

State: District of Columbia **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)
Project Name/Number: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152

Filing at a Glance

Company: Zurich American Insurance Company
Product Name: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 03/14/2014
SERFF Tr Num: ZURC-129447606
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: CW AH 37152
Implementation: 03/14/2014
Date Requested:
Author(s): Diana Crown
Reviewer(s): Donghan Xu (primary), Alula Selassie
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: Lifestyle Voluntary Benefits - Personal Accident Status of Filing in Domicile: Authorized Policy (GPA)

Project Number: CW AH 37152

Date Approved in Domicile: 02/26/2014

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Association, Employer, Trust

Overall Rate Impact:

Filing Status Changed: 04/07/2014

State Status Changed:

Deemer Date:

Created By: Diana Crown

Submitted By: Diana Crown

Corresponding Filing Tracking Number: ZURC-129447607

Filing Description:

Attached for your review is our actuarial memorandum and rate manual for this new product which will be submitted after approval of this Rate filing.

This is a new Group Accident Insurance product, which will be marketed to:

1. all size employer groups ranging from five (5) employees to any size employer group thereafter; and
2. bona fide associations, trust groups and unions.

At this time, Zurich is not in the process of contracting with any associations, trusts or unions with respect to this new product.

All forms are new and are not intended to replace any other forms currently in use.

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Please note that we will be attaching previously filed form U-GU-1147-A (01/14) to both the application and the enrollment form for this product. This form contains the District of Columbia's required fraud warning language. It was submitted via SERFF filing ZURC-129145000 and approved for use in the District of Columbia effective 9/4/2013.

Company and Contact

Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com

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1400 American Lane 847-706-2621 [Phone]
 Schaumburg, IL 60196

Filing Company Information

| | | |
|-----------------------------------|-------------------------|-----------------------------|
| Zurich American Insurance Company | CoCode: 16535 | State of Domicile: New York |
| 1400 American Lane | Group Code: 212 | Company Type: |
| Schaumburg, IL 60102 | Group Name: | State ID Number: |
| (847) 605-6000 ext. [Phone] | FEIN Number: 36-4233459 | |

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

ZURC-129447606

State Tracking #:

Company Tracking #:

CW AH 37152

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
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: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-----------------------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Zurich American 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 Manual | U-GPA-100-A, U-GPA-200-A, U-GPA-201-A, U-GPA-202-A, U-GPA-203-A, U-GPA-204-A, U-GPA-205-A, U-GPA-206-A, U-GPA-207-A, U-GPA-208-A, U-GPA-209-A, U-GPA-210-A, U-GPA-211-A, U-GPA-212-A, U-GPA-213-A, U-GPA-214-A, U-GPA-215-A, U-GPA-216-A, U-GPA-217-A, U-GPA-218-A, U-GPA-219-A, U-GPA-220-A, U-GPA-221-A, U-GPA-222-A, U-GPA-223-A, U-GPA-224-A, U-GPA-225-A, U-GPA-226-A, U-GPA-227-A, U-GPA-228-A, U-GPA-229-A, U-GPA-230-A, U-GPA-231-A, U-GPA-232-A, U-GPA-233-A, U-GPA-234-A, U-GPA-235-A, U-GPA-236-A, U-GPA-237-A, U-GPA-238-A, U-GPA-239-A, U-GPA-240-A. | New | | ZNA07.GPA-100.50%LR.Rates.Final.20140313.pdf, |

Zurich American Insurance Company

Group Personal Accident Policy U-GPA-100-A
Accelerated Payment Benefit Rider Form U-GPA-200-A
Accident Dental Expense Benefit Rider Form U-GPA-201-A
After School Care Benefit Rider Form U-GPA-202-A
Carjacking Benefit Rider Form U-GPA-203-A
COBRA Benefit Rider Form U-GPA-204-A
Common Disaster Benefit Rider Form U-GPA-205-A
Commutation Benefit Rider Form U-GPA-206-A
Complications of Pregnancy Benefit Rider Form U-GPA-207-A
Continuation of Insurance Benefit Rider Form U-GPA-208-A
Day Care Benefit Rider Form U-GPA-209-A
Elder Care Benefit Rider Form U-GPA-210-A
Emergency Transportation Benefit Rider Form U-GPA-211-A
Emergency Treatment Benefit Rider Form U-GPA-212-A
Escalator Clause Option Benefit Rider Form U-GPA-213-A
Exposure and Disappearance Benefit Rider Form U-GPA-214-A
Felony Victim Benefit Rider Form U-GPA-215-A
Funeral [and] [Executor] Expense Benefit Rider Form U-GPA-216-A
Hearing Aid or Prosthetic Appliance Benefit U-GPA-217-A
Higher Education Benefit Rider Form U-GPA-218-A
Hijacking or Skyjacking Benefit Rider Form U-GPA-219-A
Home Alteration and Vehicle Modification Benefit Rider Form U-GPA-220-A
Natural Disaster Benefit Rider Form U-GPA-221-A
Occupational Hepatitis Accident Benefit Rider Form U-GPA-222-A
Occupational HIV Accident Benefit Rider Form U-GPA-223-A
Out of Country Accident Protection Benefit Rider Form U-GPA-224-A
Outpatient Physician's Treatment Benefit Rider Form U-GPA-225-A
On-Premises Terrorism Benefit [H-2 Only] Rider Form U-GPA-226-A
Parent Care Benefit Rider Form U-GPA-227-A
Rehabilitation Benefit Rider Form U-GPA-228-A
Reserve Corps/National Guard Unit Benefit Rider Form U-GPA-229-A
Seat Belt/[Air Bag] Benefit Rider Form U-GPA-230-A
Spouse/[Domestic Partner] Retraining Benefit Rider Form U-GPA-231-A
Student [Tuition] [and] [Expense] Reimbursement Benefit Rider Form U-GPA-232-A
Surviving Spouse/[Domestic Partner] Benefit Rider Form U-GPA-233-A
Terrorism Benefit Rider Form U-GPA-234-A
Therapeutic Counseling Benefit Rider Form U-GPA-235-A
Traumatic Brain Injury Benefit Rider Form U-GPA-236-A
Travel Assistance Benefit Rider Form U-GPA-237-A
Travel Reimbursement Benefit Rider Form U-GPA-238-A
Waiver of Premium Option Benefit Rider Form U-GPA-239-A
Wellness Benefit Rider Form U-GPA-240-A

Rating Structure

Zurich American Insurance Company

Premium Calculations Per Person

- (1) Accident Medical Expense Benefit - Primary Claim Cost
- (2) Accident Medical Expense Benefit - Excess Integrated Claim Cost
- (3) Accident Medical Expense Benefit - Excess Corridor Claim Cost
- (4) Accident Medical Expense Benefit - Coordination of Benefits Claim Cost
- (5) Accident Medical Expense Benefit - Indemnity Claim Cost
- (6) In-Hospital Indemnity Benefit Claim Cost
- (7) In-Hospital Scheduled Benefit Claim Cost
- (8) Accidental Death Benefit Claim Cost
- (9) Accidental Dismemberment, Loss of Use, and Plegia Benefit Claim Cost
- (10) Accidental Dismemberment, Loss of Use, and Plegia Benefit for Eligible Dependent Children Claim Cost
- (11) Common Carrier Benefit Claim Cost
- (12) Coma Benefit Claim Cost
- (13) Critical Burn Benefit Claim Cost
- (14) Permanent and Total Disability Benefit Claim Cost
- (15) Accident Weekly Indemnity Benefit Claim Cost
- (16) Accelerated Payment Benefit Rider Claim Cost
- (17) Accidental Dental Expense Benefit Rider Claim Cost
- (18) After School Care Benefit Rider Claim Cost
- (19) Carjacking Benefit Rider Claim Cost
- (20) COBRA Benefit Rider Claim Cost
- (21) Common Disaster Benefit Rider Claim Cost
- (22) Commutation Benefit Rider Claim Cost
- (23) Complications of Pregnancy Benefit Rider Claim Cost
- (24) Continuation of Insurance Benefit Rider Adjustment Factor
- (25) Day Care Benefit Rider Claim Cost
- (26) Elder Care Benefit Rider Claim Cost
- (27) Emergency Transportation Benefit Rider Claim Cost
- (28) Emergency Treatment Benefit Rider Claim Cost
- (29) Escalator Clause Option Benefit Rider Adjustment Factor
- (30) Exposure and Disappearance Benefit Rider Claim Cost
- (31) Felony Victim Benefit Rider Claim Cost
- (32) Funeral [and] [Executor] Expense Benefit Claim Cost
- (33) Hearing Aid or Prosthetic Appliance Benefit Claim Cost
- (34) Higher Education Benefit Rider Claim Cost
- (35) Hijacking or Skyjacking Benefit Rider Claim Cost
- (36) Home Alteration and Vehicle Modification Benefit Rider Claim Cost
- (37) Natural Disaster Benefit Rider Claim Cost
- (38) Occupational Hepatitis Benefit Claim Cost
- (39) Occupational HIV Accident Benefit Claim Cost
- (40) On-Premises Terrorism Benefit Rider Claim Cost
- (41) Outpatient Physician's Treatment Benefit Rider Claim Cost
- (42) Parent Care Benefit Rider Claim Cost
- (43) Rehabilitation Benefit Rider Claim Cost
- (44) Reserve Corps/National Guard Unit Benefit Rider Claim Cost
- (45) Seat Belt/[Air Bag] Benefit Rider Claim Cost
- (46) Spouse/[Domestic Partner] Retraining Benefit Rider Claim Cost
- (47) Student [Tuition] [and] [Expenses] Reimbursement Benefit Rider Claim Cost
- (48) Surviving Spouse/[Domestic Partner] Benefit Rider Claim Cost
- (49) Terrorism Benefit Rider Claim Cost
- (50) Therapeutic Counseling Benefit Rider Claim Cost
- (51) Traumatic Brain Injury Benefit Rider Claim Cost
- (52) Travel Reimbursement Benefit Rider Claim Cost
- (53) Travel Assistance Plan Benefit Rider Claim Cost
- (54) Waiver of Premium Option Benefit Rider Adjustment Factor
- (55) Wellness Benefit Rider Claim Cost

Zurich American Insurance Company

(56) Total Annual Claim Cost Per Person $[\text{Sum of (1) to (23)}] + [\text{Sum of (25) to (28)}] + [\text{Sum of (30) to (53)}] + (55)$

(57) Total Annual Claim Cost Per Person $(56) \times (24) \times (29) \times (54)$

*Escalator Clause Adjustment Factor only applies to benefits dependent on Principal Sum.

(58) Out of Country Accident Protection

| Out of Country | Factor |
|------------------------|--------|
| US Coverage Only | 1.00 |
| US and Non-US Coverage | 1.00 |
| Non-US Coverage Only | 0.65 |

Total Annual Claim Cost Per Person $(57) \times \text{Out of Country Adjustment Factor}$

(59) Total Annual Claim Cost Per Person $(58) \times \text{Applicable Hazard Adjustment Factor}$
See "Hazard Factors" for guidance on applying these adjustments.

(60) Contributory/Non-Contributory Adjustment

| Contributory/Non-Contributory Adjustment | Factor |
|--|--------|
| Contributory | 1.00 |
| Non-Contributory | 0.90 |

Total Annual Claim Cost Per Person $(59) \times \text{Contributory/Non-Contributory Adjustment Factor}$

(61) Removal of General Exclusions $(60) \times \text{Applicable Exclusion Removal Adjustment Factor}$
See "General Exclusions" for guidance on applying these adjustments.

(62) Total Annual Claim Cost Per Person $(61) \times \text{Other Adjustment Factors}$
See "Other Adjustments" for guidance on applying these adjustments

(63) Total Annual Premium Per Person $(62) / (\text{Target Loss Ratio of } 50\%)$

(64) Premium Classes

Premiums will vary by family composition. The family composition classes could be any of the following: "Employee", "Spouse/Domestic Partner", "Dependent Children", "Employee & Children", "Spouse/Domestic Partner & Children" "Employee & Dependents". Premiums are calculated separately for the employee, spouse/domestic partner, and child(ren) using the appropriate principle sum and then added together to determine the total premium based on the family composition. For family compositions with children, the following assumptions are used:

| Premium Tier | Assumed # of Children |
|-----------------------|-----------------------|
| Employee & Children | 1.65 |
| Employee & Dependents | 2.03 |

Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions.

