

SERFF Tracking #:

CUNA-128549817

State Tracking #:

Company Tracking #:

CMFG 2012 AD&D E10A-014-2012(DC)
ET AL

State: District of Columbia

Filing Company: CMFG Life Insurance Company

TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name: CMFG 2012 AD&D

Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

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):
CMFG Life Insurance Company	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 Chart	E10a-014-2012(DC), E10c-014-2012-1(DC), E10c-014-2012-2(DC)	New		E10a-014-2012 AD&D Rate Chart.pdf

CMFG LIFE INSURANCE COMPANY
Policy Form E10a-014-2012

SCHEDULE OF PREMIUMS

Basic Coverage

Premiums are level and do not vary by age or gender.

Maximum Annual Premiums per \$1,000

**Per \$1,000
Coverage**

\$0.35

Additional Coverage

Premiums are level and do not vary by age or gender.

Maximum Annual Premiums per \$10,000

**Single
Coverage**

\$14.40

**Family
Coverage**

\$19.20

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
E10a-014-2012 AD&D DC Actl Memo.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment(s):			
Authorization letter _CMFG version_.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AD&D Forms Listing		
Comments:			
Attachment(s):			
DC Forms List 7-12.pdf			

THIS DOCUMENT IS CONFIDENTIAL AND CONTAINS PROPRIETARY INFORMATION

Information regarding the derivation of expected claim rates and loss ratios and the actuarial knowledge contained within the Actuarial Memorandum are proprietary and confidential and provide a competitive advantage for CMFG Life Insurance Company. The competitive advantage risks being materially compromised if this information is made available to competing insurers. CMFG Life Insurance Company requests this information not be shared with individuals outside the state insurance office.

RATE FILING MEMORANDUM

CMFG Life Insurance Company
Policy Form E10a-014-2012

Purpose

The purpose of this rate filing is to document the rates and to demonstrate that the anticipated loss ratio for this form is reasonable. This filing is not intended to be used for any other purpose.

Summary Plan Description

This group plan offers optionally renewable coverage and provides benefits for accidental death and accidental dismemberment. Insureds are provided a basic amount of coverage, paid for by the participating group. Insureds may elect additional coverage and select between Single and Family coverage options. Coverage reduces by 50% at attained age 70. The coverage has no termination date.

Benefit descriptions may be found in Appendix A.

Eligibility

The primary insured must be 18 years of age or older. Under the Family option, spouses and dependent children under age 19, (under ages 25 if in school; and extended beyond 19 if handicapped) maybe covered. Coverage is guaranteed issue, with no pre-existing period.

Mortality and Morbidity

Accidental death rates were obtained using data from the 2011 publication of *Injury Facts*. The *Injury Facts* data was weighted for the expected distribution and adjusted for market experience, exclusions and benefit amounts. The adjusted death rates are assumed to be level and were then loaded for dismemberment and other ancillary benefits. Information pertaining to the exclusions and marketplace adjustment was obtained from proprietary information, *Injury Facts* and supplemented with publicly available data from *National Highway Traffic Safety Administration*.

Persistency

Policyholder persistency is based on proprietary experience of similar AD&D products.

Expenses

Expense loads are reasonable and appropriate to cover the costs associated with marketing, issuing, and maintaining the coverage.

Marketing Method and Commissions

This form will be marketed to members of participating groups. An accidental death and dismemberment benefit will be provided by the participating group, at no charge to the insured, for completing an enrollment form. Initially this form will be offered through multiple direct response channels including mail, e-mail, in-bound call center, and internet availability. There is no direct agent or broker commission.

Premiums

Premium rates vary based upon the applicant's selection of Single or Family coverage. Premium rates do not vary by age, gender, duration, or occupation. There is not a load for modal premiums. The expected average annual premium for the basic coverage is \$0.44. The expected average annual premium for the additional coverage is \$110.

Statutory Reserves

Unearned gross premium and claim reserves are held. Incurred but not reported and pending claims comprise the claim reserves. The claim reserve is based on proprietary historical trends that are reviewed periodically for reasonableness and adequacy.

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Minimum Loss Ratio

As a group accidental death and dismemberment product, this form is not subject to a minimum loss ratio.

