

SERFF Tracking Number: MCHX-G127998198 State: District of Columbia
 Filing Company: 4 Ever Life Insurance Company State Tracking Number:
 Company Tracking Number: FORM 55.1301
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
 Product Name: Form 55.1301 4 Ever Life Travel Gap - Short Term M
 Project Name/Number: Form 55.1301 4 Ever Life Travel Gap - Short Term Medical 4 Ever Life Insurance Company/Form 55.1301 4 Ever Life Travel Gap - Short Term Medical 4 Ever Life Insurance Company

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

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 required):	Minimum % Change (where required):
4 Ever Life Insurance Company	%	%				%	%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Travel Gap Rates	Form 55.1301, Form 55.1302	New		4EL TravelGap Act Memo RATES-01_04_12.PDF

4 Ever Life Insurance Company
Actuarial Memorandum
TravelGap - Daily Premium for Excursion and Voyager, Annual Premium on Gold and Silver
Rates Effective from Approval thru February 29, 2012

Plan	Maximum Benefit	Deductible Level	Tier	0-18	19-29	30-39	40-49	50-54	60-64	65-69	70-74	75-84	
Excursion	\$50,000	\$0	PerPerson	\$0.74	\$1.24	\$1.46	\$2.37	\$3.99	\$4.75	\$5.40	\$7.94	\$15.80	
		\$100	PerPerson	0.70	1.06	1.22	2.09	3.50	4.00	4.75	6.90	14.50	
		\$250	PerPerson	0.63	0.94	1.12	1.88	3.18	3.62	4.32	6.30	12.60	
	\$100,000	\$500	PerPerson	0.50	0.84	1.00	1.70	2.85	3.25	3.90	5.70	11.25	
		\$0	PerPerson	0.98	1.47	1.72	2.60	4.46	5.13	5.81	9.36	18.69	
		\$100	PerPerson	0.85	1.22	1.45	2.30	3.95	4.75	5.10	9.50	17.47	
	\$500,000	\$250	PerPerson	0.79	1.12	1.32	2.08	3.58	4.32	4.60	7.60	15.24	
		\$500	PerPerson	0.70	1.00	1.18	1.85	3.20	4.20	4.15	7.10	13.79	
		\$0	PerPerson	1.12	1.71	1.98	2.87	4.51	5.43	7.22	9.93	19.82	
	\$1,000,000	\$100	PerPerson	1.02	1.53	1.79	2.61	4.09	4.92	6.56	9.03	18.02	
		\$250	PerPerson	0.94	1.46	1.68	2.43	3.76	4.49	5.96	8.17	16.31	
		\$500	PerPerson	0.84	1.41	1.60	2.26	3.45	4.12	5.46	7.47	14.90	
		\$0	PerPerson	1.14	1.74	2.01	2.93	4.62	5.57	7.43	10.23	20.43	
		\$100	PerPerson	1.04	1.55	1.81	2.66	4.19	5.05	6.75	9.28	18.55	
		\$250	PerPerson	1.00	1.48	1.73	2.48	3.83	4.61	6.13	8.41	16.79	
			\$500	PerPerson	0.95	1.44	1.63	2.31	3.57	4.24	5.63	7.71	15.39

Plan	Maximum Benefit	Deductible Level	Tier	0-18	19-29	30-39	40-49	50-54	60-64	65-69	70-74	
Voyager	\$50,000	\$0	PerPerson	\$0.65	\$1.11	\$1.31	\$2.11	\$3.27	\$3.90	\$4.88	\$7.12	
		\$100	PerPerson	0.59	0.94	1.10	1.86	3.15	3.92	4.50	6.93	
		\$250	PerPerson	0.52	0.85	1.00	1.69	2.84	3.58	4.10	6.50	
	\$100,000	\$500	PerPerson	0.45	0.77	0.90	1.51	2.57	2.93	3.49	5.11	
		\$0	PerPerson	0.86	1.31	1.55	2.24	3.52	4.21	5.22	7.70	
		\$100	PerPerson	0.77	1.09	1.31	2.05	3.53	4.64	5.04	7.65	
	\$500,000	\$250	PerPerson	0.70	1.00	1.17	1.87	3.20	4.19	4.55	6.28	
		\$500	PerPerson	0.63	0.90	1.06	1.67	2.88	3.49	3.74	5.68	
		\$0	PerPerson	0.90	1.39	1.61	2.35	3.70	4.46	5.94	8.17	
	\$1,000,000	\$100	PerPerson	0.81	1.24	1.46	2.13	3.35	4.03	5.39	7.43	
		\$250	PerPerson	0.78	1.18	1.36	1.98	3.08	3.68	4.90	6.72	
		\$500	PerPerson	0.74	1.14	1.30	1.84	2.82	3.38	4.48	6.14	
		\$0	PerPerson	0.92	1.41	1.68	2.39	3.79	4.57	6.11	8.42	
		\$100	PerPerson	0.84	1.26	1.48	2.18	3.43	4.16	5.55	7.65	
		\$250	PerPerson	0.78	1.20	1.40	2.02	3.14	3.78	5.04	6.92	
			\$500	PerPerson	0.74	1.14	1.32	1.88	2.92	3.48	4.62	6.34