Zurich American Insurance Company
Hazard Adjustment Factors

| Hazard Category | Factor |
|----------------------------------|--------|
| 24 Hour Accident Protection | 1.00 |
| Full Occupational Protection | 0.15 |
| Full Non-Occupational Protection | 0.85 |

Full Occupational Protection and Full Non-Occupational Protection adjustments are only applied to the Employee claim costs.

Industry Class Adjustment Factors

| Industry Class | Rate Factor |
|---|-------------|
| A (education, healthcare, finance, retail trade, information, government) | 0.95 |
| B (manufacturing, professional business services, wholesale trade, utilities) | 1.00 |
| C (construction, transportation, warehousing) | 1.25 |
| D (mining, forestry, agriculture, fishing, hunting) | 1.60 |

Industry Class Adjustment Factors are only applied to the Employee claim costs for any Hazard.

Zurich American Insurance Company
Removal of General Exclusions Adjustment Factors

| Removal of General Exclusion | Factor |
|--|--------|
| 1. Suicide, Intentional self-inflicted injury | 1.267 |
| 5. Participation in crime, felony, assault, etc. | 1.003 |
| 7. Being legally intoxicated | 1.052 |
| 8. Being under influence of controlled substance | 1.009 |

Zurich American Insurance Company
Other Adjustment Factors

| Risk | Adjustment |
|------------------------------|-----------------|
| Age/Gender | Up to \pm 40% |
| Loss Experience | Up to \pm 25% |
| Underwriting Risk Assessment | Up to \pm 20% |
| Known Risk Concentration | Up to + 25% |
| Area Factor* | Up to \pm 25% |

*Area factor does not apply to accident medical expense benefits.

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accident Medical Expense Benefit
 Nationwide Annual Claim Costs

Accident Medical Expense - Primary Coverage

| Maximum Benefit | Deductible | | | | | | | | | |
|-----------------|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 0 | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 10,000 | 156.25 | 152.90 | 148.17 | 141.11 | 134.88 | 129.25 | 104.22 | 79.38 | 64.02 | 53.43 |
| 12,500 | 173.17 | 169.67 | 164.74 | 157.39 | 150.86 | 144.90 | 118.27 | 91.40 | 74.47 | 62.67 |
| 15,000 | 187.21 | 183.63 | 178.57 | 171.01 | 164.19 | 158.05 | 130.28 | 101.85 | 83.71 | 70.92 |
| 20,000 | 209.68 | 205.96 | 200.72 | 192.83 | 185.77 | 179.39 | 149.97 | 119.34 | 99.38 | 85.05 |
| 25,000 | 227.17 | 223.36 | 217.98 | 209.87 | 202.59 | 195.99 | 165.64 | 133.47 | 112.14 | 96.68 |
| 50,000 | 278.90 | 274.93 | 269.30 | 260.77 | 253.08 | 246.06 | 213.32 | 177.71 | 153.29 | 135.21 |
| 75,000 | 306.00 | 301.97 | 296.27 | 287.62 | 279.80 | 272.66 | 239.17 | 202.22 | 176.77 | 157.55 |
| 100,000 | 323.45 | 319.39 | 313.65 | 304.92 | 297.02 | 289.81 | 255.86 | 218.34 | 192.32 | 172.58 |

Accident Medical Expense - Excess Integrated

| Maximum Benefit | Deductible | | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 0 | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 10,000 | 70.25 | 69.43 | 68.25 | 66.52 | 64.97 | 63.57 | 57.04 | 49.65 | 44.24 | 39.92 |
| 12,500 | 73.44 | 72.62 | 71.44 | 69.71 | 68.16 | 66.76 | 60.23 | 52.84 | 47.43 | 43.11 |
| 15,000 | 75.90 | 75.08 | 73.90 | 72.17 | 70.62 | 69.22 | 62.69 | 55.30 | 49.89 | 45.57 |
| 20,000 | 79.51 | 78.69 | 77.51 | 75.78 | 74.23 | 72.83 | 66.30 | 58.91 | 53.50 | 49.18 |
| 25,000 | 82.02 | 81.20 | 80.02 | 78.29 | 76.74 | 75.34 | 68.81 | 61.42 | 56.01 | 51.69 |
| 50,000 | 88.03 | 87.21 | 86.02 | 84.30 | 82.74 | 81.34 | 74.81 | 67.43 | 62.02 | 57.69 |
| 75,000 | 90.40 | 89.58 | 88.39 | 86.67 | 85.11 | 83.71 | 77.18 | 69.80 | 64.39 | 60.06 |
| 100,000 | 91.62 | 90.80 | 89.62 | 87.89 | 86.33 | 84.93 | 78.40 | 71.02 | 65.61 | 61.28 |

Accident Medical Expense - Excess Corridor

| Maximum Benefit | Deductible | | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 0 | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 10,000 | 70.25 | 66.30 | 60.68 | 52.15 | 45.62 | 40.97 | 26.42 | 16.73 | 12.03 | 9.26 |
| 12,500 | 73.44 | 69.44 | 63.77 | 55.17 | 48.56 | 43.83 | 28.88 | 18.70 | 13.67 | 10.60 |
| 15,000 | 75.90 | 71.88 | 66.18 | 57.52 | 50.86 | 46.08 | 30.85 | 20.35 | 15.01 | 11.77 |
| 20,000 | 79.51 | 75.46 | 69.71 | 60.98 | 54.25 | 49.39 | 33.83 | 22.86 | 17.14 | 13.62 |
| 25,000 | 82.02 | 77.96 | 72.20 | 63.46 | 56.68 | 51.78 | 35.96 | 24.71 | 18.75 | 15.02 |
| 50,000 | 88.03 | 83.93 | 78.12 | 69.29 | 62.45 | 57.50 | 41.34 | 29.49 | 23.11 | 18.94 |
| 75,000 | 90.40 | 86.30 | 80.48 | 71.63 | 64.77 | 59.80 | 43.54 | 31.54 | 24.99 | 20.71 |
| 100,000 | 91.62 | 87.52 | 81.69 | 72.83 | 65.97 | 60.99 | 44.68 | 32.61 | 26.02 | 21.69 |

Accident Medical Expense with Coordination of Benefits

| Maximum Benefit | Deductible | | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 0 | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 10,000 | 70.25 | 69.43 | 68.25 | 66.52 | 64.97 | 63.57 | 57.04 | 49.65 | 44.24 | 39.92 |
| 12,500 | 73.44 | 72.62 | 71.44 | 69.71 | 68.16 | 66.76 | 60.23 | 52.84 | 47.43 | 43.11 |
| 15,000 | 75.90 | 75.08 | 73.90 | 72.17 | 70.62 | 69.22 | 62.69 | 55.30 | 49.89 | 45.57 |
| 20,000 | 79.51 | 78.69 | 77.51 | 75.78 | 74.23 | 72.83 | 66.30 | 58.91 | 53.50 | 49.18 |
| 25,000 | 82.02 | 81.20 | 80.02 | 78.29 | 76.74 | 75.34 | 68.81 | 61.42 | 56.01 | 51.69 |
| 50,000 | 88.03 | 87.21 | 86.02 | 84.30 | 82.74 | 81.34 | 74.81 | 67.43 | 62.02 | 57.69 |
| 75,000 | 90.40 | 89.58 | 88.39 | 86.67 | 85.11 | 83.71 | 77.18 | 69.80 | 64.39 | 60.06 |
| 100,000 | 91.62 | 90.80 | 89.62 | 87.89 | 86.33 | 84.93 | 78.40 | 71.02 | 65.61 | 61.28 |

Benefit Limitations Adjustment

| Benefit Limitations | Factor |
|---|--------|
| Include Accidental Dental - \$10,000 Max | 1.000 |
| Include Accidental Dental - \$1,000 Max | 0.991 |
| Exclude Accidental Dental | 0.990 |
| Include Covered Accident Pregnancy Medical Expense - Max \$10,000 | 1.000 |
| Include Covered Accident Pregnancy Medical Expense - Max \$1,000 | 0.999 |
| Exclude Pregnancy | 0.998 |
| Include Custodial Services - Max \$10,000 | 1.000 |
| Include Custodial Services - Max \$1,000 | 0.986 |
| Exclude Custodial Services | 0.984 |

First Treatment/Service within 30, 90, 180, 365 Days of Accident

| Time for Loss to Occur | 30 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 1.000 | 1.020 | 1.050 |

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accident Medical Expense Benefit
 Nationwide Annual Claim Costs

Medical Expenses Incurred within 4, 26, 52, 104 Weeks of Accident

| Time for Medical Expense to Occur | 4 Weeks | 26 Weeks | 52 Weeks | 104 Weeks |
|-----------------------------------|---------|----------|----------|-----------|
| Adjustment Factor | 0.910 | 0.950 | 1.000 | 1.150 |

Medical Emergency Care within 24, 48, 72, 96 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours |
|------------------------|----------|----------|----------|----------|
| Adjustment Factor | 0.985 | 0.990 | 0.995 | 1.000 |

Removal of Exclusion Adjustments

| Removal of Exclusion # | Description | Adjustment Factor |
|------------------------|----------------------------|-------------------|
| 10 | Hernia | 1.005 |
| 12 | Medical Repatriation | 1.008 |
| 13 | Psychiatric counseling | 1.035 |
| 17 | Repetitive Motion Injuries | 1.020 |
| 18 | Legal Intoxication | 1.051 |
| 19 | Illegal Drugs | 1.009 |
| 20 | Osgood-Schlatter's | 1.001 |

Accident Medical Expense Benefit =

- [National Annual Claim Cost for Covered Accident Medical Expense Plan Design]
- x [Benefit Limitations Adjustment]
- x [First Treatment/Service Adjustment]
- x [Medical Expense Incurred Adjustment]
- x [Medical Emergency Care Adjustment]
- x [Removal of Exclusion Adjustments]
- x [(1 + Trend)^(Year - 2013)]

Where Trend = 4%

Accident Medical Expense
U.S. State Area Factors

| <u>State</u> | <u>ST</u> | <u>Area Factor</u> |
|----------------------|-----------|--------------------|
| Alabama | AL | 0.979 |
| Alaska | AK | 1.204 |
| Arizona | AZ | 1.061 |
| Arkansas | AR | 0.864 |
| California | CA | 1.160 |
| Colorado | CO | 0.947 |
| Connecticut | CT | 0.989 |
| Delaware | DE | 0.944 |
| District of Columbia | DC | 0.858 |
| Florida | FL | 1.130 |
| Georgia | GA | 0.911 |
| Hawaii | HI | 0.783 |
| Idaho | ID | 0.773 |
| Illinois | IL | 1.059 |
| Indiana | IN | 0.929 |
| Iowa | IA | 0.828 |
| Kansas | KS | 0.873 |
| Kentucky | KY | 0.887 |
| Louisiana | LA | 1.011 |
| Maine | ME | 0.752 |
| Maryland | MD | 0.837 |
| Massachusetts | MA | 0.928 |
| Michigan | MI | 0.863 |
| Minnesota | MN | 0.926 |
| Mississippi | MS | 0.943 |
| Missouri | MO | 0.946 |
| Montana | MT | 0.690 |
| Nebraska | NE | 0.899 |
| Nevada | NV | 1.161 |
| New Hampshire | NH | 0.831 |
| New Jersey | NJ | 1.378 |
| New Mexico | NM | 0.890 |
| New York | NY | 1.053 |
| North Carolina | NC | 0.842 |
| North Dakota | ND | 0.750 |
| Ohio | OH | 0.918 |
| Oklahoma | OK | 0.962 |
| Oregon | OR | 0.791 |
| Pennsylvania | PA | 1.100 |
| Rhode Island | RI | 0.902 |
| South Carolina | SC | 0.989 |
| South Dakota | SD | 0.834 |
| Tennessee | TN | 0.971 |
| Texas | TX | 1.026 |
| Utah | UT | 0.768 |
| Vermont | VT | 0.783 |
| Virginia | VA | 0.865 |
| Washington | WA | 0.866 |
| West Virginia | WV | 0.834 |
| Wisconsin | WI | 0.990 |
| Wyoming | WY | 0.838 |

