Filing at a Glance

Company:	Axis Insurance Company
Product Name:	GOA-DC-RATE-REV
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	05/09/2014
SERFF Tr Num:	PLIS-129537927
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	GOA-DC-RATE-REV
Implementation Date Requested:	06/13/2014
Author(s):	John Plisky
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, John Morgan, Beichen Li
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* **Filing Company:** *Axis Insurance Company*
TOI/Sub-TOI: *H02G Group Health - Accident Only/H02G.000 Health - Accident Only*
Product Name: *GOA-DC-RATE-REV*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Discretionary, Other
Overall Rate Impact:

Deemer Date:
Submitted By: John Plisky

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: labor unions, PEOs, independent contractors
Filing Status Changed: 05/14/2014
State Status Changed:
Created By: John Plisky
Corresponding Filing Tracking Number:

Filing Description:
Please see attached cover letter.

Company and Contact

Filing Contact Information

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Filing Company Information

(This filing was made by a third party - pliskypliskyandcollc)

Axis Insurance Company
11680 Great Oaks Way, Suite 500
Alpharetta, GA 30022
(888) 870-2947 ext. [Phone]

CoCode: 37273
Group Code: 3416
Group Name:
FEIN Number: 39-1338397

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia **Filing Company:** Axis Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: GOA-DC-RATE-REV
Project Name/Number: /

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: 06/12/2013
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Axis Insurance Company	0.000%	0.000%	$0	1	$7,801	0.000%	0.000%

State: District of Columbia **Filing Company:** Axis Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: GOA-DC-RATE-REV
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/Actuarial Memo	T-GOA-001-0112-DC et al.	Revised	Previous State Filing Number: PLIS-129028486 Percent Rate Change Request:	GOA_Rate_Filing_April_2014.pdf,

AXIS INSURANCE COMPANY
ACTUARIAL MEMORANDUM

GROUP ACCIDENT INSURANCE POLICY
Form Number T-GOA-002-0112

April, 2014

AXIS INSURANCE COMPANY
ACTUARIAL MEMORANDUM

GROUP ACCIDENT INSURANCE POLICY
Form Number T-GOA-002-0112

Scope and Purpose

This memorandum presents updated rates for this product. They will be used upon approval by the Department.

Product Description

This Group Accident Insurance Policy pays a lump sum benefit for an Accidental Death or Dismemberment arising out of a covered accident. This Policy also pays a certain percent of Usual and Customary Outpatient Medical Expenses arising out of a covered accident, subject to the conditions and limitations shown in the Policy.

Rate Tables

Attached to this memo, are the rating tables for this product. The rates contained in these tables represent the net monthly claims cost for the benefits covered by this product. The net monthly claims cost are converted to premium by dividing by the Target Loss Ratio described later in this memo.

The requested plan is rated by adding up the costs for both benefits from Tables 1 through 6. If a particular plan feature is not tabulated, the underwriter may interpolate between tabulated values to derive a cost.

A number of group level adjustments are applied as shown in Tables 7 through 12. Should a characteristic inherent to a particular group not be reflected in these tables, the underwriter may apply judgment and deviate from the tabulated costs and adjustments up to 15%.

The costs are then expanded to provide a rate for the primary insured, spouse/eligible domestic partner and children of the primary insured. The final rates will be expressed by categories of these insureds. Table 13 contains factors for different categories. The Underwriter may remix the rates based on the actual distribution of insured for a given group or to better align rates with an existing plan.

Target Loss Ratio

The target loss ratio for this product is 60%. 52% for claims and 8% for Loss Adjudication Expenses.

Table 14 contains a detailed breakdown of the expense components of the product.

Other Considerations

This product is annually renewable at the option of the policyholder or the Company. The premiums are not guaranteed, and, are subject to change upon renewal.

The average annual premium for an employee is expected to be around $40 per year for a $5,000 Medical Expense and AD benefit policy.

Since this is an indemnity product, area factors were not utilized.

Experience Rating

Groups will be experience rated if their claims experience is credible.

Credibility is based on years of premium exposure and is detailed in the following table.

Annual Premium of the Group	Credibility
Less than $250,000	0%
$250,001 to $500,000	25%
$500,001 to $750,000	50%
$750,001 to $1,000,000	75%
More than $1,000,000	100%

Up to three years of experience will be used to experience rate a group. Each year of experience will be weighted. The most recent year will receive a weight of 45%, the next year will be 35% and the third year back will receive a weight of 20%.

The group's experience rate will be calculated utilizing the following formula:

Group rate = {Group's Credibility Factor * Group Experience Rate} +
{(1 – Group's Credibility Factor) * Manual Rate}

Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of the state. The proposed benefits are reasonable in relation to premiums charged and are not unfairly discriminatory.

Submitted by: Raymond A. Siwek, FSA, MAAA

Title: Vice President and Actuary

Date: April 8, 2014

Claims Cost Tables

Table 1

100% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.166	0.166	0.160	0.157	0.144	0.125	0.113	0.100	0.063	0.041
750	0.249	0.246	0.239	0.232	0.212	0.189	0.169	0.152	0.096	0.063
1,000	0.333	0.329	0.322	0.315	0.290	0.258	0.229	0.208	0.136	0.089
1,500	0.499	0.491	0.487	0.475	0.439	0.391	0.355	0.323	0.215	0.143
2,000	0.665	0.656	0.647	0.630	0.591	0.530	0.482	0.443	0.307	0.206
2,500	0.831	0.826	0.812	0.798	0.745	0.673	0.620	0.572	0.396	0.272
5,000	1.663	1.650	1.631	1.599	1.522	1.406	1.303	1.219	0.903	0.645
7,500	1.969	1.956	1.937	1.906	1.818	1.699	1.592	1.504	1.147	0.834
10,000	2.625	2.610	2.588	2.551	2.441	2.294	2.162	2.052	1.596	1.199
12,500	3.281	3.264	3.239	3.197	3.071	2.886	2.735	2.609	2.064	1.569
15,000	3.938	3.919	3.891	3.835	3.694	3.488	3.310	3.160	2.541	1.950
20,000	5.250	5.216	5.182	5.126	4.946	4.698	4.484	4.292	3.492	2.737
25,000	6.563	6.524	6.485	6.419	6.209	5.908	5.659	5.436	4.480	3.563
50,000	13.125	13.060	12.995	12.865	12.497	11.999	11.544	11.154	9.486	7.818

