

**State:** District of Columbia **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Benefit Portability Group Critical Illness Insurance Policy  
**Project Name/Number:** Extended Portability/WNIC2024M

## Filing at a Glance

Company: Washington National Insurance Company  
Product Name: Benefit Portability Group Critical Illness Insurance Policy  
State: District of Columbia  
TOI: H07G Group Health - Specified Disease - Limited Benefit  
Sub-TOI: H07G.001 Critical Illness  
Filing Type: Rate  
Date Submitted: 02/26/2014  
SERFF Tr Num: CNSC-129434635  
SERFF Status: Pending Industry Response  
State Tr Num:  
State Status:  
Co Tr Num: WNIC2024M

Implementation  
Date Requested:  
Author(s): Janet Jones, Sue Novotny, Tammy O'Connor  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu  
Disposition Date:  
Disposition Status:  
Implementation Date:

State Filing Description:

**State:** District of Columbia **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Benefit Portability Group Critical Illness Insurance Policy  
**Project Name/Number:** Extended Portability/WNIC2024M

## General Information

Project Name: Extended Portability Status of Filing in Domicile: Pending  
 Project Number: WNIC2024M Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Trust Overall Rate Impact:  
 Filing Status Changed: 03/06/2014  
 State Status Changed: Deemer Date:  
 Created By: Sue Novotny Submitted By: Sue Novotny  
 Corresponding Filing Tracking Number: CNSC-129358529

Filing Description:  
 Policy Form Numbers:  
 WNIC2024M - Master Policy  
 WNIC2024MS – Group Policy Schedule  
 WNIC2024C - Certificate  
 WNIC2024CD-DC – Definitions Section  
 WNIC2024CP - Premium Section  
 WNIC2024CC - Claim Provisions Section  
 WNIC2024CGP - General Provisions Section  
 WNIC2024CWOPCN – Waiver of Premium Section  
 WNIC2024CWOPCHS –Waiver of Premium Section  
 WNIC2024CLE - Limitations and Exclusions Section  
 WNIC2024CCN - Benefits (Cancer) Section  
 WNIC2024CCHS - Benefits (Cancer/Heart/Stroke) Section

Dear Insurance Personnel::

This is a rate filing for to be used with the Benefit Portability Group Critical Illness product forms filed under Serff filing number CNSC-129358529 form number WNIC2024M. These rates are new will not replace any other rates previously filed in your state.

The actuarial memorandum and rates, any filing fees, transmittals or certifications, as required are attached.

Thank you for your time and consideration on this filing. If you have any further questions regarding this, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Sue Novotny, s.novotny@banklife.com  
 600 West Chicago Ave 800-621-3724 [Phone] 66059 [Ext]  
 Chicago, IL 60654

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**State:** District of Columbia **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Benefit Portability Group Critical Illness Insurance Policy  
**Project Name/Number:** Extended Portability/WNIC2024M

**Filing Company Information**

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Washington National Insurance Company 11825 N. Pennsylvania St. Carmel, IN 46032 (800) 888-4918 ext. [Phone]	CoCode: 70319 Group Code: 233 Group Name: FEIN Number: 36-1933760	State of Domicile: Indiana Company Type: Insurance State ID Number:
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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

SERFF Tracking #:

CNSC-129434635

State Tracking #:

Company Tracking #:

WNIC2024M

State: District of Columbia

Filing Company:

Washington National Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Benefit Portability Group Critical Illness Insurance Policy

Project Name/Number: Extended Portability/WNIC2024M

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	WNIC2024M, WNIC2024MS, WNIC2024C, WNIC2024CD-DC, WNIC2024CP, WNIC2024CC, WNIC2024CGP, WNIC2024CWOPCN, WNIC2024CWOPCHS, WNIC2024CLE, WNIC2024CCN, WNIC2024CCHS	New		GCI2 Standard Rate Sheets (Annually)_Trust.pdf,