Accident Medical Expense - Indemnity Benefit
Annual Claim Costs

Enhanced Emergency Treatment

| Benefit | Unit | Annual Claim Cost Per Unit |
|------------------------------|-------|----------------------------|
| Enhanced Emergency Treatment | \$500 | \$115.52 |

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours |
|------------------------|----------|----------|----------|----------|
| Adjustment Factor | 0.9875 | 0.9900 | 0.9950 | 1.0000 |

Enhanced Emergency Treatment Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Enhanced Emergency Treatment Benefit ÷ Unit]

X-Rays Related to an Accident

| Benefit | Unit | Annual Claim Cost per Unit |
|------------------------------------|------|----------------------------|
| X-rays Related to Accident Benefit | \$50 | \$1.10 |

X-Rays Related to an Accident Benefit = [Annual Claim Cost Per Unit] x [X-Rays Related to an Accident ÷ Unit]

Emergency Room Follow Up Treatment

| Maximum Days Per Accident | Annual Claim Costs per \$100 benefit |
|---------------------------|--------------------------------------|
| 1 | \$4.56 |
| 2 | \$7.65 |
| 3 | \$9.93 |
| 4 | \$11.80 |
| 5 | \$13.06 |
| 6 | \$13.95 |
| 7 | \$14.70 |
| 8 | \$15.22 |
| 9 | \$15.58 |
| 10 | \$15.91 |

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours | 96 Hours |
|------------------------|----------|----------|----------|----------|----------|
| Adjustment Factor | 0.9875 | 0.9900 | 0.9950 | 1.0000 | 1.0050 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 |

Emergency Room Follow Up Treatment = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Incurral Period Adjustment Factor] x [Emergency Room Follow Up Treatment ÷ Unit]

Accident Hospitalization

| Benefit | Unit | Annual Claim Cost Per Unit |
|----------------------|---------|----------------------------|
| Hospital Confinement | \$1,000 | \$11.54 |
| Hospital ICU* | \$500 | \$0.66 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 |

*ICU Benefit is in addition to the Hospital Confinement Benefit

Accident Hospitalization Benefit = [Annual Claim Cost Per Unit] x [Incurral Period Adjustment Factor] x [Accident Hospitalization Benefit ÷ Unit]

Dislocations

| Joint Area | Open Reduction Unit | Closed Reduction Unit | Open Annual Claim Cost per Unit | Closed Annual Claim Cost per Unit |
|--|---------------------|-----------------------|---------------------------------|-----------------------------------|
| Hip | \$100 | \$100 | \$0.0091 | \$0.1205 |
| Knee | \$100 | \$100 | \$0.0015 | \$0.0193 |
| Shoulder | \$100 | \$100 | \$0.0009 | \$0.0113 |
| Collar Bone (Sternoclavicular) | \$100 | \$100 | \$0.0004 | \$0.0056 |
| Collar Bone (Acromioclavicular and separation) | \$100 | \$100 | \$0.0004 | \$0.0056 |
| Ankle or Foot | \$100 | \$100 | \$0.0029 | \$0.0387 |
| Lower Jaw | \$100 | \$100 | \$0.0009 | \$0.0118 |
| Wrist | \$100 | \$100 | \$0.0004 | \$0.0059 |
| Elbow | \$100 | \$100 | \$0.0004 | \$0.0059 |
| Toe | \$100 | \$100 | \$0.0012 | \$0.0153 |
| Bone or Bones of the Hand | \$100 | \$100 | \$0.0009 | \$0.0118 |
| Finger | \$100 | \$100 | \$0.0012 | \$0.0153 |

Dislocations Benefit = [Annual Claim Cost Per Unit] x [Dislocations Benefit ÷ Unit]

Burns

| Body Surface Area | Unit | Annual Claim Cost for 2nd Degree Burns | Unit | Annual Claim Cost for 3rd Degree Burns |
|--|-------|--|---------|--|
| Less than 50 square centimeters | \$100 | \$0.0005 | \$500 | \$0.0016 |
| More than 50 but less than 100 square centimeters | \$250 | \$0.0013 | \$1,000 | \$0.0033 |
| More than 100 but less than 150 square centimeters | \$375 | \$0.0020 | \$1,500 | \$0.0049 |
| More than 150 but less than 200 square centimeters | \$500 | \$0.0026 | \$2,000 | \$0.0066 |
| More than 200 but less than 250 square centimeters | \$625 | \$0.0033 | \$2,500 | \$0.0082 |
| More than 250 but less than 300 square centimeters | \$750 | \$0.0040 | \$3,000 | \$0.0100 |
| More than 300 square centimeters | \$875 | \$0.0047 | \$3,500 | \$0.0117 |

Emergency Treatment within 12, 24, 48, 72, 96, 120 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours | 96 Hours | 120 Hours |
|------------------------|----------|----------|----------|----------|----------|-----------|
| Adjustment Factor | 0.9875 | 0.9900 | 0.9950 | 1.0000 | 1.0050 | 1.0100 |

Burns Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Burns Benefit ÷ Unit]

Skin Grafts

| Body Surface Area | Percentage of Burn Benefit | Annual Claim Cost for 2nd Degree Burns | Annual Claim Cost for 3rd Degree Burns |
|--|----------------------------|--|--|
| Less than 50 square centimeters | 50% | \$0.0003 | \$0.0008 |
| More than 50 but less than 100 square centimeters | 50% | \$0.0007 | \$0.0016 |
| More than 100 but less than 150 square centimeters | 50% | \$0.0010 | \$0.0025 |
| More than 150 but less than 200 square centimeters | 50% | \$0.0013 | \$0.0033 |
| More than 200 but less than 250 square centimeters | 50% | \$0.0016 | \$0.0041 |
| More than 250 but less than 300 square centimeters | 50% | \$0.0019 | \$0.0049 |
| More than 300 square centimeters | 50% | \$0.0023 | \$0.0057 |

Skin Grafts Benefit = [Annual Claim Cost Per Unit] x [Skin Grafts ÷ Unit]

Accident Medical Expense - Indemnity Benefit
Annual Claim Costs

Eye Injury

| Benefit | Unit | Annual Claim Cost per Unit |
|-------------------------|-------|----------------------------|
| Surgical Repair | \$250 | \$0.08 |
| Removal of Foreign Body | \$100 | \$0.03 |

Eye Injury Benefit = [Annual Claim Cost Per Unit] x [Eye Injury ÷ Unit]

Lacerations

| Benefit | Unit | Annual Claim Cost per Unit |
|---|-------|----------------------------|
| Not requiring sutures and treated by a Physician | \$25 | \$0.02 |
| Less than 5 centimeters in length | \$50 | \$0.06 |
| At least 5 centimeters but not more than 15 centimeters | \$100 | \$0.19 |
| Over 15 centimeters | \$200 | \$0.75 |

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours | 96 Hours |
|------------------------|----------|----------|----------|----------|----------|
| Adjustment Factor | 0.9875 | 0.9900 | 0.9950 | 1.0000 | 1.0050 |

Lacerations Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Lacerations Benefit ÷ Unit]

Fractures

| Fracture Area | Open Reduction Unit | Closed Reduction Unit | Open Annual Claim Cost per Unit | Closed Annual Claim Cost per Unit |
|----------------------------|---------------------|-----------------------|---------------------------------|-----------------------------------|
| Hip | \$6,600 | \$4,000 | \$0.5540 | \$5.5790 |
| Leg | \$3,600 | \$2,200 | \$0.8145 | \$8.2710 |
| Hand (Excluding Fingers) | \$2,300 | \$1,400 | \$0.2890 | \$2.9232 |
| Foot (Excluding Heel/Toes) | \$2,300 | \$1,400 | \$0.1120 | \$1.1328 |
| Wrist | \$2,300 | \$1,400 | \$0.2852 | \$2.8851 |
| Kneecap | \$2,600 | \$1,600 | \$0.1617 | \$1.6533 |
| Lower Jaw | \$1,300 | \$800 | \$0.0059 | \$0.0599 |
| Shoulder | \$3,600 | \$2,200 | \$0.0096 | \$0.0974 |
| Vertebrae (Body of) | \$500 | \$280 | \$0.0194 | \$0.1802 |
| Pelvis (Excluding Coccyx) | \$6,600 | \$4,000 | \$0.0609 | \$0.6130 |
| Sternum | \$2,000 | \$1,000 | \$0.0045 | \$0.0375 |
| Upper Jaw | \$2,000 | \$1,000 | \$0.0082 | \$0.0681 |
| Upper Arm | \$3,600 | \$2,200 | \$0.6285 | \$6.3822 |
| Face (Excluding Nose) | \$1,000 | \$600 | \$0.0072 | \$0.0715 |
| Rib | \$500 | \$280 | \$0.0114 | \$0.1058 |
| Nose | \$1,000 | \$600 | \$0.0043 | \$0.0429 |
| Heel | \$1,000 | \$600 | \$0.0466 | \$0.4651 |
| Finger | \$500 | \$280 | \$0.1238 | \$1.1521 |
| Coccyx | \$500 | \$280 | \$0.0022 | \$0.0200 |
| Toe | \$500 | \$280 | \$0.0886 | \$0.8242 |
| Vertebral Processes | \$1,000 | \$600 | \$0.0387 | \$0.3862 |
| Skull - Depressed | \$6,300 | \$3,800 | \$0.0478 | \$0.4788 |
| Skull - Simple | \$3,100 | \$1,900 | \$0.0216 | \$0.2200 |

Fractures Benefit = [Annual Claim Cost Per Unit] x [Fractures ÷ Unit]

Concussion

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------|------|----------------------------|
| Concussion Benefit | \$75 | \$0.19 |

Concussion Benefit = [Annual Claim Cost Per Unit] x [Concussion Benefit ÷ Unit]

Emergency Dental Procedure

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------------------|-------|----------------------------|
| Broken tooth repaired with crown | \$400 | \$6.72 |
| Broken tooth resulting in extraction | \$100 | \$1.08 |

Emergency Dental Procedure Benefit = [Annual Claim Cost Per Unit] x [Emergency Dental Procedure Benefit ÷ Unit]

Specified Surgical Procedures Arising From a Covered Accident

| Benefit | Unit | Annual Claim Cost per Unit |
|---|---------|----------------------------|
| Arthroscopy without surgical repair | \$500 | \$0.28 |
| Open abdominal (including exploratory laparotomy) | \$1,000 | \$0.22 |
| Cranial | \$1,000 | \$0.19 |
| Hernia | \$500 | \$0.34 |
| Thoracic Surgery | \$1,000 | \$0.62 |
| Repair of: | \$500 | \$0.38 |
| Tendons and/or ligaments | | |
| Torn rotator cuffs | | |
| Ruptured discs | | |
| Torn knee cartilages | | |

Adjustment Factor for Different Incurred Periods Following Accident

| Time for Medical Expense to Occur | 1 Year | 2 Years | 3 Years | 4 Years | 5 Years |
|-----------------------------------|--------|---------|---------|---------|---------|
| Adjustment Factor | 1.000 | 1.150 | 1.200 | 1.250 | 1.300 |

Specified Surgical Procedures Benefit = [Annual Claim Cost Per Unit] x [Incurred Period Adjustment Factor] x [Specified Surgical Procedures Benefit ÷ Unit]

Non-Specified Surgical Procedures Arising From a Covered Accident

| Benefit | Unit | Annual Claim Cost per Unit |
|---|-------|----------------------------|
| Miscellaneous Surgery with General Anesthesia | \$500 | \$24.94 |
| Other Miscellaneous Surgery with conscious sedation | \$250 | \$4.16 |