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.142	0.144	0.136	0.135	0.125	0.109	0.102	0.089	0.055	0.038
750	0.215	0.214	0.205	0.200	0.183	0.168	0.151	0.137	0.087	0.060
1,000	0.287	0.286	0.276	0.272	0.253	0.229	0.204	0.186	0.123	0.082
1,500	0.433	0.425	0.424	0.416	0.386	0.348	0.319	0.291	0.194	0.132
2,000	0.584	0.575	0.570	0.553	0.528	0.475	0.435	0.403	0.283	0.190
2,500	0.730	0.733	0.715	0.709	0.664	0.604	0.564	0.524	0.365	0.254
5,000	1.500	1.487	1.468	1.442	1.382	1.288	1.196	1.129	0.843	0.608
7,500	1.787	1.779	1.760	1.735	1.663	1.566	1.476	1.405	1.076	0.787
10,000	2.409	2.400	2.379	2.354	2.257	2.137	2.018	1.928	1.506	1.143
12,500	3.026	3.016	2.991	2.964	2.860	2.698	2.569	2.474	1.960	1.497
15,000	3.651	3.640	3.621	3.565	3.457	3.285	3.133	3.008	2.425	1.869
20,000	4.913	4.879	4.855	4.819	4.659	4.452	4.280	4.109	3.351	2.639
25,000	6.192	6.153	6.114	6.072	5.898	5.633	5.433	5.234	4.328	3.461
50,000	12.605	12.560	12.515	12.385	12.078	11.662	11.269	10.921	9.316	7.711

Table 2

90% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.163	0.160	0.160	0.154	0.141	0.125	0.110	0.100	0.063	0.041
750	0.242	0.239	0.236	0.225	0.209	0.182	0.166	0.149	0.096	0.063
1,000	0.322	0.318	0.315	0.308	0.283	0.251	0.225	0.208	0.136	0.089
1,500	0.483	0.475	0.471	0.459	0.427	0.383	0.347	0.315	0.215	0.143
2,000	0.639	0.630	0.625	0.608	0.569	0.517	0.469	0.430	0.298	0.202
2,500	0.798	0.793	0.779	0.765	0.716	0.649	0.601	0.553	0.386	0.262
5,000	1.579	1.566	1.547	1.522	1.451	1.342	1.245	1.174	0.871	0.626
7,500	1.862	1.849	1.830	1.806	1.724	1.611	1.517	1.429	1.097	0.815
10,000	2.471	2.456	2.434	2.397	2.301	2.162	2.044	1.942	1.530	1.148
12,500	3.088	3.063	3.046	3.004	2.886	2.727	2.584	2.466	1.963	1.502
15,000	3.685	3.666	3.638	3.591	3.469	3.282	3.122	2.982	2.400	1.866
20,000	4.889	4.867	4.833	4.777	4.619	4.394	4.191	4.022	3.289	2.602
25,000	6.105	6.079	6.040	5.974	5.790	5.515	5.279	5.069	4.205	3.367
50,000	12.107	12.042	11.999	11.869	11.544	11.089	10.699	10.331	8.815	7.298

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.140	0.142	0.134	0.133	0.123	0.107	0.102	0.087	0.053	0.038
750	0.210	0.209	0.200	0.195	0.181	0.165	0.148	0.134	0.087	0.060
1,000	0.279	0.278	0.268	0.264	0.245	0.223	0.201	0.183	0.123	0.082
1,500	0.418	0.410	0.409	0.404	0.374	0.339	0.309	0.281	0.191	0.132
2,000	0.560	0.551	0.550	0.533	0.511	0.461	0.421	0.392	0.276	0.186
2,500	0.701	0.707	0.685	0.683	0.641	0.581	0.544	0.508	0.357	0.250
5,000	1.427	1.408	1.395	1.374	1.313	1.228	1.142	1.085	0.815	0.591
7,500	1.689	1.680	1.662	1.641	1.574	1.481	1.401	1.339	1.032	0.765
10,000	2.267	2.257	2.236	2.216	2.131	2.016	1.909	1.824	1.441	1.096
12,500	2.840	2.830	2.805	2.791	2.693	2.551	2.428	2.338	1.862	1.428
15,000	3.409	3.405	3.386	3.338	3.244	3.085	2.957	2.847	2.288	1.783
20,000	4.578	4.544	4.529	4.500	4.349	4.159	4.003	3.851	3.154	2.513
25,000	5.761	5.733	5.683	5.650	5.496	5.252	5.071	4.882	4.059	3.276
50,000	11.626	11.598	11.571	11.421	11.168	10.782	10.443	10.111	8.648	7.184

