the requirements of the Department of Insurance, and that the benefits provided are reasonable in relation to the premiums charged.



David B. Arial FSA, MAAA
Actuary

February 28, 2013

Date

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/18/2013		Rate	Rates	04/30/2013	Rates.pdf (Superseded)
03/18/2013		Supporting Document	Actuarial Memorandum	04/30/2013	STD Actuarial memo 02282013.pdf (Superseded)



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POLICY FORMS CAI5000DC-USAFA, et al

Weekly Rates

The tables below show the premiums applicable to this Plan on the Effective Date. Rates can be changed annually.

ELIMINATION PERIOD: 7 DAY
TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	8.10	9.46	10.82	11.50	12.18	13.54	14.90	16.26	17.63
50-59	9.22	10.80	12.39	13.18	13.97	15.56	17.14	18.73	20.31
60-69	11.50	13.54	15.58	16.61	17.63	19.67	21.71	23.75	25.80

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$1,250	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
18-49	18.31	18.99	20.35	21.71	23.07	24.43	25.80	27.16	28.52
50-59	21.11	21.90	23.48	25.07	26.65	28.24	29.83	31.41	33.00
60-69	26.82	27.84	29.88	31.92	33.96	36.01	38.05	40.09	42.13

ELIMINATION PERIOD: 14 DAY
TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	5.75	6.73	7.71	8.20	8.69	9.67	10.65	11.63	12.61
50-59	6.78	7.97	9.15	9.74	10.34	11.52	12.71	13.89	15.08
60-69	8.73	10.30	11.87	12.66	13.45	15.02	16.60	18.17	19.74

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$1,250	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
18-49	13.10	13.59	14.56	15.54	16.52	17.50	18.48	19.46	20.44
50-59	15.67	16.26	17.45	18.63	19.82	21.00	22.19	23.37	24.56
60-69	20.53	21.32	22.89	24.47	26.04	27.61	29.19	30.76	32.34

ELIMINATION PERIOD: 30 DAY
TOTAL DISABILITY BENEFIT PERIOD: 3 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	4.39	5.14	5.89	6.27	6.65	7.40	8.15	8.91	9.66
50-59	5.09	5.98	6.88	7.32	7.77	8.66	9.56	10.45	11.34

60-69	6.40	7.56	8.71	9.29	9.87	11.02	12.18	13.33	14.49
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On Job	\$500								
Off Job	\$1,250	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
18-49	10.04	10.41	11.17	11.92	12.67	13.42	14.18	14.93	15.68
50-59	11.79	12.23	13.13	14.02	14.91	15.81	16.70	17.59	18.49
60-69	15.07	15.65	16.80	17.96	19.11	20.27	21.42	22.58	23.73



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Expenses as a level per cent of twenty years premium present value basis.

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Average Premium

The average annual Premium expected is \$1,014 per Insured.

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TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS**

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 Actuary

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