Adjustment Factor for Different Incurred Periods Following Accident

| Time for Medical Expense to Occur | 1 Year | 2 Years | 3 Years | 4 Years | 5 Years |
|-----------------------------------|--------|---------|---------|---------|---------|
| Adjustment Factor | 1.000 | 1.150 | 1.200 | 1.250 | 1.300 |

Non-Specified Surgical Procedures Benefit = [Annual Claim Cost Per Unit] x [Incurred Period Adjustment Factor] x [Non-Specified Surgical Procedures Benefit ÷ Unit]

Accident Medical Expense - Indemnity Benefit
Annual Claim Costs

Diagnostic Testing & Exams

| Maximum Payments Per Year | Annual Claim Cost per \$50 benefit |
|---------------------------|------------------------------------|
| 1 | \$1.76 |
| 2 | \$2.71 |
| 3 | \$3.39 |
| 4 | \$3.94 |
| 5 | \$4.38 |
| 6 | \$4.77 |
| 7 | \$5.13 |
| 8 | \$5.42 |
| 9 | \$5.65 |
| 10 | \$5.81 |

Diagnostic Testing & Exams Benefit = [Annual Claim Cost Per Unit] x [Diagnostic Testing & Exams Benefit ÷ Unit]

Pain Management Benefit

| Maximum Treatments Per Accident | Annual Claim Cost Per \$100 | |
|---------------------------------|-----------------------------|----------------|
| | Without Pregnancy | With Pregnancy |
| 1 | \$2.40 | \$2.78 |
| 2 | \$3.69 | \$4.28 |
| 3 | \$4.62 | \$5.36 |
| 4 | \$5.38 | \$6.23 |
| 5 | \$5.97 | \$6.92 |
| 6 | \$6.51 | \$7.54 |
| 7 | \$6.99 | \$8.10 |
| 8 | \$7.39 | \$8.56 |
| 9 | \$7.70 | \$8.92 |
| 10 | \$7.93 | \$9.18 |

Pain Management Benefit = [Annual Claim Cost Per Unit] x [Pain Management Benefit ÷ Unit]

Physical Therapy Benefit

| Maximum Treatments Per Accident | Annual Claim Cost Per \$30 | | | |
|---------------------------------|----------------------------|------------------------|--------------------------|-------------------------|
| | One Treatment Per Day | Two Treatments Per Day | Three Treatments Per Day | Four Treatments Per Day |
| 1 | \$0.69 | N/A | N/A | N/A |
| 2 | \$1.16 | \$1.22 | N/A | N/A |
| 3 | \$1.50 | \$1.58 | \$1.65 | N/A |
| 4 | \$1.79 | \$1.87 | \$1.96 | \$2.00 |
| 5 | \$1.98 | \$2.08 | \$2.17 | \$2.21 |
| 6 | \$2.11 | \$2.22 | \$2.32 | \$2.36 |
| 7 | \$2.22 | \$2.34 | \$2.45 | \$2.49 |
| 8 | \$2.30 | \$2.42 | \$2.53 | \$2.58 |
| 9 | \$2.36 | \$2.48 | \$2.59 | \$2.64 |
| 10 | \$2.41 | \$2.53 | \$2.65 | \$2.70 |
| 15 | \$2.58 | \$2.71 | \$2.84 | \$2.89 |
| 20 | \$2.67 | \$2.81 | \$2.94 | \$2.99 |
| 30 | \$2.77 | \$2.91 | \$3.05 | \$3.10 |
| 40 | \$2.87 | \$3.01 | \$3.16 | \$3.21 |
| 50 | \$2.97 | \$3.12 | \$3.27 | \$3.33 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Medical Expense to Occur | 1 Month | 6 Months | 12 Months | 24 Months |
|-----------------------------------|---------|----------|-----------|-----------|
| Adjustment Factor | 0.910 | 0.950 | 1.000 | 1.150 |

Physical Therapy Benefit = [Annual Claim Cost Per Unit] x [Incurral Period Adjustment Factors] x [Physical Therapy Benefit ÷ Unit]

Durable Medical Equipment and Prosthetic Appliance

| Benefit | Unit | Annual Claim Cost per Unit |
|---------------------------|-------|----------------------------|
| Durable Medical Equipment | \$500 | \$5.12 |
| Prosthetic Appliance | \$25 | \$0.02 |

Durable Medical Equipment and Prosthetic Appliance Benefit = [Annual Claim Cost Per Unit] x [Durable Medical Equipment and Prosthetic Appliance Benefit ÷ Unit]

Blood, Plasma, and/or Platelets

| Benefit | Unit | Annual Claim Cost per Unit |
|---------------------------------|-------|----------------------------|
| Blood, Plasma, and/or Platelets | \$300 | \$1.46 |

Blood, Plasma, and/or Platelets Benefit = [Annual Claim Cost Per Unit] x [Blood, Plasma, and/or Platelets ÷ Unit]

Ambulance

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------|-------|----------------------------|
| Ground Ambulance Benefit | \$250 | \$1.70 |
| Air Ambulance Benefit | \$750 | \$1.02 |

Emergency Treatment within 12, 24, 48, 72 hours of Accident

| Time for Loss to Occur | 12 Hours | 24 Hours | 48 Hours | 72 Hours |
|------------------------|----------|----------|----------|----------|
| Adjustment Factor | 0.9875 | 0.9900 | 0.9950 | 1.0000 |

Ambulance Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Ambulance Benefit ÷ Unit]

Transportation

| Benefit | Unit | Annual Claim Cost per Unit |
|------------------------|------|----------------------------|
| Transportation Benefit | \$50 | \$0.20 |

Adjustment Factor for Transportation trips

| Number of trips | 3 Trips | 6 Trips | 9 Trips | 12 Trips | 20 Trips |
|-------------------|---------|---------|---------|----------|----------|
| Adjustment Factor | 1.0000 | 1.4000 | 1.5000 | 1.6000 | 1.6500 |

Transportation Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Transportation Benefit ÷ Unit]

Accommodations During Hospital Confinement Benefit

| Benefit | Unit | Annual Claim Cost per Unit |
|--|-------|----------------------------|
| Accommodations During Hospital Confinement Benefit | \$150 | \$3.64 |

Adjustment Factor for Maximum Nights

| Number of Nights | 1 Day | 5 Days | 10 Days | 15 Days | 31 Days | 45 Days | 60 Days | 75 Days | 90 Days | 100 Days | 180 Days | 365 Days |
|-------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.5500 | 0.7000 | 0.7500 | 0.8500 | 1.0000 | 1.1000 | 1.1500 | 1.1750 | 1.1800 | 1.1810 | 1.1815 | 1.1820 |

Accommodations During Hospital Confinement Benefit = [Annual Claim Cost Per Unit] x [Maximum Nights Adjustment Factor] x [Accommodations During Hospital Confinement Benefit ÷ Unit]

Zurich American Insurance Company
Group Personal Accident Insurance Policy U-GPA-100-A