Table 3

80% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.160	0.157	0.157	0.154	0.138	0.122	0.110	0.097	0.063	0.038
750	0.235	0.232	0.229	0.222	0.206	0.182	0.163	0.146	0.096	0.063
1,000	0.315	0.311	0.304	0.297	0.276	0.244	0.221	0.201	0.132	0.085
1,500	0.463	0.459	0.451	0.443	0.411	0.371	0.335	0.307	0.211	0.139
2,000	0.613	0.604	0.594	0.582	0.547	0.495	0.456	0.421	0.294	0.198
2,500	0.760	0.755	0.746	0.732	0.687	0.625	0.572	0.534	0.376	0.262
5,000	1.489	1.469	1.463	1.438	1.367	1.271	1.187	1.116	0.839	0.607
7,500	1.743	1.730	1.717	1.693	1.617	1.517	1.429	1.348	1.047	0.784
10,000	2.302	2.287	2.272	2.243	2.154	2.022	1.919	1.824	1.449	1.104
12,500	2.861	2.845	2.828	2.794	2.685	2.542	2.416	2.307	1.854	1.435
15,000	3.413	3.394	3.375	3.338	3.216	3.048	2.906	2.776	2.259	1.763
20,000	4.517	4.495	4.461	4.416	4.281	4.067	3.887	3.729	3.086	2.456
25,000	5.620	5.581	5.555	5.502	5.332	5.096	4.873	4.689	3.917	3.157
50,000	11.024	10.981	10.916	10.808	10.526	10.114	9.768	9.443	8.100	6.735

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.138	0.140	0.132	0.133	0.121	0.105	0.099	0.087	0.053	0.038
750	0.203	0.204	0.195	0.190	0.176	0.162	0.145	0.131	0.087	0.060
1,000	0.268	0.270	0.260	0.256	0.240	0.217	0.195	0.177	0.120	0.082
1,500	0.403	0.395	0.394	0.389	0.362	0.329	0.303	0.278	0.188	0.129
2,000	0.536	0.527	0.526	0.509	0.494	0.443	0.407	0.381	0.272	0.182
2,500	0.668	0.673	0.655	0.649	0.611	0.562	0.524	0.488	0.349	0.246
5,000	1.343	1.329	1.311	1.295	1.244	1.163	1.088	1.035	0.787	0.574
7,500	1.581	1.571	1.558	1.537	1.480	1.396	1.326	1.262	0.982	0.737
10,000	2.112	2.108	2.087	2.072	1.993	1.888	1.787	1.714	1.362	1.056
12,500	2.633	2.629	2.612	2.589	2.504	2.368	2.265	2.195	1.756	1.367
15,000	3.159	3.154	3.142	3.095	3.014	2.869	2.747	2.652	2.151	1.688
20,000	4.233	4.199	4.183	4.162	4.029	3.855	3.716	3.572	2.957	2.366
25,000	5.306	5.267	5.229	5.205	5.071	4.847	4.685	4.518	3.790	3.066
50,000	10.587	10.556	10.546	10.417	10.177	9.841	9.535	9.239	7.938	6.636

Table 4

70% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.157	0.154	0.154	0.148	0.138	0.119	0.107	0.097	0.063	0.038
750	0.225	0.225	0.222	0.215	0.199	0.175	0.160	0.146	0.096	0.063
1,000	0.304	0.300	0.297	0.286	0.269	0.237	0.214	0.197	0.132	0.085
1,500	0.443	0.439	0.431	0.423	0.395	0.355	0.323	0.299	0.203	0.139
2,000	0.578	0.573	0.568	0.556	0.521	0.473	0.438	0.403	0.285	0.194
2,500	0.717	0.712	0.708	0.694	0.649	0.592	0.548	0.510	0.366	0.252
5,000	1.386	1.379	1.366	1.341	1.283	1.194	1.116	1.051	0.800	0.581
7,500	1.611	1.605	1.592	1.568	1.504	1.410	1.335	1.266	0.991	0.746
10,000	2.125	2.111	2.103	2.074	1.992	1.882	1.787	1.699	1.353	1.038
12,500	2.634	2.618	2.601	2.567	2.475	2.341	2.231	2.139	1.728	1.351
15,000	3.132	3.113	3.094	3.057	2.953	2.804	2.681	2.570	2.100	1.650
20,000	4.111	4.101	4.067	4.022	3.909	3.718	3.560	3.425	2.849	2.276
25,000	5.109	5.083	5.057	5.004	4.847	4.637	4.454	4.283	3.589	2.921
50,000	9.919	9.876	9.833	9.747	9.486	9.118	8.815	8.533	7.342	6.129

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.136	0.135	0.130	0.128	0.119	0.103	0.096	0.085	0.053	0.038
750	0.198	0.199	0.188	0.185	0.171	0.157	0.140	0.128	0.087	0.060
1,000	0.260	0.262	0.249	0.248	0.232	0.211	0.189	0.174	0.117	0.082
1,500	0.385	0.377	0.376	0.371	0.347	0.316	0.293	0.265	0.182	0.129
2,000	0.509	0.500	0.499	0.485	0.469	0.422	0.393	0.366	0.265	0.178
2,500	0.631	0.635	0.618	0.619	0.581	0.531	0.500	0.468	0.341	0.238
5,000	1.254	1.240	1.227	1.206	1.164	1.093	1.023	0.974	0.753	0.557
7,500	1.462	1.457	1.444	1.423	1.375	1.300	1.234	1.180	0.927	0.704
10,000	1.951	1.946	1.932	1.916	1.842	1.754	1.665	1.597	1.277	0.996
12,500	2.426	2.414	2.397	2.380	2.307	2.192	2.095	2.029	1.642	1.283
15,000	2.893	2.887	2.882	2.836	2.768	2.644	2.537	2.448	1.997	1.585
20,000	3.858	3.824	3.817	3.794	3.679	3.521	3.408	3.283	2.729	2.198
25,000	4.816	4.789	4.752	4.736	4.610	4.418	4.274	4.129	3.472	2.843
50,000	9.528	9.494	9.481	9.373	9.165	8.859	8.606	8.346	7.186	6.046