Plan	Maximum Benefit	Deductible Level	Tier	0-50	51-84
Gold	\$250,000 up to age 70, \$100,000 after	\$0	1Person	\$159.00	\$199.00
			2Persons	269.00	349.00
			3Persons	463.00	539.00
Gold	\$50,000	\$50	1Person	\$89.00	\$109.00
			2Persons	149.00	179.00
			3Persons	259.00	279.00

4 trips in a 12-month period, 70 days/trip, no-pre-ex, must be enrolled in a primary health plan

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Actuarial Justification Comments: Attachment: 4EL TravelGap Act Memo-Private Confidential-01_04_12.PDF		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: 4 Ever Life 2012 MCR Authorization Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Submission Letter Comments: Attachment: 4Ever Life DC TravelGap RATES filing ltr.PDF		

4 Ever Life Insurance Company

Actuarial Memorandum

TravelGap

“Private, Confidential and Proprietary Information – Do Not Distribute”

Form Numbers Policy Form 55.1301; TravelGap providing short-term duration limited-benefit policies issued to the Global Citizen Association. Non-participating, i.e., dividends are not payable.

I. Statement of Purpose of Filing - This Actuarial Memorandum has been prepared for the purpose of approval of rates for these currently unissued policies.

II. Description of Benefits - The policy represents a collection of short-term duration limited-benefit policies issued to the Global Citizen Association. It is marketed to United States citizens traveling on leisure while those individuals are outside the United States.

III. Renewability - The Policy will continue in force for 364 days. The plan is a short term limited duration policy and not renewable. At expiration of the policy a new policy may be issued to the association but this issue is not guaranteed and is at the sole discretion of the company. The Policy may be terminated by either the policy holder or the Company with appropriate advance written notice.

IV. Applicability - The policy and corresponding rates apply to the writing of new and renewal business.

V. Morbidity – The premium rates shown on the enclosed EXCEL file will generate the desired loss ratio. Claims costs are based on the experience of similar TravelGap accident and sickness plans.

VI. Mortality - Not applicable

VII. Persistency - Not applicable. One year term insurance.

VIII. Percentage of Premium Expenses

Agent Compensation	18.0%
Administration	24.3%
Premium Taxes	1.7%
Contingency and Risk Margin	6.0%
Total	50.0%

IX. Marketing Method - Marketing will be to United States’ citizens using agents and brokers and direct solicitation.

X. Underwriting Method – The policy is guaranteed issue.

XI. Premium Classes - Not applicable. There are no premium classes.

XII. Premium Tiers –No tier factors are used.

XIII. Issue Age Range – For the Excursion plan, the issue age ranges are 0-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74 and 75-84. For the Voyager plan, the issue age ranges are 0-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70-74. For the Gold and Silver plans, the issue age ranges are based on the oldest insured and are 0-50 and 51-84.

XIV. Area Factors – None.

XV. Average Monthly Premium – We assume the average monthly premium will be approximately \$93.45 per participant per month.