Expected Lifetime Loss Ratio

The expected loss ratio for the basic coverage is 51%. The expected loss ratio for the additional coverage is 29%. The expected aggregate loss ratio is 31%.

History of Rate Adjustments

Similar policies have not had rate adjustments to reflect any adverse experience.

Number of Policyholders

As of 4/30/2012, CMFG Life Insurance Company 12.2 million group certificate holders with the basic coverage and had 1.5 million individual policyholders and group certificate holders that had elected the additional coverage under similar group and individual policies.

Experience Information

Experience information for the basic coverage is included in Appendix B. Appendix C contains information for individual policy holders and group certificate holders that elected the additional coverage under similar plans. Information based on the residence at the time of issue for District of Columbia is not credible.

Proposed Effective Date


This form is planned to be implemented during first quarter 2013.

Participation Status

This plan is non-participating.

Certification

I, Thomas J. Turner, am an Actuarial Associate at CMFG Life Insurance Company and a Member, in good standing, of the American Academy of Actuaries. I hereby certify that to the best of my knowledge and belief the above submission conforms to generally accepted actuarial principles, standards, and guidelines, and that premiums are not inadequate, excessive, unfairly discriminatory, or unreasonable in relation to benefits provided.


Thomas J. Turner, ASA, MAAA
Actuarial Associate
CMFG Life Insurance Company

September 18, 2012

Date

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Appendix A
Description of Benefits for Basic and Additional Coverage

Basic Coverage

Death

The full face amount is paid upon death of the insured as a result of a qualifying accident

Dismemberment

This full face amount is paid if the insured suffers any of the following losses within 365 days of the date of the qualifying accident.

- Loss of Life
- Loss of 2 of the Following: Foot, Hand, or Eye
- Loss of 1 of the Following: Hand, Foot, or Eye
- Speech or Hearing
- Thumb and Index Finger of the Same Hand

Additional Coverage

Death

For Single plans and primary insured's under Family coverage the full face amount is paid upon death as a result of a qualifying accident. Spouses under the Family coverage are paid 50% of the face amount if children are also covered or 60% if no children are covered. Child benefits are 20% of the face amount if a spouse is covered or 25% if a spouse is not covered.

Dismemberment

This coverage provides the indicated percentage of the insured's coverage amount in one lump sum if the insured suffered the following loss within 365 days of the date of the qualifying accident.

- | | |
|--|--------------------------|
| • Loss of Life | 100% |
| • Loss of 2 of the Following: Foot, Hand, or Eye | 100% |
| • Loss of 1 of the Following: Hand, Foot, or Eye | 50% |
| • Speech or Hearing | 50% |
| • Quadriplegia | 50% |
| • Thumb and Index Finger of the Same Hand | 25% |
| • Paraplegia or Hemiplegia | 25% |
| • One Thumb | lesser of 10% or \$1,000 |

Hospital Confinement

A benefit of 1% of the additional amount up to a maximum of \$1,000 per month is paid for each full month of continuous hospital confinement due to a qualifying accident. The confinement must be for a period of more than seven days.

Inflation Protection

The additional amount for each covered person increases by 5% of the original coverage amount every two years to a maximum total increase of 25%.

Common Carrier Benefit

The additional amount is doubled if accidental death occurs while the main insured is riding as a fare paying passenger on a common carrier.

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Child Saving's Fund

Family plan benefit where if the primary insured suffers an accidental death, a benefit of \$1,000 will be paid for each covered child.

Child Care Assistance

Family plan benefit where if the primary insured or covered spouse suffers an accidental death, a benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least 120 hours per month. This benefit is payable for up to 12 months following the date of the accident. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 2% of the deceased person's additional amount; up to a maximum amount of \$160 per month.

Education Assistance Benefit

Family plan benefit of 2% of the additional amount up to a maximum of \$3,000 per year, for each covered dependent, who at the time of the primary insured's qualifying death.

Grief Counseling Benefit

Family plan benefit of \$50 per counseling session for surviving insureds. The maximum number of sessions is 10.