In-Hospital Indemnity Benefit
Annual Claim Costs per \$1,000 Monthly Benefit

| Waiting Period (Days) | Benefit Period (In Months) | | | | | | | | | | | | | | | | | | | |
|-----------------------|----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|
| | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 0 | 62.2323 | 63.2459 | 63.4108 | 63.4636 | 63.4884 | 63.5005 | 63.5073 | 63.5116 | 63.5148 | 63.5159 | 63.5171 | 63.5184 | 63.5205 | 63.5216 | 63.5228 | 63.5239 | 63.5250 | 63.5262 | 63.5273 | |
| 1 | 46.5221 | 47.4957 | 47.6528 | 47.7039 | 47.7289 | 47.7399 | 47.7466 | 47.7509 | 47.7541 | 47.7552 | 47.7562 | 47.7584 | 47.7595 | 47.7617 | 47.7628 | 47.7639 | 47.7649 | 47.7659 | 47.7669 | |
| 2 | 34.4407 | 35.2944 | 35.4436 | 35.4931 | 35.5165 | 35.5283 | 35.5349 | 35.5391 | 35.5422 | 35.5432 | 35.5443 | 35.5464 | 35.5475 | 35.5486 | 35.5497 | 35.5507 | 35.5518 | 35.5529 | 35.5539 | |
| 3 | 26.0656 | 26.8683 | 27.0117 | 27.0600 | 27.0827 | 27.0942 | 27.1080 | 27.1050 | 27.1090 | 27.1100 | 27.1121 | 27.1131 | 27.1141 | 27.1151 | 27.1162 | 27.1172 | 27.1182 | 27.1192 | 27.1193 | |
| 4 | 20.3439 | 21.0957 | 21.2331 | 21.2802 | 21.3023 | 21.3137 | 21.3200 | 21.3244 | 21.3272 | 21.3282 | 21.3291 | 21.3311 | 21.3321 | 21.3331 | 21.3340 | 21.3350 | 21.3360 | 21.3370 | 21.3380 | |
| 5 | 16.3405 | 17.0413 | 17.1730 | 17.2168 | 17.2403 | 17.2514 | 17.2577 | 17.2620 | 17.2647 | 17.2657 | 17.2666 | 17.2685 | 17.2704 | 17.2714 | 17.2724 | 17.2733 | 17.2743 | 17.2752 | 17.2752 | |
| 6 | 13.4384 | 14.0882 | 14.2141 | 14.2585 | 14.2795 | 14.2904 | 14.2966 | 14.3009 | 14.3035 | 14.3045 | 14.3054 | 14.3072 | 14.3082 | 14.3091 | 14.3100 | 14.3109 | 14.3118 | 14.3128 | 14.3137 | |
| 7 | 11.2609 | 11.8598 | 11.9798 | 12.0227 | 12.0433 | 12.0541 | 12.0601 | 12.0645 | 12.0670 | 12.0678 | 12.0687 | 12.0695 | 12.0703 | 12.0711 | 12.0719 | 12.0727 | 12.0735 | 12.0743 | 12.0751 | |
| 8 | 9.5850 | 10.1508 | 10.2662 | 10.3081 | 10.3283 | 10.3388 | 10.3448 | 10.3491 | 10.3515 | 10.3524 | 10.3532 | 10.3540 | 10.3547 | 10.3554 | 10.3561 | 10.3568 | 10.3575 | 10.3582 | 10.3589 | |
| 9 | 8.2678 | 8.8006 | 8.9115 | 8.9523 | 8.9720 | 8.9824 | 8.9883 | 8.9926 | 8.9948 | 8.9957 | 8.9965 | 8.9973 | 8.9981 | 8.9989 | 8.9997 | 9.0005 | 9.0014 | 9.0022 | 9.0030 | |
| 10 | 7.2025 | 7.7023 | 7.8087 | 7.8483 | 7.8677 | 7.8779 | 7.8836 | 7.8879 | 7.8901 | 7.8909 | 7.8916 | 7.8931 | 7.8939 | 7.8946 | 7.8954 | 7.8961 | 7.8969 | 7.8976 | 7.8984 | |
| 11 | 6.3257 | 6.7925 | 6.8943 | 6.9328 | 6.9517 | 6.9617 | 6.9674 | 6.9717 | 6.9738 | 6.9745 | 6.9752 | 6.9766 | 6.9773 | 6.9780 | 6.9787 | 6.9794 | 6.9801 | 6.9808 | 6.9815 | |
| 12 | 5.5930 | 6.0267 | 6.1240 | 6.1615 | 6.1800 | 6.1898 | 6.1953 | 6.1996 | 6.2016 | 6.2023 | 6.2030 | 6.2044 | 6.2051 | 6.2058 | 6.2065 | 6.2072 | 6.2079 | 6.2086 | 6.2093 | |
| 13 | 4.9579 | 5.3696 | 5.4637 | 5.5001 | 5.5182 | 5.5278 | 5.5333 | 5.5376 | 5.5394 | 5.5401 | 5.5407 | 5.5420 | 5.5427 | 5.5433 | 5.5440 | 5.5446 | 5.5453 | 5.5459 | 5.5466 | |
| 14 | 4.4157 | 4.8052 | 4.8922 | 4.9315 | 4.9491 | 4.9586 | 4.9640 | 4.9683 | 4.9700 | 4.9706 | 4.9712 | 4.9725 | 4.9731 | 4.9737 | 4.9744 | 4.9750 | 4.9756 | 4.9762 | 4.9768 | |
| 15 | 3.9608 | 4.3282 | 4.4161 | 4.4502 | 4.4675 | 4.4767 | 4.4820 | 4.4863 | 4.4879 | 4.4885 | 4.4891 | 4.4902 | 4.4908 | 4.4914 | 4.4920 | 4.4926 | 4.4931 | 4.4937 | 4.4943 | |
| 16 | 3.5716 | 3.9169 | 4.0011 | 4.0347 | 4.0515 | 4.0605 | 4.0657 | 4.0701 | 4.0716 | 4.0721 | 4.0727 | 4.0732 | 4.0737 | 4.0743 | 4.0748 | 4.0753 | 4.0759 | 4.0764 | 4.0769 | |
| 17 | 3.2323 | 3.5555 | 3.6361 | 3.6691 | 3.6855 | 3.6943 | 3.6994 | 3.7037 | 3.7052 | 3.7057 | 3.7062 | 3.7067 | 3.7072 | 3.7078 | 3.7083 | 3.7088 | 3.7093 | 3.7098 | 3.7103 | |
| 18 | 2.9267 | 3.2343 | 3.3123 | 3.3447 | 3.3606 | 3.3693 | 3.3743 | 3.3786 | 3.3799 | 3.3804 | 3.3808 | 3.3818 | 3.3822 | 3.3827 | 3.3831 | 3.3836 | 3.3841 | 3.3845 | 3.3850 | |
| 19 | 2.6564 | 2.9484 | 3.0239 | 3.0557 | 3.0712 | 3.0797 | 3.0846 | 3.0889 | 3.0901 | 3.0905 | 3.0909 | 3.0918 | 3.0922 | 3.0926 | 3.0930 | 3.0934 | 3.0938 | 3.0942 | 3.0946 | |
| 20 | 2.4135 | 2.7188 | 2.7965 | 2.8283 | 2.8438 | 2.8523 | 2.8572 | 2.8615 | 2.8627 | 2.8631 | 2.8635 | 2.8640 | 2.8644 | 2.8648 | 2.8652 | 2.8656 | 2.8660 | 2.8664 | 2.8668 | |
| 21 | 2.1933 | 2.5000 | 2.5787 | 2.6105 | 2.6260 | 2.6345 | 2.6394 | 2.6437 | 2.6449 | 2.6453 | 2.6457 | 2.6460 | 2.6464 | 2.6468 | 2.6472 | 2.6476 | 2.6480 | 2.6484 | 2.6488 | |
| 22 | 2.0000 | 2.3100 | 2.3897 | 2.4215 | 2.4370 | 2.4455 | 2.4504 | 2.4547 | 2.4559 | 2.4563 | 2.4567 | 2.4570 | 2.4574 | 2.4578 | 2.4582 | 2.4586 | 2.4590 | 2.4594 | 2.4598 | |
| 23 | 1.8335 | 2.1435 | 2.2232 | 2.2550 | 2.2705 | 2.2790 | 2.2839 | 2.2882 | 2.2894 | 2.2898 | 2.2902 | 2.2905 | 2.2909 | 2.2912 | 2.2916 | 2.2920 | 2.2924 | 2.2928 | 2.2932 | |
| 24 | 1.6933 | 1.9933 | 2.0730 | 2.1048 | 2.1203 | 2.1288 | 2.1337 | 2.1380 | 2.1392 | 2.1396 | 2.1399 | 2.1403 | 2.1406 | 2.1410 | 2.1414 | 2.1418 | 2.1422 | 2.1426 | 2.1430 | |
| 25 | 1.5750 | 1.8750 | 1.9547 | 1.9865 | 2.0020 | 2.0105 | 2.0154 | 2.0207 | 2.0219 | 2.0223 | 2.0227 | 2.0230 | 2.0234 | 2.0238 | 2.0242 | 2.0246 | 2.0250 | 2.0254 | 2.0258 | |
| 26 | 1.4750 | 1.7750 | 1.8547 | 1.8865 | 1.9020 | 1.9105 | 1.9154 | 1.9207 | 1.9219 | 1.9223 | 1.9227 | 1.9230 | 1.9234 | 1.9238 | 1.9242 | 1.9246 | 1.9250 | 1.9254 | 1.9258 | |
| 27 | 1.3933 | 1.6933 | 1.7730 | 1.8048 | 1.8203 | 1.8288 | 1.8337 | 1.8390 | 1.8402 | 1.8406 | 1.8409 | 1.8413 | 1.8416 | 1.8420 | 1.8424 | 1.8428 | 1.8432 | 1.8436 | 1.8440 | |
| 28 | 1.3250 | 1.6250 | 1.7047 | 1.7365 | 1.7520 | 1.7605 | 1.7654 | 1.7707 | 1.7719 | 1.7723 | 1.7727 | 1.7730 | 1.7734 | 1.7738 | 1.7742 | 1.7746 | 1.7750 | 1.7754 | 1.7758 | |
| 29 | 1.2667 | 1.5667 | 1.6464 | 1.6782 | 1.6937 | 1.7022 | 1.7071 | 1.7124 | 1.7136 | 1.7140 | 1.7143 | 1.7147 | 1.7150 | 1.7154 | 1.7158 | 1.7162 | 1.7166 | 1.7170 | 1.7174 | |
| 30 | 1.2150 | 1.5150 | 1.5947 | 1.6265 | 1.6420 | 1.6505 | 1.6554 | 1.6607 | 1.6619 | 1.6623 | 1.6627 | 1.6630 | 1.6634 | 1.6638 | 1.6642 | 1.6646 | 1.6650 | 1.6654 | 1.6658 | |
| 31 | 1.1683 | 1.4683 | 1.5480 | 1.5798 | 1.5953 | 1.6038 | 1.6087 | 1.6140 | 1.6152 | 1.6156 | 1.6159 | 1.6163 | 1.6166 | 1.6170 | 1.6174 | 1.6178 | 1.6182 | 1.6186 | 1.6190 | |
| 32 | 1.1267 | 1.4267 | 1.5064 | 1.5382 | 1.5537 | 1.5622 | 1.5671 | 1.5724 | 1.5736 | 1.5740 | 1.5743 | 1.5747 | 1.5750 | 1.5754 | 1.5758 | 1.5762 | 1.5766 | 1.5770 | 1.5774 | |
| 33 | 1.0890 | 1.3890 | 1.4687 | 1.5005 | 1.5160 | 1.5245 | 1.5294 | 1.5347 | 1.5359 | 1.5363 | 1.5367 | 1.5370 | 1.5374 | 1.5378 | 1.5382 | 1.5386 | 1.5390 | 1.5394 | 1.5398 | |
| 34 | 1.0550 | 1.3550 | 1.4347 | 1.4665 | 1.4820 | 1.4905 | 1.4954 | 1.5007 | 1.5019 | 1.5023 | 1.5027 | 1.5030 | 1.5034 | 1.5038 | 1.5042 | 1.5046 | 1.5050 | 1.5054 | 1.5058 | |
| 35 | 1.0250 | 1.3250 | 1.4047 | 1.4365 | 1.4520 | 1.4605 | 1.4654 | 1.4707 | 1.4719 | 1.4723 | 1.4727 | 1.4730 | 1.4734 | 1.4738 | 1.4742 | 1.4746 | 1.4750 | 1.4754 | 1.4758 | |
| 36 | 1.0000 | 1.3000 | 1.3797 | 1.4115 | 1.4270 | 1.4355 | 1.4404 | 1.4457 | 1.4469 | 1.4473 | 1.4477 | 1.4480 | 1.4484 | 1.4488 | 1.4492 | 1.4496 | 1.4500 | 1.4504 | 1.4508 | |
| 37 | 0.9750 | 1.2750 | 1.3547 | 1.3865 | 1.4020 | 1.4105 | 1.4154 | 1.4207 | 1.4219 | 1.4223 | 1.4227 | 1.4230 | 1.4234 | 1.4238 | 1.4242 | 1.4246 | 1.4250 | 1.4254 | 1.4258 | |
| 38 | 0.9500 | 1.2500 | 1.3297 | 1.3615 | 1.3770 | 1.3855 | 1.3904 | 1.3957 | 1.3969 | 1.3973 | 1.3977 | 1.3980 | 1.3984 | 1.3988 | 1.3992 | 1.3996 | 1.3999 | 1.4003 | 1.4007 | |
| 39 | 0.9250 | 1.2250 | 1.3047 | 1.3365 | 1.3520 | 1.3605 | 1.3654 | 1.3707 | 1.3719 | 1.3723 | 1.3727 | 1.3730 | 1.3734 | 1.3738 | 1.3742 | 1.3746 | 1.3750 | 1.3754 | 1.3758 | |
| 40 | 0.9000 | 1.2000 | 1.2797 | 1.3115 | 1.3270 | 1.3355 | 1.3404 | 1.3457 | 1.3469 | 1.3473 | 1.3477 | 1.3480 | 1.3484 | 1.3488 | 1.3492 | 1.3496 | 1.3500 | 1.3504 | 1.3508 | |
| 41 | 0.8750 | 1.1750 | 1.2547 | 1.2865 | 1.3020 | 1.3105 | 1.3154 | 1.3207 | 1.3219 | 1.3223 | 1.3227 | 1.3230 | 1.3234 | 1.3238 | 1.3242 | 1.3246 | 1.3250 | 1.3254 | 1.3258 | |
| 42 | 0.8500 | 1.1500 | 1.2297 | 1.2615 | 1.2770 | 1.2855 | 1.2904 | 1.2957 | 1.2969 | 1.2973 | 1.2977 | 1.2980 | 1.2984 | 1.2988 | 1.2992 | 1.2996 | 1.2999 | 1.3003 | 1.3007 | |
| 43 | 0.8250 | 1.1250 | 1.2047 | 1.2365 | 1.2520 | 1.2605 | 1.2654 | 1.2707 | 1.2719 | 1.2723 | 1.2727 | 1.2730 | 1.2734 | 1.2738 | 1.2742 | 1.2746 | 1.2750 | 1.2754 | 1.2758 | |
| 44 | 0.8000 | 1.1000 | 1.1797 | 1.2115 | 1.2270 | 1.2355 | 1.2404 | 1.2457 | 1.2469 | 1.2473 | 1.2477 | 1.2480 | 1.2484 | 1.2488 | 1.2492 | 1.2496 | 1.2499 | 1.2503 | 1.2507 | |
| 45 | 0.7750 | 1.0750 | 1.1547 | 1.1865 | 1.2020 | 1.2105 | 1.2154 | 1.2207 | 1.2219 | 1.2223 | 1.2227 | 1.2230 | 1.2234 | 1.2238 | 1.2242 | 1.2246 | 1.2250 | 1.2254 | 1.2258 | |
| 46 | 0.7500 | 1.0500 | 1.1297 | 1.1615 | 1.1770 | 1.1855 | 1.1904 | 1.1957 | 1.1969 | 1.1973 | 1.1977 | 1.1980 | 1.1984 | 1.1988 | 1.1992 | 1.1996 | 1.1999 | 1.2003 | 1.2007 | |
| 47 | 0.7250 | 1.0250 | 1.1047 | 1.1365 | 1.1520 | 1.1605 | 1.1654 | 1.1707 | 1.1719 | 1.1723 | 1.1727 | 1.1730 | 1.1734 | 1.1738 | 1.1742 | 1.1746 | 1.1750 | 1.1754 | 1.1758 | |
| 48 | 0.7000 | 1.0000 | 1.0797 | 1.1115 | 1.1270 | 1.1355 | 1.1404 | 1.1457 | 1.1469 | 1.1473 | 1.1477 | 1.1480 | 1.1484 | 1.1488 | 1.1492 | 1.1496 | 1.1499 | 1.1503 | 1.1507 | |
| 49 | 0.6750 | 0.9750 | 1.0547 | 1.0865 | 1.1020 | 1.1105 | 1.1154 | 1.1207 | 1.1219 | 1.1223 | 1.1227 | 1.1230 | 1.1234 | 1.1238 | 1.1242 | 1.1246 | 1.1250 | 1.1254 | 1.1258 | |
| 50 | 0.6500 | 0.9500 | 1.0297 | 1.0615 | 1.0770 | 1.0855 | 1.0904 | 1.0957 | 1.0969 | 1.0973 | 1.0977 | 1.0980 | 1.0984 | 1.0988 | 1.0992 | 1.0996 | 1.0999 | 1.1003 | 1.1007 | |
| 51 | 0.6250 | 0.9250 | 1.0047 | 1.0365 | 1.0520 | 1.0605 | 1.0654 | 1.0707 | 1.0719 | 1.0723 | 1.0727 | 1.0730 | 1.0734 | 1.0738 | 1.0742 | 1.0746 | 1.0750 | 1.0754 | 1.0758 | |
| 52 | 0.6000 | 0.9000 | 0.9797 | 1.0115 | 1.0270 | 1.0355 | 1.0404 | 1.0457 | 1.0469 | 1.0473 | 1.0477 | 1.0480 | 1.0484 | 1.0488 | 1.0492 | 1.0496 | 1.0499 | 1.0503 | 1.0507 | |
| 53 | 0.5750 | 0.8750 | 0.9547 | 0.9865 | 1.0020 | 1.0105 | 1.0154 | 1.0207 | 1.0219 | 1.0223 | 1.0227 | 1.0230 | 1.0234 | 1.0238 | 1.0242 | 1.024 | | | | |