Table 5

60% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.154	0.151	0.148	0.145	0.132	0.116	0.104	0.094	0.060	0.038
750	0.218	0.215	0.212	0.205	0.192	0.168	0.153	0.139	0.093	0.060
1,000	0.286	0.286	0.283	0.275	0.255	0.230	0.207	0.190	0.128	0.085
1,500	0.419	0.415	0.407	0.399	0.375	0.339	0.307	0.287	0.199	0.135
2,000	0.543	0.538	0.533	0.521	0.490	0.447	0.412	0.385	0.276	0.194
2,500	0.674	0.664	0.660	0.646	0.611	0.559	0.519	0.481	0.352	0.242
5,000	1.276	1.263	1.256	1.238	1.180	1.104	1.039	0.980	0.755	0.562
7,500	1.473	1.467	1.454	1.430	1.372	1.291	1.228	1.166	0.928	0.708
10,000	1.926	1.920	1.904	1.883	1.816	1.713	1.633	1.559	1.257	0.972
12,500	2.374	2.366	2.358	2.324	2.248	2.131	2.030	1.946	1.585	1.250
15,000	2.823	2.804	2.785	2.757	2.662	2.541	2.428	2.336	1.922	1.528
20,000	3.683	3.673	3.650	3.616	3.503	3.346	3.211	3.098	2.590	2.096
25,000	4.559	4.533	4.507	4.467	4.336	4.152	3.996	3.851	3.248	2.659
50,000	8.750	8.728	8.685	8.599	8.381	8.078	7.797	7.580	6.541	5.501

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.131	0.133	0.125	0.123	0.114	0.101	0.096	0.085	0.051	0.038
750	0.191	0.191	0.181	0.178	0.164	0.152	0.137	0.125	0.084	0.060
1,000	0.247	0.248	0.239	0.237	0.221	0.203	0.181	0.168	0.114	0.079
1,500	0.364	0.356	0.358	0.353	0.332	0.300	0.277	0.255	0.179	0.126
2,000	0.475	0.470	0.468	0.455	0.441	0.401	0.372	0.348	0.254	0.174
2,500	0.590	0.594	0.577	0.577	0.543	0.500	0.472	0.444	0.325	0.234
5,000	1.154	1.141	1.128	1.112	1.074	1.012	0.947	0.908	0.708	0.528
7,500	1.333	1.333	1.320	1.304	1.260	1.193	1.137	1.087	0.866	0.665
10,000	1.765	1.766	1.752	1.741	1.679	1.601	1.518	1.467	1.185	0.929
12,500	2.191	2.185	2.168	2.156	2.096	1.987	1.903	1.848	1.506	1.191
15,000	2.611	2.604	2.598	2.561	2.497	2.395	2.293	2.227	1.835	1.464
20,000	3.453	3.430	3.421	3.406	3.299	3.177	3.069	2.963	2.480	2.010
25,000	4.303	4.276	4.251	4.232	4.125	3.954	3.839	3.704	3.142	2.583
50,000	8.409	8.392	8.376	8.269	8.113	7.836	7.615	7.412	6.413	5.414

Table 6

Accidental Death - Monthly Claims Costs

Rate Per $1,000 0.00875

Table 7

Employer Contribution	Factor
None	1.00
25%	0.96
50%	0.91
100%	0.77

Table 8

Pre-Ex	Factor
Virgin Group - Include Pre-Ex	1.00
Waive Pre-Ex Less Than 200 Enrolled	1.06
Waive Pre-Ex 200 Or More Enrolled	1.00

Table 9

Average Age	Factor
Less Than 40	1.00
40 To 49	1.10
50 To 54	1.15
55 to 59	1.20
60 Or More	999.00

Table 10

Female Content	Factor
Female % - 60% Or Less	1.00
Female % - 60% To 75%	1.10
Female % - More Than 75%	1.15

Table 11

Employment Turnover	Factor
Less Than 50%	1.00
50% Or More	1.10

Table 12

Industry Adjustments	Factor
Realtors	1.35
Trucking	1.30
Professional Employment Organizations	1.35
Employee Leasing Companies	1.25
Nursing Homes	1.25
All Others	1.00

Table 13

Insured Combination Factors	Factor
1 Tier -	
All Employees	1.00
2 Tier -	
Employee	1.00
Family	3.59
3 Tier -	
Employee	1.00
Employee + 1 dependent	2.20
Family	3.20
4 Tier -	
Employee	1.00
Employee + Spouse/Domestic Partner	2.37
Employee + Child	1.97
Family	3.20
5 Tier -	
Employee	1.00
Employee + Spouse/Domestic Partner	2.37
Employee + One Child	1.97
Employee + Two Or More Children	2.87
Family	3.20

Table 14

Expense Components	Percentage
Commissions	25.00
Premium Tax	2.50
New Business Expenses	2.50
Administration Expenses	5.00
Contingency and Risk Margin	2.50
Profit	2.50
Total	40.00
Target Loss Ratio	60.00

State: District of Columbia **Filing Company:** Axis Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: GOA-DC-RATE-REV
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	cover letter-GOA-DC-RATE-REV.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	AXIS Plisky Authorization-2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	GOA_Rate_Filing_April_2014.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

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

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

State: District of Columbia **Filing Company:** Axis Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: GOA-DC-RATE-REV
Project Name/Number: /

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

PLISKY PLISKY & CO. LLC

617 UNION AVENUE, UNIT 1-21 ◊ BRIELLE, NJ 08730 ◊ PHONE: (732) 223-0770 ◊ FAX: (732) 223-1776

May 9, 2014

Commissioner of Insurance
Department of Insurance, Securities and Banking
Government of the District of Columbia
810 First Street, NE #701
Washington, DC 20002

RE: **Axis Insurance Company** **NAIC#: 3416 37273 / FEIN#: 39-1338397**
Group Outpatient Accident **TOI: H02G.000**

Company Tracking No.: GOA-DC-RATE-REV
SERFF Tracking No.: PLIS-129537927
Corresponding policy forms: T-GOA-001-0112-DC et al.