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 5.52	\$ 8.06	18-24	\$ 6.55	\$ 9.58	
25-29	\$ 6.12	\$ 9.05	25-29	\$ 7.87	\$ 11.59	
30-34	\$ 7.37	\$ 10.94	30-34	\$ 10.39	\$ 15.36	
35-39	\$ 9.05	\$ 13.46	35-39	\$ 13.92	\$ 20.59	
40-44	\$ 12.82	\$ 19.13	40-44	\$ 21.50	\$ 31.85	
45-49	\$ 17.88	\$ 26.71	45-49	\$ 33.05	\$ 49.03	
50-54	\$ 23.88	\$ 35.74	50-54	\$ 48.05	\$ 71.50	
55-59	\$ 32.26	\$ 48.29	55-59	\$ 69.70	\$ 103.94	
60-64	\$ 42.14	\$ 63.12	60-64	\$ 96.65	\$ 144.38	
65-69	\$ 50.78	\$ 76.08	65-69	\$ 118.44	\$ 177.07	
70-72	\$ 50.88	\$ 76.25	70-72	\$ 118.44	\$ 177.07	

  

<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 7.42	\$ 10.78	18-24	\$ 9.60	\$ 14.02	
25-29	\$ 8.52	\$ 12.58	25-29	\$ 11.93	\$ 17.54	
30-34	\$ 10.94	\$ 16.25	30-34	\$ 16.58	\$ 24.46	
35-39	\$ 13.92	\$ 20.74	35-39	\$ 22.54	\$ 33.34	
40-44	\$ 20.30	\$ 30.36	40-44	\$ 35.02	\$ 51.84	
45-49	\$ 28.39	\$ 42.46	45-49	\$ 52.01	\$ 77.09	
50-54	\$ 37.46	\$ 56.09	50-54	\$ 72.48	\$ 107.66	
55-59	\$ 50.21	\$ 75.19	55-59	\$ 101.83	\$ 151.54	
60-64	\$ 66.38	\$ 99.43	60-64	\$ 139.56	\$ 207.94	
65-69	\$ 81.84	\$ 122.66	65-69	\$ 173.04	\$ 257.95	
70-72	\$ 88.56	\$ 132.77	70-72	\$ 177.84	\$ 257.95	

WNIC2024-Rates-Level1-STD-A

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 5.02	\$ 7.33	18-24	\$ 5.95	\$ 8.71	
25-29	\$ 5.56	\$ 8.23	25-29	\$ 7.15	\$ 10.54	
30-34	\$ 6.70	\$ 9.95	30-34	\$ 9.45	\$ 13.96	
35-39	\$ 8.23	\$ 12.24	35-39	\$ 12.65	\$ 18.72	
40-44	\$ 11.65	\$ 17.39	40-44	\$ 19.55	\$ 28.95	
45-49	\$ 16.25	\$ 24.28	45-49	\$ 30.05	\$ 44.57	
50-54	\$ 21.71	\$ 32.49	50-54	\$ 43.68	\$ 65.00	
55-59	\$ 29.33	\$ 43.90	55-59	\$ 63.36	\$ 94.49	
60-64	\$ 38.31	\$ 57.38	60-64	\$ 87.86	\$ 131.25	
65-69	\$ 46.16	\$ 69.16	65-69	\$ 107.67	\$ 160.97	
70-72	\$ 46.25	\$ 69.32	70-72	\$ 107.67	\$ 160.97	

  

<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 6.75	\$ 9.80	18-24	\$ 8.73	\$ 12.75	
25-29	\$ 7.75	\$ 11.44	25-29	\$ 10.85	\$ 15.95	
30-34	\$ 9.95	\$ 14.77	30-34	\$ 15.07	\$ 22.24	
35-39	\$ 12.65	\$ 18.85	35-39	\$ 20.49	\$ 30.31	
40-44	\$ 18.45	\$ 27.60	40-44	\$ 31.84	\$ 47.13	
45-49	\$ 25.81	\$ 38.60	45-49	\$ 47.28	\$ 70.08	
50-54	\$ 34.05	\$ 50.99	50-54	\$ 65.89	\$ 97.87	
55-59	\$ 45.65	\$ 68.35	55-59	\$ 92.57	\$ 137.76	
60-64	\$ 60.35	\$ 90.39	60-64	\$ 126.87	\$ 189.04	
65-69	\$ 74.40	\$ 111.51	65-69	\$ 157.31	\$ 234.50	
70-72	\$ 80.51	\$ 120.70	70-72	\$ 161.67	\$ 234.50	