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accidental Death Benefit
 Annual Claim Costs

| Benefit | Unit of Principle Sum | Percent of Principle Sum | Annual Claim cost per Unit |
|------------------|-----------------------|--------------------------|----------------------------|
| Accidental Death | \$1,000 | 100% | \$0.17 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 120 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|----------|----------|----------|----------|
| Adjustment Factor | 0.940 | 0.950 | 0.955 | 0.965 | 1.000 | 1.050 |

Accidental Death Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accidental Dismemberment, Loss of Use, Plegia Benefits
 Annual Claim Costs

| Accidental Dismemberment: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|--|-----------------------|--------------------------|----------------------------|
| Both Hands or Both Feet | \$1,000 | 100% | \$0.0016 |
| One Hand and One Foot | \$1,000 | 100% | \$0.0030 |
| One Hand or One Foot plus the loss of Sight of One Eye | \$1,000 | 100% | \$0.0015 |
| Sight of Both Eyes | \$1,000 | 100% | \$0.0037 |
| Speech and Hearing | \$1,000 | 100% | \$0.0002 |
| Speech or Hearing | \$1,000 | 50% | \$0.0005 |
| One Hand; One Foot; or Sight of One Eye | \$1,000 | 50% | \$0.0137 |
| Thumb and Index Finger of the same Hand | \$1,000 | 25% | \$0.0051 |
| Hearing in One Ear | \$1,000 | 25% | \$0.0003 |

| Loss of Use: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|---------------------------|-----------------------|--------------------------|----------------------------|
| 4 Limbs | \$1,000 | 100% | \$0.0023 |
| 3 Limbs | \$1,000 | 75.0% | \$0.0017 |
| 2 Limbs | \$1,000 | 66.7% | \$0.0044 |
| 1 Limb | \$1,000 | 50% | \$0.0016 |

| Plegia: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|----------------------|-----------------------|--------------------------|----------------------------|
| Quadriplegia | \$1,000 | 100% | \$0.0023 |
| Triplegia | \$1,000 | 75.0% | \$0.0017 |
| Paraplegia | \$1,000 | 66.7% | \$0.0028 |
| Hemiplegia | \$1,000 | 50% | \$0.0012 |
| Uniplegia | \$1,000 | 25% | \$0.0008 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 120 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|----------|----------|----------|----------|
| Adjustment Factor | 0.940 | 0.950 | 0.955 | 0.965 | 1.000 | 1.050 |

Dismemberment/Loss of Use/Plegia Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Coverage for Dependent Children
 Annual Claim Costs

| Accidental Dismemberment: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|--|-----------------------|--------------------------|----------------------------|
| Both Hands or Both Feet | \$1,000 | 50% | \$0.0008 |
| One Hand and One Foot | \$1,000 | 50% | \$0.0015 |
| One Hand or One Foot plus the loss of Sight of One Eye | \$1,000 | 50% | \$0.0008 |
| Sight of Both Eyes | \$1,000 | 50% | \$0.0018 |
| Speech and Hearing | \$1,000 | 50% | \$0.0001 |
| Speech or Hearing | \$1,000 | 25% | \$0.0002 |
| One Hand; One Foot; or Sight of One Eye | \$1,000 | 25% | \$0.0068 |
| Thumb and Index Finger of the same Hand | \$1,000 | 12.5% | \$0.0025 |
| Hearing in One Ear | \$1,000 | 12.5% | \$0.0001 |

| Loss of Use: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|---------------------------|-----------------------|--------------------------|----------------------------|
| 4 Limbs | \$1,000 | 50% | \$0.0012 |
| 3 Limbs | \$1,000 | 37.5% | \$0.0009 |
| 2 Limbs | \$1,000 | 33.3% | \$0.0022 |
| 1 Limb | \$1,000 | 25% | \$0.0008 |

| Plegia: Covered Loss | Unit of Principal Sum | Percent of Principal Sum | Annual Claim Cost per Unit |
|----------------------|-----------------------|--------------------------|----------------------------|
| Quadriplegia | \$1,000 | 50% | \$0.0012 |
| Triplegia | \$1,000 | 37.5% | \$0.0009 |
| Paraplegia | \$1,000 | 33.3% | \$0.0014 |
| Hemiplegia | \$1,000 | 25% | \$0.0006 |
| Uniplegia | \$1,000 | 12.5% | \$0.0004 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 120 Days | 180 Days | 365 Days |
|------------------------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.940 | 0.950 | 0.955 | 0.965 | 1.000 |

Dismemberment/Loss of Use/Plegia Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
Group Personal Accident Insurance Policy U-GPA-100-A
Common Carrier Benefit
Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|------------------------|---------|--------------------------------|
| Common Carrier Benefit | \$1,000 | \$0.00020 |

Common Carrier Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Coma Benefit
 Annual Claim Costs

Annual Claim Costs, per \$1,000 Monthly Benefit

| Benefit Period (Months) | Annual Claim Cost per \$1,000 | Benefit Period (Months) | Annual Claim Cost per \$1,000 |
|-------------------------|-------------------------------|-------------------------|-------------------------------|
| 1 | 0.3300 | 51 | 13.0880 |
| 2 | 0.6551 | 52 | 13.3020 |
| 3 | 0.9754 | 53 | 13.5148 |
| 4 | 1.2909 | 54 | 13.7266 |
| 5 | 1.6018 | 55 | 13.9373 |
| 6 | 1.9080 | 56 | 14.1469 |
| 7 | 2.2097 | 57 | 14.3555 |
| 8 | 2.5069 | 58 | 14.5630 |
| 9 | 2.7996 | 59 | 14.7695 |
| 10 | 3.0879 | 60 | 14.9750 |
| 11 | 3.3719 | 61 | 15.1796 |
| 12 | 3.6532 | 62 | 15.3831 |
| 13 | 3.9320 | 63 | 15.5857 |
| 14 | 4.2081 | 64 | 15.7873 |
| 15 | 4.4817 | 65 | 15.9880 |
| 16 | 4.7528 | 66 | 16.1878 |
| 17 | 5.0214 | 67 | 16.3865 |
| 18 | 5.2875 | 68 | 16.5844 |
| 19 | 5.5511 | 69 | 16.7813 |
| 20 | 5.8123 | 70 | 16.9773 |
| 21 | 6.0711 | 71 | 17.1723 |
| 22 | 6.3275 | 72 | 17.3665 |
| 23 | 6.5815 | 73 | 17.5599 |
| 24 | 6.8339 | 74 | 17.7523 |
| 25 | 7.0846 | 75 | 17.9440 |
| 26 | 7.3337 | 76 | 18.1348 |
| 27 | 7.5812 | 77 | 18.3248 |
| 28 | 7.8271 | 78 | 18.5139 |
| 29 | 8.0713 | 79 | 18.7022 |
| 30 | 8.3140 | 80 | 18.8896 |
| 31 | 8.5552 | 81 | 19.0763 |
| 32 | 8.7947 | 82 | 19.2621 |
| 33 | 9.0327 | 83 | 19.4471 |
| 34 | 9.2692 | 84 | 19.6313 |
| 35 | 9.5041 | 85 | 19.8148 |
| 36 | 9.7377 | 86 | 19.9974 |
| 37 | 9.9700 | 87 | 20.1792 |
| 38 | 10.2009 | 88 | 20.3602 |
| 39 | 10.4306 | 89 | 20.5405 |
| 40 | 10.6589 | 90 | 20.7199 |
| 41 | 10.8859 | 91 | 20.8986 |
| 42 | 11.1117 | 92 | 21.0765 |
| 43 | 11.3361 | 93 | 21.2536 |
| 44 | 11.5593 | 94 | 21.4300 |
| 45 | 11.7813 | 95 | 21.6056 |
| 46 | 12.0019 | 96 | 21.7805 |
| 47 | 12.2214 | 97 | 21.9546 |
| 48 | 12.4397 | 98 | 22.1279 |
| 49 | 12.6569 | 99 | 22.3006 |
| 50 | 12.8730 | 100 | 22.4724 |

Annual Claim Costs, per \$1,000 Lump Sum Benefit

| Waiting Period (Months) | Annual Claim Cost per \$1,000 | Waiting Period (Months) | Annual Claim Cost per \$1,000 |
|-------------------------|-------------------------------|-------------------------|-------------------------------|
| 1 | 0.3154 | 51 | 0.2450 |
| 2 | 0.3132 | 52 | 0.2444 |
| 3 | 0.3111 | 53 | 0.2438 |
| 4 | 0.3090 | 54 | 0.2431 |
| 5 | 0.3069 | 55 | 0.2425 |
| 6 | 0.3048 | 56 | 0.2419 |
| 7 | 0.3027 | 57 | 0.2412 |
| 8 | 0.3006 | 58 | 0.2406 |
| 9 | 0.2986 | 59 | 0.2400 |
| 10 | 0.2965 | 60 | 0.2394 |
| 11 | 0.2945 | 61 | 0.2388 |
| 12 | 0.2925 | 62 | 0.2383 |
| 13 | 0.2905 | 63 | 0.2377 |
| 14 | 0.2885 | 64 | 0.2372 |
| 15 | 0.2866 | 65 | 0.2366 |
| 16 | 0.2846 | 66 | 0.2361 |
| 17 | 0.2827 | 67 | 0.2356 |
| 18 | 0.2807 | 68 | 0.2350 |
| 19 | 0.2788 | 69 | 0.2345 |
| 20 | 0.2769 | 70 | 0.2340 |
| 21 | 0.2751 | 71 | 0.2334 |
| 22 | 0.2732 | 72 | 0.2329 |
| 23 | 0.2713 | 73 | 0.2324 |
| 24 | 0.2695 | 74 | 0.2320 |
| 25 | 0.2684 | 75 | 0.2315 |
| 26 | 0.2673 | 76 | 0.2311 |
| 27 | 0.2662 | 77 | 0.2306 |
| 28 | 0.2652 | 78 | 0.2302 |
| 29 | 0.2641 | 79 | 0.2298 |
| 30 | 0.2630 | 80 | 0.2293 |
| 31 | 0.2620 | 81 | 0.2289 |
| 32 | 0.2609 | 82 | 0.2284 |
| 33 | 0.2598 | 83 | 0.2280 |
| 34 | 0.2588 | 84 | 0.2275 |
| 35 | 0.2578 | 85 | 0.2271 |
| 36 | 0.2567 | 86 | 0.2267 |
| 37 | 0.2559 | 87 | 0.2263 |
| 38 | 0.2551 | 88 | 0.2258 |
| 39 | 0.2542 | 89 | 0.2254 |
| 40 | 0.2534 | 90 | 0.2250 |
| 41 | 0.2526 | 91 | 0.2246 |
| 42 | 0.2518 | 92 | 0.2241 |
| 43 | 0.2510 | 93 | 0.2237 |
| 44 | 0.2502 | 94 | 0.2233 |
| 45 | 0.2494 | 95 | 0.2229 |
| 46 | 0.2486 | 96 | 0.2224 |
| 47 | 0.2478 | 97 | 0.2220 |
| 48 | 0.2470 | 98 | 0.2216 |
| 49 | 0.2463 | 99 | 0.2212 |
| 50 | 0.2457 | 100 | 0.2208 |

For Monthly Benefit followed by a Lump Sum Benefit, add the Lump Sum and Monthly Benefits above.