Dear Sir or Madam:

On behalf of AXIS Insurance Company, Plisky Plisky & Co., LLC is submitting this Rate Filing for your review and approval. Please find enclosed a letter of authorization.

This Rate Filing is intended to replace the Rate Filing that was approved on June 12, 2013 as SERFF Tracking No. PLIS-129028486. The purpose of this Rate Filing is to update the rate manual.

We propose an effective date of June 13, 2014.

There is only one D.C. group policyholder at this time with only $7,801 in written premium. The expected overall premium impact of this Rate Filing on this D.C. group policyholder is $0.

The corresponding Group Outpatient Accident policy forms (form # T-GOA-001-0112-DC et al.) were approved in D.C. on June 4, 2013 as SERFF Tracking No. PLIS-129027060.

If you have any questions, please contact me directly at (732) 223-0770 or j.plisky@verizon.net.

Sincerely,

John M. Plisky, Consultant

AXIS

1 University Square Drive
Suite 200
Princeton, NJ 08540

October 25, 2013

Re: AXIS Insurance Company
NAIC Company Number: 37273
Group Filing Submissions

To Whom It May Concern:

Plisky Plisky & Co. LLC is hereby authorized to submit rate and form filings on behalf of AXIS Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to John Plisky at the following address:

John M. Plisky, President
Plisky Plisky & Co. LLC
617 Union Ave., Unit 1-21
Brielle, NJ 08730
j.plisky@verizon.net
ph: (732) 223-0770
fax: (732) 223-1776

Please contact me if you have any questions regarding this authorization.

Sincerely,

Megan K. Morehead

Megan K. Morehead, Esq.
Assistant Vice President – Compliance & Product
AXIS Accident & Health
Office: 609-375-9117
Mobile: 609-216-3342
Megan.Morehead@AXIScapital.com

AXIS INSURANCE COMPANY
ACTUARIAL MEMORANDUM

GROUP ACCIDENT INSURANCE POLICY
Form Number T-GOA-002-0112

April, 2014

AXIS INSURANCE COMPANY
ACTUARIAL MEMORANDUM

GROUP ACCIDENT INSURANCE POLICY
Form Number T-GOA-002-0112

Scope and Purpose

This memorandum presents updated rates for this product. They will be used upon approval by the Department.

Product Description

This Group Accident Insurance Policy pays a lump sum benefit for an Accidental Death or Dismemberment arising out of a covered accident. This Policy also pays a certain percent of Usual and Customary Outpatient Medical Expenses arising out of a covered accident, subject to the conditions and limitations shown in the Policy.

Rate Tables

Attached to this memo, are the rating tables for this product. The rates contained in these tables represent the net monthly claims cost for the benefits covered by this product. The net monthly claims cost are converted to premium by dividing by the Target Loss Ratio described later in this memo.

The requested plan is rated by adding up the costs for both benefits from Tables 1 through 6. If a particular plan feature is not tabulated, the underwriter may interpolate between tabulated values to derive a cost.

A number of group level adjustments are applied as shown in Tables 7 through 12. Should a characteristic inherent to a particular group not be reflected in these tables, the underwriter may apply judgment and deviate from the tabulated costs and adjustments up to 15%.

The costs are then expanded to provide a rate for the primary insured, spouse/eligible domestic partner and children of the primary insured. The final rates will be expressed by categories of these insureds. Table 13 contains factors for different categories. The Underwriter may remix the rates based on the actual distribution of insured for a given group or to better align rates with an existing plan.

Target Loss Ratio

The target loss ratio for this product is 60%. 52% for claims and 8% for Loss Adjudication Expenses.

Table 14 contains a detailed breakdown of the expense components of the product.

Other Considerations

This product is annually renewable at the option of the policyholder or the Company. The premiums are not guaranteed, and, are subject to change upon renewal.

The average annual premium for an employee is expected to be around $40 per year for a $5,000 Medical Expense and AD benefit policy.

Since this is an indemnity product, area factors were not utilized.

Experience Rating

Groups will be experience rated if their claims experience is credible.

Credibility is based on years of premium exposure and is detailed in the following table.

Annual Premium of the Group	Credibility
Less than $250,000	0%
$250,001 to $500,000	25%
$500,001 to $750,000	50%
$750,001 to $1,000,000	75%
More than $1,000,000	100%

Up to three years of experience will be used to experience rate a group. Each year of experience will be weighted. The most recent year will receive a weight of 45%, the next year will be 35% and the third year back will receive a weight of 20%.

The group's experience rate will be calculated utilizing the following formula:

Group rate = {Group's Credibility Factor * Group Experience Rate} +
{(1 – Group's Credibility Factor) * Manual Rate}

Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of the state. The proposed benefits are reasonable in relation to premiums charged and are not unfairly discriminatory.