WNIC2024-Rates-Level2-STD-A

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 4.51	\$ 6.58	18-24	\$ 5.35	\$ 7.82	
25-29	\$ 5.00	\$ 7.39	25-29	\$ 6.43	\$ 9.47	
30-34	\$ 6.02	\$ 8.93	30-34	\$ 8.49	\$ 12.54	
35-39	\$ 7.39	\$ 10.99	35-39	\$ 11.37	\$ 16.82	
40-44	\$ 10.47	\$ 15.62	40-44	\$ 17.56	\$ 26.01	
45-49	\$ 14.60	\$ 21.81	45-49	\$ 26.99	\$ 40.04	
50-54	\$ 19.50	\$ 29.19	50-54	\$ 39.24	\$ 58.39	
55-59	\$ 26.35	\$ 39.44	55-59	\$ 56.92	\$ 84.88	
60-64	\$ 34.41	\$ 51.55	60-64	\$ 78.93	\$ 117.91	
65-69	\$ 41.47	\$ 62.13	65-69	\$ 96.73	\$ 144.61	
70-72	\$ 41.55	\$ 62.27	70-72	\$ 96.73	\$ 144.61	

  

<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 6.06	\$ 8.80	18-24	\$ 7.84	\$ 11.45	
25-29	\$ 6.96	\$ 10.27	25-29	\$ 9.74	\$ 14.32	
30-34	\$ 8.93	\$ 13.27	30-34	\$ 13.54	\$ 19.98	
35-39	\$ 11.37	\$ 16.94	35-39	\$ 18.41	\$ 27.23	
40-44	\$ 16.58	\$ 24.79	40-44	\$ 28.60	\$ 42.34	
45-49	\$ 23.19	\$ 34.68	45-49	\$ 42.47	\$ 62.96	
50-54	\$ 30.59	\$ 45.81	50-54	\$ 59.19	\$ 87.92	
55-59	\$ 41.00	\$ 61.41	55-59	\$ 83.16	\$ 123.76	
60-64	\$ 54.21	\$ 81.20	60-64	\$ 113.97	\$ 169.82	
65-69	\$ 66.84	\$ 100.17	65-69	\$ 141.32	\$ 210.66	
70-72	\$ 72.32	\$ 108.43	70-72	\$ 145.24	\$ 210.66	

WNIC2024-Rates-Level3-STD-A

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 4.10	\$ 5.98	18-24	\$ 4.86	\$ 7.11	
25-29	\$ 4.54	\$ 6.72	25-29	\$ 5.84	\$ 8.60	
30-34	\$ 5.47	\$ 8.12	30-34	\$ 7.71	\$ 11.40	
35-39	\$ 6.72	\$ 9.99	35-39	\$ 10.33	\$ 15.28	
40-44	\$ 9.52	\$ 14.20	40-44	\$ 15.96	\$ 23.64	
45-49	\$ 13.27	\$ 19.83	45-49	\$ 24.53	\$ 36.40	
50-54	\$ 17.73	\$ 26.53	50-54	\$ 35.67	\$ 53.08	
55-59	\$ 23.95	\$ 35.85	55-59	\$ 51.74	\$ 77.16	
60-64	\$ 31.28	\$ 46.85	60-64	\$ 71.74	\$ 107.17	
65-69	\$ 37.69	\$ 56.47	65-69	\$ 87.92	\$ 131.44	
70-72	\$ 37.77	\$ 56.60	70-72	\$ 87.92	\$ 131.44	
<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-24	\$ 5.51	\$ 8.00	18-24	\$ 7.13	\$ 10.41	
25-29	\$ 6.32	\$ 9.34	25-29	\$ 8.86	\$ 13.02	
30-34	\$ 8.12	\$ 12.06	30-34	\$ 12.31	\$ 18.16	
35-39	\$ 10.33	\$ 15.40	35-39	\$ 16.73	\$ 24.75	
40-44	\$ 15.07	\$ 22.54	40-44	\$ 26.00	\$ 38.48	
45-49	\$ 21.07	\$ 31.52	45-49	\$ 38.61	\$ 57.22	
50-54	\$ 27.81	\$ 41.64	50-54	\$ 53.80	\$ 79.92	
55-59	\$ 37.27	\$ 55.81	55-59	\$ 75.59	\$ 112.49	
60-64	\$ 49.27	\$ 73.81	60-64	\$ 103.60	\$ 154.36	
65-69	\$ 60.75	\$ 91.05	65-69	\$ 128.45	\$ 191.48	
70-72	\$ 65.74	\$ 98.56	70-72	\$ 132.01	\$ 191.48	