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Exhibit B
Basic Accidental Death & Dismemberment Experience 2009-2011
Experience for similar group plans

District of Columbia Experience Only (Based on State of Issue)

Year	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	4,334	2	3,000	30	3,030	70%
2010	4,676	1	1,000	30	1,030	22%
2011	5,386	2	2,000	200	2,200	41%
Total	14,396	5	6,000	260	6,260	43%

Nationwide Experience

Year	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	3,578,021	1,510	1,857,055	38,120	1,895,175	53%
2010	3,815,128	1,574	1,855,250	68,411	1,923,661	50%
2011	4,085,065	1,555	1,833,375	316,042	2,149,417	53%
Total	11,478,214	4,639	5,545,680	422,572	5,968,252	52%

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Exhibit C
Contributory Accidental Death & Dismemberment Experience 2009-2011
Experience for similar individual and group plans

District of Columbia Experience Only (Based on State of Issue)

Year	Collected Premium	Increase in Premium Reserves	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	235,234	580	235,814	0	0	0	0	0.0%
2010	246,654	2,147	248,800	0	0	0	0	0.0%
2011	297,563	10,808	308,371	0	0	0	0	0.0%
Total	779,450	13,535	792,985	0	0	0	0	0.0%

Nationwide Experience – Individual Products

Year	Collected Premium	Increase in Premium Reserves	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	7,553,861	6,208	7,560,069	32	1,174,942	13,543	1,188,484	16%
2010	7,857,837	31,829	7,889,665	43	1,995,745	60,178	2,055,924	26%
2011	8,360,612	14,098	8,374,709	43	2,230,391	353,630	2,584,020	31%
Total	23,772,309	52,134	23,824,443	118	5,401,078	427,351	5,828,428	24%

Nationwide Experience – Group Products

Year	Collected Premium	Increase in Premium Reserves	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	122,309,410	421,667	122,731,077	717	33,714,089	684,647	34,398,737	28%
2010	126,624,430	(280,317)	126,344,113	719	37,440,420	1,352,996	38,793,416	31%
2011	130,646,781	465,710	131,112,491	716	36,976,295	5,951,108	42,927,403	33%
Total	379,580,621	607,060	380,187,681	2,152	108,130,804	7,988,751	116,119,555	31%

Nationwide – Combined Individual and Group Products

Year	Collected Premium	Increase in Premium Reserves	Earned Premiums	Claim Count	Claims Paid	Claim Reserve	Incurred Claims	Loss Ratio
2009	129,863,271	427,875	130,291,145	749	34,889,031	698,190	35,587,221	27%
2010	134,482,267	(248,488)	134,233,779	762	39,436,165	1,413,174	40,849,340	30%
2011	139,007,393	479,807	139,487,200	759	39,206,686	6,304,737	45,511,423	33%
Total	403,352,930	659,194	404,012,124	2,270	113,531,882	8,416,102	121,947,983	30%



CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 60577
Telephone: 800.798.5433

May 14, 2012

Re: CMFG Life Insurance Company
NAIC #: 62626-0306 **FEIN #: 39-0230590**
Equip for Life Filing
Company Authorization to Draft and File Policy Forms

To Whom It May Concern:

The undersigned hereby grants **Compliance Research Services, LLC**, whose main office is located at 10921 Reed Hartman Highway, Suite 332, Cincinnati, Ohio 45242, authority to act on our behalf regarding drafting of policy language and state insurance department filings of our Equip for Life product filings.

This authorization is valid effective from the date noted above, for the duration of the filing project.

If additional assistance or verification regarding this authorization is required, please contact Kari Hamrick, Senior Manager, Ethics & Compliance, at CMFG Life Insurance Company. She can be reached by phone at 608.665.8326 or 800.356.2644, Ext. 8326.

IN WITNESS THEREOF, the Company has caused this authorization to be in effect by the signature of its Senior Vice President, Chief Ethics & Compliance Officer.

A handwritten signature in black ink, appearing to read 'S. Koslow', written over a horizontal line.