Submitted by: Raymond A. Siwek, FSA, MAAA

Title: Vice President and Actuary

Date: April 8, 2014

Claims Cost Tables

Table 1

100% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.166	0.166	0.160	0.157	0.144	0.125	0.113	0.100	0.063	0.041
750	0.249	0.246	0.239	0.232	0.212	0.189	0.169	0.152	0.096	0.063
1,000	0.333	0.329	0.322	0.315	0.290	0.258	0.229	0.208	0.136	0.089
1,500	0.499	0.491	0.487	0.475	0.439	0.391	0.355	0.323	0.215	0.143
2,000	0.665	0.656	0.647	0.630	0.591	0.530	0.482	0.443	0.307	0.206
2,500	0.831	0.826	0.812	0.798	0.745	0.673	0.620	0.572	0.396	0.272
5,000	1.663	1.650	1.631	1.599	1.522	1.406	1.303	1.219	0.903	0.645
7,500	1.969	1.956	1.937	1.906	1.818	1.699	1.592	1.504	1.147	0.834
10,000	2.625	2.610	2.588	2.551	2.441	2.294	2.162	2.052	1.596	1.199
12,500	3.281	3.264	3.239	3.197	3.071	2.886	2.735	2.609	2.064	1.569
15,000	3.938	3.919	3.891	3.835	3.694	3.488	3.310	3.160	2.541	1.950
20,000	5.250	5.216	5.182	5.126	4.946	4.698	4.484	4.292	3.492	2.737
25,000	6.563	6.524	6.485	6.419	6.209	5.908	5.659	5.436	4.480	3.563
50,000	13.125	13.060	12.995	12.865	12.497	11.999	11.544	11.154	9.486	7.818

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.142	0.144	0.136	0.135	0.125	0.109	0.102	0.089	0.055	0.038
750	0.215	0.214	0.205	0.200	0.183	0.168	0.151	0.137	0.087	0.060
1,000	0.287	0.286	0.276	0.272	0.253	0.229	0.204	0.186	0.123	0.082
1,500	0.433	0.425	0.424	0.416	0.386	0.348	0.319	0.291	0.194	0.132
2,000	0.584	0.575	0.570	0.553	0.528	0.475	0.435	0.403	0.283	0.190
2,500	0.730	0.733	0.715	0.709	0.664	0.604	0.564	0.524	0.365	0.254
5,000	1.500	1.487	1.468	1.442	1.382	1.288	1.196	1.129	0.843	0.608
7,500	1.787	1.779	1.760	1.735	1.663	1.566	1.476	1.405	1.076	0.787
10,000	2.409	2.400	2.379	2.354	2.257	2.137	2.018	1.928	1.506	1.143
12,500	3.026	3.016	2.991	2.964	2.860	2.698	2.569	2.474	1.960	1.497
15,000	3.651	3.640	3.621	3.565	3.457	3.285	3.133	3.008	2.425	1.869
20,000	4.913	4.879	4.855	4.819	4.659	4.452	4.280	4.109	3.351	2.639
25,000	6.192	6.153	6.114	6.072	5.898	5.633	5.433	5.234	4.328	3.461
50,000	12.605	12.560	12.515	12.385	12.078	11.662	11.269	10.921	9.316	7.711

Table 2

90% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.163	0.160	0.160	0.154	0.141	0.125	0.110	0.100	0.063	0.041
750	0.242	0.239	0.236	0.225	0.209	0.182	0.166	0.149	0.096	0.063
1,000	0.322	0.318	0.315	0.308	0.283	0.251	0.225	0.208	0.136	0.089
1,500	0.483	0.475	0.471	0.459	0.427	0.383	0.347	0.315	0.215	0.143
2,000	0.639	0.630	0.625	0.608	0.569	0.517	0.469	0.430	0.298	0.202
2,500	0.798	0.793	0.779	0.765	0.716	0.649	0.601	0.553	0.386	0.262
5,000	1.579	1.566	1.547	1.522	1.451	1.342	1.245	1.174	0.871	0.626
7,500	1.862	1.849	1.830	1.806	1.724	1.611	1.517	1.429	1.097	0.815
10,000	2.471	2.456	2.434	2.397	2.301	2.162	2.044	1.942	1.530	1.148
12,500	3.088	3.063	3.046	3.004	2.886	2.727	2.584	2.466	1.963	1.502
15,000	3.685	3.666	3.638	3.591	3.469	3.282	3.122	2.982	2.400	1.866
20,000	4.889	4.867	4.833	4.777	4.619	4.394	4.191	4.022	3.289	2.602
25,000	6.105	6.079	6.040	5.974	5.790	5.515	5.279	5.069	4.205	3.367
50,000	12.107	12.042	11.999	11.869	11.544	11.089	10.699	10.331	8.815	7.298

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.140	0.142	0.134	0.133	0.123	0.107	0.102	0.087	0.053	0.038
750	0.210	0.209	0.200	0.195	0.181	0.165	0.148	0.134	0.087	0.060
1,000	0.279	0.278	0.268	0.264	0.245	0.223	0.201	0.183	0.123	0.082
1,500	0.418	0.410	0.409	0.404	0.374	0.339	0.309	0.281	0.191	0.132
2,000	0.560	0.551	0.550	0.533	0.511	0.461	0.421	0.392	0.276	0.186
2,500	0.701	0.707	0.685	0.683	0.641	0.581	0.544	0.508	0.357	0.250
5,000	1.427	1.408	1.395	1.374	1.313	1.228	1.142	1.085	0.815	0.591
7,500	1.689	1.680	1.662	1.641	1.574	1.481	1.401	1.339	1.032	0.765
10,000	2.267	2.257	2.236	2.216	2.131	2.016	1.909	1.824	1.441	1.096
12,500	2.840	2.830	2.805	2.791	2.693	2.551	2.428	2.338	1.862	1.428
15,000	3.409	3.405	3.386	3.338	3.244	3.085	2.957	2.847	2.288	1.783
20,000	4.578	4.544	4.529	4.500	4.349	4.159	4.003	3.851	3.154	2.513
25,000	5.761	5.733	5.683	5.650	5.496	5.252	5.071	4.882	4.059	3.276
50,000	11.626	11.598	11.571	11.421	11.168	10.782	10.443	10.111	8.648	7.184