WNIC2024-Rates-Level4-STD-A

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>					
Non-Tobacco			Tobacco		
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse
18-29	\$ 6.12	\$ 9.05	18-29	\$ 7.87	\$ 11.59
30-39	\$ 9.05	\$ 13.46	30-39	\$ 13.92	\$ 20.59
40-49	\$ 15.56	\$ 23.24	40-49	\$ 28.75	\$ 42.66
50-59	\$ 28.71	\$ 42.98	50-59	\$ 62.03	\$ 92.51
60-72	\$ 51.10	\$ 76.53	60-72	\$ 118.00	\$ 176.36

  

<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>					
Non-Tobacco			Tobacco		
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse
18-29	\$ 8.52	\$ 12.58	18-29	\$ 11.93	\$ 17.54
30-39	\$ 13.92	\$ 20.74	30-39	\$ 22.54	\$ 33.34
40-49	\$ 24.70	\$ 36.94	40-49	\$ 45.25	\$ 67.07
50-59	\$ 44.69	\$ 66.92	50-59	\$ 90.63	\$ 134.87
60-72	\$ 82.79	\$ 124.02	60-72	\$ 172.38	\$ 255.31

**WNIC2024-Rates-Level1-STD-B**

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-29	\$ 5.56	\$ 8.23	18-29	\$ 7.15	\$ 10.54	
30-39	\$ 8.23	\$ 12.24	30-39	\$ 12.65	\$ 18.72	
40-49	\$ 14.15	\$ 21.13	40-49	\$ 26.14	\$ 38.78	
50-59	\$ 26.10	\$ 39.07	50-59	\$ 56.39	\$ 84.10	
60-72	\$ 46.45	\$ 69.57	60-72	\$ 107.27	\$ 160.33	
<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-29	\$ 7.75	\$ 11.44	18-29	\$ 10.85	\$ 15.95	
30-39	\$ 12.65	\$ 18.85	30-39	\$ 20.49	\$ 30.31	
40-49	\$ 22.45	\$ 33.58	40-49	\$ 41.14	\$ 60.97	
50-59	\$ 40.63	\$ 60.84	50-59	\$ 82.39	\$ 122.61	
60-72	\$ 75.26	\$ 112.75	60-72	\$ 156.71	\$ 232.10	

**WNIC2024-Rates-Level2-STD-B**

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-29	\$ 5.00	\$ 7.39	18-29	\$ 6.43	\$ 9.47	
30-39	\$ 7.39	\$ 10.99	30-39	\$ 11.37	\$ 16.82	
40-49	\$ 12.71	\$ 18.98	40-49	\$ 23.48	\$ 34.84	
50-59	\$ 23.45	\$ 35.10	50-59	\$ 50.66	\$ 75.55	
60-72	\$ 41.73	\$ 62.50	60-72	\$ 96.37	\$ 144.03	
<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-29	\$ 6.96	\$ 10.27	18-29	\$ 9.74	\$ 14.32	
30-39	\$ 11.37	\$ 16.94	30-39	\$ 18.41	\$ 27.23	
40-49	\$ 20.17	\$ 30.17	40-49	\$ 36.95	\$ 54.77	
50-59	\$ 36.50	\$ 54.65	50-59	\$ 74.01	\$ 110.14	
60-72	\$ 67.61	\$ 101.28	60-72	\$ 140.78	\$ 208.50	

**WNIC2024-Rates-Level3-STD-B**

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-34	\$ 7.37	\$ 10.94	18-34	\$ 10.39	\$ 15.36	
35-49	\$ 15.56	\$ 23.24	35-49	\$ 28.75	\$ 42.66	
50-59	\$ 28.51	\$ 42.67	50-59	\$ 59.45	\$ 88.56	
60-64	\$ 36.70	\$ 54.98	60-64	\$ 84.19	\$ 125.76	
65-72	\$ 45.74	\$ 68.54	65-72	\$ 106.61	\$ 159.36	
<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-34	\$ 10.94	\$ 16.25	18-34	\$ 16.58	\$ 24.46	
35-49	\$ 24.70	\$ 36.94	35-49	\$ 45.25	\$ 67.07	
50-59	\$ 44.54	\$ 66.70	50-59	\$ 88.22	\$ 131.18	
60-64	\$ 57.82	\$ 86.62	60-64	\$ 121.56	\$ 181.10	
65-72	\$ 76.68	\$ 114.94	65-72	\$ 157.90	\$ 232.15	