Coma Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Critical Burn Benefit
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost |
|-----------------------|---------|-------------------|
| Critical Burn Benefit | \$1,000 | \$0.06355 |

Primary

| Maximum Benefit | Annual Claim Cost |
|-----------------|-------------------|
| \$500 | \$0.03334 |
| \$1,000 | \$0.06355 |
| \$5,000 | \$0.23816 |
| \$10,000 | \$0.39264 |
| \$25,000 | \$0.70909 |
| \$50,000 | \$1.04276 |
| \$100,000 | \$1.42145 |
| \$250,000 | \$1.88058 |
| \$500,000 | \$2.15138 |
| \$1,000,000 | \$2.32963 |
| \$1,500,000 | \$2.39595 |
| \$2,000,000 | \$2.43034 |
| \$2,500,000 | \$2.44909 |
| \$5,000,000 | \$2.47723 |
| \$10,000,000 | \$2.48329 |
| \$25,000,000 | \$2.48397 |

Excess of Other Insurance

| Maximum Benefit | Annual Claim Cost |
|-----------------|-------------------|
| \$500 | \$0.03334 |
| \$1,000 | \$0.05878 |
| \$5,000 | \$0.16157 |
| \$10,000 | \$0.23090 |
| \$25,000 | \$0.33303 |
| \$50,000 | \$0.40208 |
| \$100,000 | \$0.45669 |
| \$250,000 | \$0.50035 |
| \$500,000 | \$0.51648 |
| \$1,000,000 | \$0.52212 |
| \$1,500,000 | \$0.52304 |
| \$2,000,000 | \$0.52333 |
| \$2,500,000 | \$0.52342 |
| \$5,000,000 | \$0.52347 |
| \$10,000,000 | \$0.52347 |
| \$25,000,000 | \$0.52347 |

Adjustment for Percent of Body Burned

| Percent of Body Burned | Adjustment Factor |
|------------------------|-------------------|
| 1% | 13.794 |
| 10% | 8.584 |
| 20% | 2.187 |
| 25% | 1.000 |
| 30% | 0.713 |
| 40% | 0.317 |
| 50% | 0.160 |
| 60% | 0.093 |
| 70% | 0.055 |
| 80% | 0.028 |
| 90% | 0.018 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 | 1.100 |

Critical Burn Claim Costs (Indemnity) =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Percent of Body Burned
 x Adjustment Factor for Different Incurral Periods Following Accident

Critical Burn Claim Costs (Reimbursement) =
 Annual Claim Cost
 x Adjustment Factor for Percent of Body Burned
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Permanent and Total Disability Benefit
 Annual Claim Costs

Annual Claim Costs per \$1,000 Monthly Benefit

| Benefit Period (Months) | Benefit Waiting Period | | | |
|----------------------------|------------------------|----------|-----------|-----------|
| | 1 Month | 6 Months | 12 Months | 24 Months |
| 6 | 16.40 | 3.73 | 2.57 | 2.03 |
| 12 | 21.66 | 6.30 | 4.77 | 3.93 |
| 18 | 25.43 | 8.49 | 6.80 | 5.73 |
| 24 | 28.68 | 10.51 | 8.70 | 7.44 |
| 36 | 34.50 | 14.18 | 12.20 | 10.63 |
| 48 | 39.68 | 17.50 | 15.39 | 13.59 |
| 60 | 44.40 | 20.55 | 18.34 | 16.32 |
| 72 | 48.76 | 23.37 | 21.07 | 18.86 |
| 84 | 52.80 | 25.99 | 23.60 | 21.22 |
| 96 | 56.56 | 28.42 | 25.96 | 23.40 |
| 108 | 60.06 | 30.68 | 28.14 | 25.43 |
| 120 | 63.30 | 32.76 | 30.16 | 25.68 |
| 200 | 66.08 | 33.75 | 30.46 | 28.25 |

Annual Claim Costs per \$1,000 Lump Sum Benefit

| Benefit Waiting Period | | |
|------------------------|-----------|-----------|
| 6 Months | 12 Months | 24 Months |
| 0.96 | 0.52 | 0.37 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.990 | 1.000 | 1.020 | 1.050 | 1.100 |

Permanent and Total Disability Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 Group Personal Accident Insurance Policy U-GPA-100-A
 Accident Weekly Indemnity Benefit
 Annual Claim Costs

Annual Claim Costs per \$1,000 Weekly Benefit

| Benefit Waiting Period (in Days) | Benefit Period (in Weeks) | | | | |
|-------------------------------------|---------------------------|--------|--------|--------|--------|
| | 4 | 26 | 52 | 104 | 120 |
| 3 | 99.70 | 237.10 | 288.09 | 351.98 | 368.57 |
| 7 | 81.53 | 205.64 | 255.63 | 319.04 | 335.55 |
| 30 | 27.66 | 85.33 | 113.73 | 151.51 | 161.50 |
| 60 | 17.91 | 63.06 | 89.51 | 126.30 | 136.15 |
| 90 | 6.76 | 29.14 | 44.51 | 67.12 | 73.28 |
| 180 | 3.97 | 19.94 | 33.58 | 55.63 | 61.75 |
| 365 | 2.22 | 13.01 | 24.06 | 43.62 | 49.13 |
| 730 | 1.61 | 10.14 | 19.58 | 36.83 | 41.77 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 |

Accident Weekly Indemnity Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
Accelerated Payment Benefit U-GPA-200-A
Annual Claim Costs

| Benefit | Annual Claim Costs per Unit |
|-----------------------------|-----------------------------|
| Accelerated Payment Benefit | No Additional Cost |

Zurich American Insurance Company
 Accident Dental Expense Benefit U-GPA-201-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost |
|---------------------------|---------|-------------------|
| Accidental Dental Expense | \$1,000 | \$0.345 |

| Maximum Benefit | Annual Claim Cost |
|-----------------|-------------------|
| 1,000 | \$0.345 |
| 2,000 | \$0.443 |
| 3,000 | \$0.472 |
| 4,000 | \$0.480 |
| 5,000 | \$0.483 |
| 6,000 | \$0.485 |
| 7,000 | \$0.487 |

First Treatment/Service within 30, 90, 180, 365 Days of Accident

| Time for Loss to Occur | 30 Days | 90 Days | 180 Days | 365 Days |
|------------------------|---------|---------|----------|----------|
| Adjustment Factor | 0.990 | 1.000 | 1.020 | 1.050 |

Medical Expenses Incurred within 4, 26, 52 Weeks of Accident

| Time for Medical Expense to Occur | 4 Weeks | 26 Weeks | 52 Weeks |
|-----------------------------------|---------|----------|----------|
| Adjustment Factor | 0.910 | 0.950 | 1.000 |

Removal of Exclusion Adjustments

| Removal of Exclusion # | Description | Adjustment Factor |
|------------------------|--------------------------------------|-------------------|
| 5 | Cosmetic, Plastic, or Restorative | 1.1858 |
| 6 | Replacement/Repair Dental Appliances | 1.0432 |

Accidental Dental Expense Claim Costs (Indemnity) =

$$\begin{aligned}
 & \text{Annual Claim Cost per Unit} \\
 & \times \text{Benefit Amount / Unit} \\
 & \times [\text{First Treatment/Service Adjustment}] \\
 & \times [\text{Medical Expense Incurred Adjustment}] \\
 & \times [\text{Removal of Exclusion Adjustments}]
 \end{aligned}$$

Accidental Dental Expense Claim Costs (Reimbursement) =

$$\begin{aligned}
 & \text{Annual Claim Cost per Unit} \\
 & \times [\text{First Treatment/Service Adjustment}] \\
 & \times [\text{Medical Expense Incurred Adjustment}] \\
 & \times [\text{Removal of Exclusion Adjustments}] \\
 & \times [(1 + \text{Trend})^{(\text{Year} - 2013)}]
 \end{aligned}$$

Where Trend = 5%

Zurich American Insurance Company
 After School Care Benefit U-GPA-202-A
 Annual Claim Costs

| | |
|---------------------------|--------------------|
| Benefit | Annual Claim Cost* |
| After School Care Benefit | \$0.29 |

*Based on \$2,000 maximum benefit.
 Prorate for other maximum benefits.

Maximum Age Adjustment

| Maximum Age | Adjustment Factor |
|-------------|-------------------|
| 4 | 0.322 |
| 5 | 0.384 |
| 6 | 0.447 |
| 7 | 0.510 |
| 8 | 0.571 |
| 9 | 0.630 |
| 10 | 0.690 |
| 11 | 0.750 |
| 12 | 0.811 |
| 13 | 0.873 |
| 14 | 0.936 |
| 15 | 1.000 |

Annual claim cost is for 1 year of benefit. For other benefit durations, multiply premium by benefit duration.

After School Care Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Maximum Age
 x Benefit Duration

Zurich American Insurance Company
Carjacking Benefit U-GPA-203-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------|---------|----------------------------|
| Carjacking Benefit | \$1,000 | \$0.00005 |

Carjacking Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit
x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 COBRA Benefit U-GPA-204-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost |
|---------------|---------|-------------------|
| COBRA Benefit | \$1,000 | \$0.17 |

| Maximum Benefit | Annual Claim Costs |
|-----------------|--------------------|
| \$1,000 | \$0.14 |
| \$5,000 | \$0.51 |
| \$10,000 | \$0.80 |
| \$15,000 | \$0.99 |
| \$20,000 | \$1.14 |
| \$25,000 | \$1.27 |
| \$50,000 | \$1.66 |
| \$75,000 | \$1.88 |
| \$100,000 | \$2.02 |

COBRA Claim Costs (Indemnity) =
 Annual Claim Cost
 x Benefit Amount / Unit

COBRA Claim Costs (Reimbursement) =
 Annual Claim Cost
 x Benefit Duration (In Years)

Zurich American Insurance Company
Common Disaster Benefit U-GPA-205-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|-------------------------|---------|-------------------------------|
| Common Disaster Benefit | \$1,000 | \$0.04 |

Common Disaster Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
Commutation Benefit U-GPA-206-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|---------------------|---------|-------------------------------|
| Commutation Benefit | \$1,000 | \$0.02767 |

Commutation Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Complications of Pregnancy Benefit U-GPA-207-A
 Annual Claim Costs

95% Coinsurance

| Maximum Benefit | Deductible | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 1,000 | 0.326 | 0.308 | 0.283 | 0.262 | 0.244 | 0.174 | 0.119 | 0.090 | 0.072 |
| 5,000 | 1.028 | 0.990 | 0.934 | 0.885 | 0.841 | 0.653 | 0.478 | 0.376 | 0.307 |
| 10,000 | 1.489 | 1.444 | 1.376 | 1.316 | 1.262 | 1.020 | 0.780 | 0.631 | 0.527 |
| 12,500 | 1.649 | 1.602 | 1.531 | 1.468 | 1.411 | 1.155 | 0.897 | 0.732 | 0.617 |
| 15,000 | 1.782 | 1.734 | 1.661 | 1.596 | 1.537 | 1.272 | 0.997 | 0.821 | 0.696 |
| 20,000 | 1.996 | 1.946 | 1.871 | 1.802 | 1.741 | 1.459 | 1.164 | 0.971 | 0.832 |
| 25,000 | 2.160 | 2.108 | 2.031 | 1.962 | 1.899 | 1.607 | 1.298 | 1.094 | 0.946 |
| 50,000 | 2.645 | 2.592 | 2.511 | 2.438 | 2.371 | 2.059 | 1.718 | 1.486 | 1.311 |
| 75,000 | 2.900 | 2.845 | 2.763 | 2.688 | 2.620 | 2.301 | 1.950 | 1.706 | 1.523 |
| 100,000 | 3.062 | 3.007 | 2.924 | 2.849 | 2.780 | 2.458 | 2.101 | 1.852 | 1.663 |