Table 3

80% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.160	0.157	0.157	0.154	0.138	0.122	0.110	0.097	0.063	0.038
750	0.235	0.232	0.229	0.222	0.206	0.182	0.163	0.146	0.096	0.063
1,000	0.315	0.311	0.304	0.297	0.276	0.244	0.221	0.201	0.132	0.085
1,500	0.463	0.459	0.451	0.443	0.411	0.371	0.335	0.307	0.211	0.139
2,000	0.613	0.604	0.594	0.582	0.547	0.495	0.456	0.421	0.294	0.198
2,500	0.760	0.755	0.746	0.732	0.687	0.625	0.572	0.534	0.376	0.262
5,000	1.489	1.469	1.463	1.438	1.367	1.271	1.187	1.116	0.839	0.607
7,500	1.743	1.730	1.717	1.693	1.617	1.517	1.429	1.348	1.047	0.784
10,000	2.302	2.287	2.272	2.243	2.154	2.022	1.919	1.824	1.449	1.104
12,500	2.861	2.845	2.828	2.794	2.685	2.542	2.416	2.307	1.854	1.435
15,000	3.413	3.394	3.375	3.338	3.216	3.048	2.906	2.776	2.259	1.763
20,000	4.517	4.495	4.461	4.416	4.281	4.067	3.887	3.729	3.086	2.456
25,000	5.620	5.581	5.555	5.502	5.332	5.096	4.873	4.689	3.917	3.157
50,000	11.024	10.981	10.916	10.808	10.526	10.114	9.768	9.443	8.100	6.735

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.138	0.140	0.132	0.133	0.121	0.105	0.099	0.087	0.053	0.038
750	0.203	0.204	0.195	0.190	0.176	0.162	0.145	0.131	0.087	0.060
1,000	0.268	0.270	0.260	0.256	0.240	0.217	0.195	0.177	0.120	0.082
1,500	0.403	0.395	0.394	0.389	0.362	0.329	0.303	0.278	0.188	0.129
2,000	0.536	0.527	0.526	0.509	0.494	0.443	0.407	0.381	0.272	0.182
2,500	0.668	0.673	0.655	0.649	0.611	0.562	0.524	0.488	0.349	0.246
5,000	1.343	1.329	1.311	1.295	1.244	1.163	1.088	1.035	0.787	0.574
7,500	1.581	1.571	1.558	1.537	1.480	1.396	1.326	1.262	0.982	0.737
10,000	2.112	2.108	2.087	2.072	1.993	1.888	1.787	1.714	1.362	1.056
12,500	2.633	2.629	2.612	2.589	2.504	2.368	2.265	2.195	1.756	1.367
15,000	3.159	3.154	3.142	3.095	3.014	2.869	2.747	2.652	2.151	1.688
20,000	4.233	4.199	4.183	4.162	4.029	3.855	3.716	3.572	2.957	2.366
25,000	5.306	5.267	5.229	5.205	5.071	4.847	4.685	4.518	3.790	3.066
50,000	10.587	10.556	10.546	10.417	10.177	9.841	9.535	9.239	7.938	6.636

Table 4

70% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.157	0.154	0.154	0.148	0.138	0.119	0.107	0.097	0.063	0.038
750	0.225	0.225	0.222	0.215	0.199	0.175	0.160	0.146	0.096	0.063
1,000	0.304	0.300	0.297	0.286	0.269	0.237	0.214	0.197	0.132	0.085
1,500	0.443	0.439	0.431	0.423	0.395	0.355	0.323	0.299	0.203	0.139
2,000	0.578	0.573	0.568	0.556	0.521	0.473	0.438	0.403	0.285	0.194
2,500	0.717	0.712	0.708	0.694	0.649	0.592	0.548	0.510	0.366	0.252
5,000	1.386	1.379	1.366	1.341	1.283	1.194	1.116	1.051	0.800	0.581
7,500	1.611	1.605	1.592	1.568	1.504	1.410	1.335	1.266	0.991	0.746
10,000	2.125	2.111	2.103	2.074	1.992	1.882	1.787	1.699	1.353	1.038
12,500	2.634	2.618	2.601	2.567	2.475	2.341	2.231	2.139	1.728	1.351
15,000	3.132	3.113	3.094	3.057	2.953	2.804	2.681	2.570	2.100	1.650
20,000	4.111	4.101	4.067	4.022	3.909	3.718	3.560	3.425	2.849	2.276
25,000	5.109	5.083	5.057	5.004	4.847	4.637	4.454	4.283	3.589	2.921
50,000	9.919	9.876	9.833	9.747	9.486	9.118	8.815	8.533	7.342	6.129

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.136	0.135	0.130	0.128	0.119	0.103	0.096	0.085	0.053	0.038
750	0.198	0.199	0.188	0.185	0.171	0.157	0.140	0.128	0.087	0.060
1,000	0.260	0.262	0.249	0.248	0.232	0.211	0.189	0.174	0.117	0.082
1,500	0.385	0.377	0.376	0.371	0.347	0.316	0.293	0.265	0.182	0.129
2,000	0.509	0.500	0.499	0.485	0.469	0.422	0.393	0.366	0.265	0.178
2,500	0.631	0.635	0.618	0.619	0.581	0.531	0.500	0.468	0.341	0.238
5,000	1.254	1.240	1.227	1.206	1.164	1.093	1.023	0.974	0.753	0.557
7,500	1.462	1.457	1.444	1.423	1.375	1.300	1.234	1.180	0.927	0.704
10,000	1.951	1.946	1.932	1.916	1.842	1.754	1.665	1.597	1.277	0.996
12,500	2.426	2.414	2.397	2.380	2.307	2.192	2.095	2.029	1.642	1.283
15,000	2.893	2.887	2.882	2.836	2.768	2.644	2.537	2.448	1.997	1.585
20,000	3.858	3.824	3.817	3.794	3.679	3.521	3.408	3.283	2.729	2.198
25,000	4.816	4.789	4.752	4.736	4.610	4.418	4.274	4.129	3.472	2.843
50,000	9.528	9.494	9.481	9.373	9.165	8.859	8.606	8.346	7.186	6.046