WNIC2024-Rates-Level1-STD-C

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

<b><u>Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-34	\$ 6.70	\$ 9.95	18-34	\$ 9.45	\$ 13.96	
35-49	\$ 14.15	\$ 21.13	35-49	\$ 26.14	\$ 38.78	
50-59	\$ 25.92	\$ 38.79	50-59	\$ 54.05	\$ 80.51	
60-64	\$ 33.36	\$ 49.98	60-64	\$ 76.54	\$ 114.33	
65-72	\$ 41.58	\$ 62.31	65-72	\$ 96.92	\$ 144.87	
<b><u>Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum</u></b>						
Non-Tobacco			Tobacco			
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse	
18-34	\$ 9.95	\$ 14.77	18-34	\$ 15.07	\$ 22.24	
35-49	\$ 22.45	\$ 33.58	35-49	\$ 41.14	\$ 60.97	
50-59	\$ 40.49	\$ 60.64	50-59	\$ 80.20	\$ 119.25	
60-64	\$ 52.56	\$ 78.75	60-64	\$ 110.51	\$ 164.64	
65-72	\$ 69.71	\$ 104.49	65-72	\$ 143.55	\$ 211.05	

**WNIC2024-Rates-Level2-STD-C**

**Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024**

**Annual Premium Rates  
Base Rates**

**Cancer Only Plan WNIC2024CCN, per \$1,000 Lump Sum**

Non-Tobacco			Tobacco		
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse
18-34	\$ 6.02	\$ 8.93	18-34	\$ 8.49	\$ 12.54
35-49	\$ 12.71	\$ 18.98	35-49	\$ 23.48	\$ 34.84
50-59	\$ 23.28	\$ 34.85	50-59	\$ 48.55	\$ 72.32
60-64	\$ 29.97	\$ 44.90	60-64	\$ 68.76	\$ 102.70
65-72	\$ 37.35	\$ 55.97	65-72	\$ 87.06	\$ 130.14

**Combined Cancer and Heart Plan WNIC2024CCHS, per \$1,000 Lump Sum**

Non-Tobacco			Tobacco		
Issue Age	Individual	Individual & Spouse	Issue Age	Individual	Individual & Spouse
18-34	\$ 8.93	\$ 13.27	18-34	\$ 13.54	\$ 19.98
35-49	\$ 20.17	\$ 30.17	35-49	\$ 36.95	\$ 54.77
50-59	\$ 36.37	\$ 54.47	50-59	\$ 72.05	\$ 107.13
60-64	\$ 47.22	\$ 70.74	60-64	\$ 99.27	\$ 147.90
65-72	\$ 62.62	\$ 93.87	65-72	\$ 128.95	\$ 189.59

**WNIC2024-Rates-Level3-STD-C**

**State:** District of Columbia **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Benefit Portability Group Critical Illness Insurance Policy  
**Project Name/Number:** Extended Portability/WNIC2024M

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	Rates Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Does Not apply to this filing
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	GCI2 Actl Memo standard CV_Trust.pdf GCI2 Benefit Summary standard CV_Trust.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	See Actuarial Memorandum & Rates submitted
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	Does not apply to this filing
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	Does not apply to this filing
<b>Attachment(s):</b>	
<b>Item Status:</b>	

SERFF Tracking #:

CNSC-129434635

State Tracking #:

Company Tracking #:

WNIC2024M

State:

District of Columbia

Filing Company:

Washington National Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Benefit Portability Group Critical Illness Insurance Policy

Project Name/Number:

Extended Portability/WNIC2024M

<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	See Actuarial Memorandum
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	See Actuarial Memorandum
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

# Washington National Insurance Company

11825 N. Pennsylvania St.  
Carmel, Indiana 46032-4555

02-26-2014

Subject: Washington National Insurance Company  
NAIC 70319  
Benefit Portability Group Critical Illness Insurance

Policy Form Numbers:

WNIC2024M - Master Policy  
WNIC2024MS – Group Policy Schedule  
WNIC2024C - Certificate  
WNIC2024CD-DC – Definitions Section  
WNIC2024CP - Premium Section  
WNIC2024CC - Claim Provisions Section  
WNIC2024CGP - General Provisions Section  
WNIC2024CWOPCN – Waiver of Premium Section  
WNIC2024CWOPCHS –Waiver of Premium Section  
WNIC2024CLE - Limitations and Exclusions Section  
WNIC2024CCN - Benefits (Cancer) Section  
WNIC2024CCHS - Benefits (Cancer/Heart/Stroke) Section

Dear Insurance Personnel:

This is a rate filing for to be used with the Benefit Portability Group Critical Illness product forms filed under Serff filing number CNSC-129358529 form number WNIC2024M. These rates are new will not replace any other rates previously filed in your state.

The actuarial memorandum and rates, any filing fees, transmittals or certifications, as required are attached.

Thank you for your time and consideration on this filing. If you have any further questions regarding this, please feel free to contact me.

Very truly yours,

## **Washington National Insurance Company**

### **Actuarial Memorandum Benefit Portability Group Critical Illness Insurance Policy**

**Policy Form:** WNIC2024 including benefit sections (only one of the two):  
WNIC2024CCN  
WNIC2024CCHS

#### **Scope and Purpose of Filing**

The purpose of this memo is to demonstrate that the policy form with the associated schedules provide benefits which are reasonable in relation to the premiums charged and comply with state regulations. This filing may not be appropriate for other purposes.

#### **Benefit Description**

This filing includes one policy form. See Attachment 1 for the summaries of the benefits for the policy form.

#### **Applicability**

This filing is for a new form. The premium rates presented in this filing will be in effect from the date of state approval. There are currently no in-force policies to which these premium rates will be applied.

#### **Renewability**

This policy form is guaranteed renewable for the lifetime of the certificate holder.

#### **Issue Age Limit and General Marketing Method**

This product will not be available for new issues.

#### **Termination Assumptions**

Voluntary lapse rates are based on experience gathered by a private consulting firm and data developed by external consulting services. Mortality assumptions are based on 83GAM.

#### **Morbidity Assumptions**

Morbidity assumptions were derived from company experience on similar forms. Where company experience was not available, the assumptions were based on claim costs developed by Milliman from public and proprietary sources, CDC published statistics, and actuarial judgment.

## **Underwriting**

There is no underwriting for this policy.

## **Area Factors**

Gross annual premiums for this policy will not vary based on the insured's residence location within this state.

## **Premium Rates**

Premium rates are determined through iteration based on those assumptions described above and balancing the requirements of reasonable benefits, required loss ratios, and company profit and financial stability. The attached manual includes rates for standard and nonstandard age bandings and levels. The average expected annualized premium of level 1 for standard age banding is \$540.

Renewal rates may be increased if the group's claim or termination experience varies from pricing assumptions. This renewal increase will range from 0% to 25%. If the group requires an increase greater than 25%, the carrier will file rate increase request with state.

There are no modal loads for this product. Modes available include:

Annual		12-pay	= 0.083333 * Annual
Semi-annually	= 0.50000 * Annual	13-pay	= 0.07692 * Annual
Monthly PAC	= 0.08333 * Annual	24-pay	= 0.04167 * Annual
9-pay	= 0.11111 * Annual	26-pay	= 0.03846 * Annual
10-pay	= 0.10000 * Annual	52-pay	= 0.01932 * Annual

## **Active Life Reserves**

Active life reserves will be calculated on a two-year-preliminary-term basis using the 1983 GAM table with 50% male issues. Voluntary lapse rates and discount rates assumed will comply with the NAIC Health Insurance Reserves Model Regulation and any applicable state regulations. Active life reserves are not used in this memorandum in the calculation of loss ratios.

## **Claim Liability and Reserves**

This is a new filing of this form; there are no claim reserves or liabilities at this time. The claim reserve at any point in time will consist of (a) incurred but unreported claims and (b) unpaid claims which have been reported and are in the course of settlement.

Claim reserves will be determined using a "claim lag" methodology whereby a history of claims paid by incurred date will be maintained and such "claim run-off" will then be used to estimate the level of claim reserves.