Signature

Stephen W. Koslow
SVP, Chief Ethics & Compliance Officer

Cc: Kari Hamrick

DC FORMS LIST		
FORM NUMBER	DESCRIPTION	TO BE ATTACHED TO
E10a-014-2012(DC)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY – provides accidental death and accidental dismemberment insurance coverage.	N/A
E10fp-014-2012	POLICYHOLDER APPLICATION FOR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	E10a-014-2012
E10c-014-2012-1(DC)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE – provides accidental death and accidental dismemberment insurance coverage –contributory.	N/A
E10c-014-2012-2(DC)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE– provides accidental death and accidental dismemberment insurance coverage - non-contributory.	N/A
E10a-014-2012AMEND1	POLICY ENDORSEMENT – adds a Loan Protection benefit.	E10a-014-2012
E10a-014-2012AMEND2	POLICY ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	E10a-014-2012
E10a-014-2012AMEND3	POLICY ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	E10a-014-2012
E10a-014-2012AMEND4	POLICY ENDORSEMENT – adds a Seat Belt and Air Bag benefit.	E10a-014-2012
E10a-014-2012AMEND5	POLICY ENDORSEMENT - adds Rehabilitation, Coma, and Paralysis benefits.	E10a-014-2012
E10a-014-2012AMEND6	POLICY ENDORSEMENT – adds a Permanent Total Disability benefit.	E10a-014-2012
E10a-014-2012AMEND7	POLICY ENDORSEMENT – adds a Pilot or Crew Member benefit.	E10a-014-2012
E10a-014-2012AMEND8	POLICY ENDORSEMENT - adds a Domestic Partner benefit.	E10a-014-2012
E10a-014-2012AMEND9	POLICY ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	E10a-014-2012
E10a-014-2012AMEND10	POLICY ENDORSEMENT – adds a Common Accident Benefit based on a percentage	E10a-014-2012
E10a-014-2012AMEND11	POLICY ENDORSEMENT - adds Return of Premium benefit	E10a-014-2012
E10a-014-2012AMEND12	POLICY ENDORSEMENT – adds a War Benefit for Active Military	E10a-014-2012
E10e-014-2012POL	POLICY AMENDMENT – amends the policy to comply with extra territorial requirements for insureds residing out-of-state.	E10a-014-2012
E10c-014-2012AMEND1	CERTIFICATE ENDORSEMENT - adds a Loan Protection benefit.	E10c-014-2012-1
E10c-014-2012AMEND2	CERTIFICATE ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	E10c-014-2012-1 E10c-014-2012-2
E10c-014-2012AMEND3	CERTIFICATE ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	E10c-014-2012-1 E10c-014-2012-2
E10c-014-2012AMEND4	CERTIFICATE ENDORSEMENT - adds a Seat Belt and Air Bag benefit.	E10c-014-2012-1
E10c-014-2012AMEND5	CERTIFICATE ENDORSEMENT -- adds Rehabilitation, Coma, and Paralysis benefits.	E10c-014-2012-1
E10c-014-2012AMEND6	CERTIFICATE ENDORSEMENT – adds a Permanent Total Disability benefit.	E10c-014-2012-1
E10c-014-2012AMEND7	CERTIFICATE ENDORSEMENT – adds a Pilot or Crew Member benefit.	E10c-014-2012-1 E10c-014-2012-2
E10c-014-2012AMEND8	CERTIFICATE ENDORSEMENT - adds a Domestic Partner benefit.	E10c-014-2012-1
E10c-014-2012AMEND9	CERTIFICATE ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	E10c-014-2012-1
E10c-014-2012AMEND10	CERTIFICATE ENDORSEMENT – adds a Common Accident Benefit based on a percentage	E10c-014-2012-1
E10c-014-2012AMEND11	CERTIFICATE ENDORSEMENT - adds Return of Premium benefit	E10c-014-2012-1
E10c-014-2012AMEND12	CERTIFICATE ENDORSEMENT – adds a War Benefit for Active Military	E10c-014-2012-1
ADD-END-2012	CERTIFICATE ENDORSEMENT – used to amend the Schedule of Benefits	E10c-014-2012-1 E10c-014-2012-2
E10e-014-2012CERT-1	CERTIFICATE AMENDMENT – amends the contributory to comply with extra territorial requirements for insureds residing out-of-state.	E10c-014-2012-1
E10e-014-2012CERT-2	CERTIFICATE AMENDMENT – amends the non-contributory to comply with extra territorial requirements for insureds residing out-of-state.	E10c-014-2012-2