Table 5

60% U&C **Accident Medical - Monthly Claims Costs**

Annual	Annual Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.154	0.151	0.148	0.145	0.132	0.116	0.104	0.094	0.060	0.038
750	0.218	0.215	0.212	0.205	0.192	0.168	0.153	0.139	0.093	0.060
1,000	0.286	0.286	0.283	0.275	0.255	0.230	0.207	0.190	0.128	0.085
1,500	0.419	0.415	0.407	0.399	0.375	0.339	0.307	0.287	0.199	0.135
2,000	0.543	0.538	0.533	0.521	0.490	0.447	0.412	0.385	0.276	0.194
2,500	0.674	0.664	0.660	0.646	0.611	0.559	0.519	0.481	0.352	0.242
5,000	1.276	1.263	1.256	1.238	1.180	1.104	1.039	0.980	0.755	0.562
7,500	1.473	1.467	1.454	1.430	1.372	1.291	1.228	1.166	0.928	0.708
10,000	1.926	1.920	1.904	1.883	1.816	1.713	1.633	1.559	1.257	0.972
12,500	2.374	2.366	2.358	2.324	2.248	2.131	2.030	1.946	1.585	1.250
15,000	2.823	2.804	2.785	2.757	2.662	2.541	2.428	2.336	1.922	1.528
20,000	3.683	3.673	3.650	3.616	3.503	3.346	3.211	3.098	2.590	2.096
25,000	4.559	4.533	4.507	4.467	4.336	4.152	3.996	3.851	3.248	2.659
50,000	8.750	8.728	8.685	8.599	8.381	8.078	7.797	7.580	6.541	5.501

Annual	Per Accident Deductible									
Max Benefit	**0**	**25**	**50**	**100**	**250**	**500**	**750**	**1,000**	**2,500**	**5,000**
500	0.131	0.133	0.125	0.123	0.114	0.101	0.096	0.085	0.051	0.038
750	0.191	0.191	0.181	0.178	0.164	0.152	0.137	0.125	0.084	0.060
1,000	0.247	0.248	0.239	0.237	0.221	0.203	0.181	0.168	0.114	0.079
1,500	0.364	0.356	0.358	0.353	0.332	0.300	0.277	0.255	0.179	0.126
2,000	0.475	0.470	0.468	0.455	0.441	0.401	0.372	0.348	0.254	0.174
2,500	0.590	0.594	0.577	0.577	0.543	0.500	0.472	0.444	0.325	0.234
5,000	1.154	1.141	1.128	1.112	1.074	1.012	0.947	0.908	0.708	0.528
7,500	1.333	1.333	1.320	1.304	1.260	1.193	1.137	1.087	0.866	0.665
10,000	1.765	1.766	1.752	1.741	1.679	1.601	1.518	1.467	1.185	0.929
12,500	2.191	2.185	2.168	2.156	2.096	1.987	1.903	1.848	1.506	1.191
15,000	2.611	2.604	2.598	2.561	2.497	2.395	2.293	2.227	1.835	1.464
20,000	3.453	3.430	3.421	3.406	3.299	3.177	3.069	2.963	2.480	2.010
25,000	4.303	4.276	4.251	4.232	4.125	3.954	3.839	3.704	3.142	2.583
50,000	8.409	8.392	8.376	8.269	8.113	7.836	7.615	7.412	6.413	5.414

Table 6

Accidental Death - Monthly Claims Costs

Rate Per $1,000 0.00875

Table 7

Employer Contribution	Factor
None	1.00
25%	0.96
50%	0.91
100%	0.77

Table 8

Pre-Ex	Factor
Virgin Group - Include Pre-Ex	1.00
Waive Pre-Ex Less Than 200 Enrolled	1.06
Waive Pre-Ex 200 Or More Enrolled	1.00

Table 9

Average Age	Factor
Less Than 40	1.00
40 To 49	1.10
50 To 54	1.15
55 to 59	1.20
60 Or More	999.00

Table 10

Female Content	Factor
Female % - 60% Or Less	1.00
Female % - 60% To 75%	1.10
Female % - More Than 75%	1.15

Table 11

Employment Turnover	Factor
Less Than 50%	1.00
50% Or More	1.10

Table 12

Industry Adjustments	Factor
Realtors	1.35
Trucking	1.30
Professional Employment Organizations	1.35
Employee Leasing Companies	1.25
Nursing Homes	1.25
All Others	1.00

Table 13

Insured Combination Factors	Factor
1 Tier -	
All Employees	1.00
2 Tier -	
Employee	1.00
Family	3.59
3 Tier -	
Employee	1.00
Employee + 1 dependent	2.20
Family	3.20
4 Tier -	
Employee	1.00
Employee + Spouse/Domestic Partner	2.37
Employee + Child	1.97
Family	3.20
5 Tier -	
Employee	1.00
Employee + Spouse/Domestic Partner	2.37
Employee + One Child	1.97
Employee + Two Or More Children	2.87
Family	3.20

Table 14

Expense Components	Percentage
Commissions	25.00
Premium Tax	2.50
New Business Expenses	2.50
Administration Expenses	5.00
Contingency and Risk Margin	2.50
Profit	2.50
Total	40.00
Target Loss Ratio	60.00