### **Trend Assumptions**

Due to the large amount of claims that are paid on an indemnity basis, no claim trend is assumed.

### **Loss Ratio Compliance**

The loss ratio is calculated as the present value of incurred claims divided by the present value of the annual gross premiums. An interest rate of 3.5% is used in these present value calculations. The overall anticipated lifetime loss ratios for this form and its riders is expected to meet or exceed the 50% minimum standard set forth by the regulations of this state.

### **Actuarial Certification**

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed, and that it complies with Actuarial Standard of Practice No.8, "Regulatory Filings for Health Plan Entities". I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage, and that the benefits are reasonable in relation to the premium charged.



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Yi Yin, FSA, MAAA  
Actuary

January 22, 2014

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Date

Attachment 1

Washington National Insurance Company  
Group Critical Illness Policy Form WNIC2024

Benefit Summary

A. Cancer Only Plan

- a. Lump Sum benefit of \$5,000 to \$100,000 in \$1,000 increment payable for the first occurrence after the effective date of the following specified illness:

Category	Specified Critical Illness	% of Lump Sum Benefit	Maximum for Category
Category 1	Cancer (Invasive)	100%	100%
	Carcinoma-in-Situ	25%	

Spousal benefit will be one-half (1/2) of the primary insured benefit. Children are automatically covered. The benefit will be one-quarter (1/4) of the primary insured benefit, payable once for each covered child. Once the certificate holder reaches age 76, the eligible Lump Sum Benefits are reduced by 50%.

- b. Waiver of Premium: Any premium due while the primary insured is disabled more than 90 consecutive days due to Cancer will be waived up to 12 months. Such Disability must begin on or after the date of diagnosis and prior to the primary insured's 65th birthday. Does not include Carcinoma In-Situ.
- c. Cancer Recurrence Benefit: Payable once per covered person for Cancer recurrence or the diagnosis of a second Cancer. Does not include Cancer In-Situ.

Months After 1 <sup>st</sup> Diagnosis	% of Lump Sum Benefit (Under Age 76)	% of Lump Sum Benefit (Age 76 and older)
0 – 18 months	0%	0%
19 – 36 months	25%	12.5%
37 – 60 months	50%	25%
61 months +	100%	50%

B. Combined Cancer and Heart Plan

- a. Lump Sum benefit of \$5,000 to \$100,000 in \$1,000 increment payable for the first occurrence after the effective date of the following specified illness:

Category	Specified Critical Illness	% of Lump Sum Benefit	Maximum for Category
Category 1	Cancer (Invasive)	100%	100%
	Carcinoma-in-Situ	25%	
Category 2	Heart Attack	100%	100%
	Stroke	100%	
	Coronary Artery Bypass	25%	

Attachment 1

Spousal benefit will be one-half (1/2) of the primary insured benefit. Children are automatically covered. The benefit will be one-quarter (1/4) of the primary insured benefit, payable once for each covered child. Once the certificate holder reaches age 76, the eligible Lump Sum Benefits are reduced by 50%.

- b. Waiver of Premium: Any premium due while the primary insured is disabled more than 90 consecutive days due to Cancer, Heart Attack, or Stroke will be waived up to 12 months. Such Disability must begin on or after the date of diagnosis and prior to the primary insured's 65th birthday. Does not include Cancer In-Situ and Coronary Artery Bypass.
- c. Cancer Recurrence Benefit: Payable once per covered person for Cancer recurrence or the diagnosis of a second Cancer. Does not include Cancer In-Situ.

Months After 1 <sup>st</sup> Diagnosis	% of Lump Sum Benefit (Under Age 76)	% of Lump Sum Benefit (Age 76 and older)
0 – 18 months	0%	0%
19 – 36 months	25%	12.5%
37 – 60 months	50%	25%
61 months +	100%	50%

- d. Heart/Stroke Recurrence Benefit: Payable once per covered person for a recurrence or second diagnosis of Heart Attack or Stroke. Does not include Coronary Artery Bypass.

Months After 1 <sup>st</sup> Diagnosis	% of Lump Sum Benefit (Under Age 76)	% of Lump Sum Benefit (Age 76 and older)
0 – 18 months	0%	0%
19 – 36 months	25%	12.5%
37 – 60 months	50%	25%
61 months +	100%	50%