XVI. Premium Modalization Rules – The premiums are charged daily for two of the four available plans, i.e. Excursion and Voyager. The other two plans, i.e. Gold and Silver premiums are charged on an annual basis. For these two plans, the insured is covered for up to 4 trips in a 364-day period, 70 days per trip with no-pre-ex, however, the insured must be enrolled in a primary health plan. The Excursion plan is a primary plan and has a pre-ex. The Voyager plan has no pre-ex, however, the insured must be enrolled in a primary health plan.

XVII. Claim Liability and Reserves - Standard industry reserving methods for one year term insurance

XVIII. Active Live Reserves - Not applicable

XIX. Trend - The enclosed rates will increase by 12% on March 1, 2012. Rates will increase by the 12% trend every March 1st thereafter if such procedure is permitted by state law but only if necessary to maintain the anticipated loss ratio, otherwise, a new filing will be made.

XX. Minimum Loss Ratio - N/A

XXI. Anticipated Loss Ratio - the anticipated loss ratio is 50.0%. This confirms that we are seeking a target loss ratio of 50% for this plan and this be granted under the provision of DC Law 18-0360 Section 102 (f) due to the unique nature of the this plan.

XXII. Distribution – We project the participation by plan will be Excursion 55%, Voyager 20%, Gold 20%, Silver 5%.

XXIII. Contingency and Risk Margins – Margins are built into the 6.0% contingency and risk margin shown in section VIII above.

XXIV. Experience – Not applicable, new rate filing.

XXV. Lifetime Loss ratio – the anticipated lifetime loss ratio is 50.0 %

XXVI. History of Rate Adjustments – Not applicable, new rate filing

XXVII. Number of Covered Persons – Not applicable, new rate filing.

XXVIII. Proposed Effective Date – Upon policy approval.

I, Alan Y. Weiner, am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify to the best of my knowledge and judgment, this Actuarial Memorandum and the entire rate filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans,” as adopted by the Actuarial Standards Board, and that the benefits provided are reasonable in relation to the proposed premiums based on the standards described above.



Alan Y. Weiner, ASA, MAAA
Actuarial Consultant
ABI, Inc.
3204 18th Street, NW
Washington, DC 20010
202-986-9590
August 5, 2011



Date: January 4, 2012
To: State Insurance Department
From: Linda H. Hickok, Vice President, Compliance
4 Ever Life Insurance Company
Subject: Filing Authorization for McHugh Consulting Resources, Inc.

This is to inform you that McHugh Consulting Resources, Inc., of 2005 S. Easton Road, Suite 207, Doylestown, Pennsylvania 18901, has been retained to act on our behalf as indicated herein.

McHugh Consulting Resources, Inc. is hereby empowered to act on behalf of 4 Ever Life Insurance Company in any governmental jurisdiction of the United States in matters regarding the filing of insurance products, forms, rates, advertising materials, and any other materials incidental to the acceptance of such filing.

Your cooperation in working with McHugh Consulting Resources, Inc. is greatly appreciated. This authorization shall be effective until such time as we notify you otherwise.

Linda H. Hickok

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McHugh Consulting Resources, Inc.

January 18, 2012

SUBMITTED VIA SERFF

Honorable Gennett Purcell
Commissioner
Department of Insurance, Securities and Banking
810 First Street, N.E., Suite 701
Washington, DC 20002

Re: **4 Ever Life Insurance Company**
NAIC No.: 80985
FEIN: 36-2149353

RATE FILING – FILE AND USE

Form 55.1301 Group Short Term Medical Policy, et al
Actuarial Memorandum and Rates

Dear Commissioner Purcell:

McHugh Consulting Resources, Inc. has been requested to file the attached rates on a file and use basis on behalf of 4 Ever Life Insurance Company. We have provided a letter of authorization for your files.

Enclosed is the actuarial memorandum and rates for the Group Short Term Medical Policy (Form 55.1301), et al, submitted under separate cover. This program provides limited benefit accident and sickness insurance marketed to citizens of the United States traveling on leisure outside the United States. It provides short term medical coverage while those individuals are outside the United States.

The corresponding forms filing seeks approval to issue this coverage 1) directly; and 2) to an association, under which a member can apply for this group short term medical coverage. The corresponding SERFF ID number is MCHX-G127998183. This program will be marketed through agent/broker solicitation.

Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions I can answer regarding this filing.

Sincerely,



Lisa A. Levine, FLMI, ACS
Consultant

Enclosures