75% Coinsurance

| Maximum Benefit | Deductible | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 1,000 | 0.311 | 0.295 | 0.272 | 0.253 | 0.236 | 0.170 | 0.117 | 0.089 | 0.071 |
| 5,000 | 0.929 | 0.897 | 0.849 | 0.807 | 0.769 | 0.606 | 0.451 | 0.357 | 0.294 |
| 10,000 | 1.310 | 1.272 | 1.216 | 1.166 | 1.122 | 0.919 | 0.714 | 0.583 | 0.491 |
| 12,500 | 1.439 | 1.400 | 1.342 | 1.290 | 1.244 | 1.031 | 0.812 | 0.670 | 0.570 |
| 15,000 | 1.545 | 1.505 | 1.446 | 1.393 | 1.345 | 1.125 | 0.895 | 0.745 | 0.638 |
| 20,000 | 1.713 | 1.673 | 1.612 | 1.557 | 1.506 | 1.276 | 1.031 | 0.869 | 0.752 |
| 25,000 | 1.840 | 1.799 | 1.737 | 1.681 | 1.630 | 1.394 | 1.140 | 0.969 | 0.844 |
| 50,000 | 2.208 | 2.166 | 2.101 | 2.042 | 1.989 | 1.739 | 1.465 | 1.276 | 1.134 |
| 75,000 | 2.395 | 2.352 | 2.287 | 2.228 | 2.174 | 1.919 | 1.638 | 1.442 | 1.294 |
| 100,000 | 2.511 | 2.468 | 2.402 | 2.343 | 2.288 | 2.032 | 1.747 | 1.548 | 1.397 |

50% Coinsurance

| Maximum Benefit | Deductible | | | | | | | | |
|-----------------|------------|-------|-------|-------|-------|-------|-------|-------|--------|
| | 100 | 250 | 500 | 750 | 1,000 | 2,500 | 5,000 | 7,500 | 10,000 |
| 1,000 | 0.284 | 0.270 | 0.251 | 0.234 | 0.220 | 0.162 | 0.113 | 0.086 | 0.069 |
| 5,000 | 0.764 | 0.741 | 0.706 | 0.674 | 0.646 | 0.521 | 0.397 | 0.320 | 0.267 |
| 10,000 | 1.030 | 1.004 | 0.964 | 0.929 | 0.897 | 0.750 | 0.597 | 0.497 | 0.425 |
| 12,500 | 1.117 | 1.090 | 1.049 | 1.013 | 0.980 | 0.828 | 0.667 | 0.561 | 0.483 |
| 15,000 | 1.187 | 1.160 | 1.119 | 1.081 | 1.048 | 0.892 | 0.725 | 0.615 | 0.533 |
| 20,000 | 1.295 | 1.267 | 1.225 | 1.187 | 1.152 | 0.992 | 0.818 | 0.700 | 0.613 |
| 25,000 | 1.375 | 1.347 | 1.304 | 1.265 | 1.230 | 1.067 | 0.889 | 0.766 | 0.676 |
| 50,000 | 1.597 | 1.568 | 1.525 | 1.485 | 1.449 | 1.279 | 1.092 | 0.962 | 0.863 |
| 75,000 | 1.703 | 1.675 | 1.631 | 1.591 | 1.554 | 1.383 | 1.192 | 1.058 | 0.957 |
| 100,000 | 1.765 | 1.736 | 1.692 | 1.652 | 1.615 | 1.443 | 1.251 | 1.116 | 1.014 |

Zurich American Insurance Company
Continuation of Insurance Benefit U-GPA-208-A
Annual Claim Costs Load Factors*

| Benefit | Load Factor |
|-----------------------------------|-------------|
| Continuation of Insurance Benefit | 1.00017 |

* Load factors should be multiplied by the total claim cost of all benefits covered by the continuation of insurance rider.

Zurich American Insurance Company
Day Care Benefit U-GPA-209-A
Annual Claim Costs

| Day Care Benefit | Unit | Annual Claim Costs per Unit |
|--------------------------|---------|-----------------------------|
| Accidental Death | \$1,000 | \$0.037 |
| Accidental Dismemberment | \$1,000 | \$0.005 |

Adjustment Factors for
Maximum Benefit Options

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 1.000 |
| \$2,000 | 2.000 |
| \$3,000 | 3.000 |
| \$4,000 | 4.000 |
| \$5,000 | 5.000 |
| \$6,000 | 6.000 |
| \$7,000 | 7.000 |
| \$8,000 | 7.980 |
| \$9,000 | 8.826 |
| \$10,000 | 9.672 |
| \$11,000 | 9.979 |
| \$12,000 | 10.078 |
| \$13,000 | 10.179 |
| \$14,000 | 10.281 |
| \$15,000 | 10.384 |
| \$20,000 | 10.488 |
| \$25,000 | 10.592 |
| \$30,000 | 10.698 |
| \$35,000 | 10.805 |
| \$40,000 | 10.913 |
| \$45,000 | 11.023 |
| \$50,000 | 11.133 |
| \$55,000 | 11.244 |
| \$60,000 | 11.357 |
| \$65,000 | 11.470 |
| \$70,000 | 11.585 |
| \$75,000 | 11.701 |
| \$80,000 | 11.818 |
| \$85,000 | 11.936 |
| \$90,000 | 12.055 |
| \$95,000 | 12.176 |
| \$100,000 | 12.298 |

Maximum Age Adjustment

| Maximum Age | Adjustment Factor |
|-------------|-------------------|
| 2 | 0.223 |
| 3 | 0.296 |
| 4 | 0.368 |
| 5 | 0.440 |
| 6 | 0.511 |
| 7 | 0.584 |
| 8 | 0.653 |
| 9 | 0.722 |
| 10 | 0.790 |
| 11 | 0.859 |
| 12 | 0.929 |
| 13 | 1.000 |
| 14 | 1.072 |
| 15 | 1.145 |
| 16 | 1.220 |
| 17 | 1.296 |
| 18 | 1.373 |

Day Care Claim Costs (Indemnity) =
Annual Claim Cost per Unit
x Benefit Amount / Unit
x Adjustment Factor for Maximum Age

Day Care Claim Costs (Reimbursement) =
Annual Claim Cost per Unit
x Adjustment Factor for Maximum Benefit
x Adjustment Factor for Maximum Age

Zurich American Insurance Company
 Elder Care Benefit U-GPA-210-A
 Annual Claim Costs

| Elder Care Benefit | Unit | Annual Claim Cost |
|--------------------------|---------|-------------------|
| Accidental Death | \$1,000 | \$0.011 |
| Accidental Dismemberment | \$1,000 | \$0.003 |

| Maximum Benefit | Accidental Death Annual Claim Costs | Accidental Dismemberment Annual Claim Costs |
|-----------------|-------------------------------------|---|
| \$1,000 | \$0.011 | \$0.003 |
| \$2,000 | \$0.022 | \$0.005 |
| \$3,000 | \$0.033 | \$0.008 |
| \$5,000 | \$0.055 | \$0.013 |
| \$10,000 | \$0.111 | \$0.025 |
| \$15,000 | \$0.165 | \$0.038 |
| \$20,000 | \$0.220 | \$0.050 |
| \$25,000 | \$0.274 | \$0.063 |
| \$30,000 | \$0.327 | \$0.075 |
| \$35,000 | \$0.380 | \$0.087 |
| \$40,000 | \$0.430 | \$0.098 |
| \$45,000 | \$0.480 | \$0.110 |
| \$50,000 | \$0.527 | \$0.120 |

Elder Care Claim Costs (Indemnity) =
 Annual Claim Cost
 x Benefit Amount / Unit
 x Benefit Duration (In Years)

Elder Care Claim Costs (Reimbursement) =
 Annual Claim Cost
 x Benefit Duration (In Years)

Zurich American Insurance Company
 Emergency Transportation Benefit U-GPA-211-A
 Annual Claim Cost

| Benefit | Unit | Annual Claim Cost per Unit |
|----------------------------------|-------|----------------------------|
| Emergency Transportation Benefit | \$500 | \$4.18 |

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$500 | 1.000 |
| \$1,000 | 1.835 |
| \$1,500 | 2.494 |
| \$2,000 | 3.020 |
| \$2,500 | 3.445 |
| \$3,000 | 3.797 |
| \$3,500 | 4.075 |
| \$4,000 | 4.305 |
| \$4,500 | 4.496 |
| \$5,000 | 4.655 |
| \$7,500 | 5.148 |
| \$10,000 | 5.377 |

Emergency Transportation within 24, 48, 72 hours of Accident

| Time for Loss to Occur | 24 Hours | 48 Hours | 72 Hours |
|------------------------|----------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 |

| Maximum Emergency Transports Per Year | Adjustment Factor |
|---------------------------------------|-------------------|
| 1 | 0.709 |
| 2 | 1.000 |
| 3 | 1.131 |
| 4 | 1.197 |
| 5 | 1.233 |
| 6 | 1.255 |
| 7 | 1.268 |
| 8 | 1.277 |
| 9 | 1.283 |
| 10 | 1.287 |
| 11 | 1.290 |
| 12 | 1.292 |

Emergency Transportation Claim Costs (Indemnity) =

- Annual Claim Cost per Unit
- x Benefit Amount / Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Transports

Emergency Transportation Claim Costs (Reimbursement) =

- Annual Claim Cost per Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Transports

Zurich American Insurance Company
 Emergency Treatment Benefit U-GPA-212-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|-----------------------------|-------|-----------------------------|
| Emergency Treatment Benefit | \$500 | \$32.76 |

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$100 | 0.201 |
| \$500 | 1.000 |
| \$1,000 | 1.907 |
| \$1,500 | 2.656 |
| \$2,000 | 3.296 |
| \$2,500 | 3.830 |
| \$3,000 | 4.285 |
| \$3,500 | 4.678 |
| \$4,000 | 5.017 |
| \$4,500 | 5.293 |
| \$5,000 | 5.541 |

Emergency Treatment within 24, 48, 72 hours of Accident

| Time for Loss to Occur | 24 Hours | 48 Hours | 72 Hours |
|------------------------|----------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 |

| Maximum Emergency Treatments Per Year | Adjustment Factor |
|---------------------------------------|-------------------|
| 1 | 0.950 |
| 2 | 0.969 |
| 3 | 0.988 |
| 4 | 0.994 |
| 5+ | 1.000 |

Emergency Treatment Claim Costs (Indemnity) =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Emergency Treatment within XX hours of Accident
 x Adjustment Factor for Maximum Emergency Treatments

Emergency Treatment Claim Costs (Reimbursement) =
 Annual Claim Cost per Unit
 x Adjustment Factor for Emergency Treatment within XX hours of Accident
 x Adjustment Factor for Maximum Emergency Treatments

Zurich American Insurance Company
Escalator Clause Option Benefit U-GPA-213-A
Annual Claim Costs Load Factors*

| Benefit Increase | Maximum Years of Increase | | | | | |
|------------------|---------------------------|--------|--------|--------|--------|--------|
| | 5 | 6 | 7 | 8 | 9 | 10 |
| 0.5% | 1.0178 | 1.0200 | 1.0219 | 1.0235 | 1.0249 | 1.0260 |
| 1% | 1.0356 | 1.0400 | 1.0438 | 1.0470 | 1.0497 | 1.0520 |
| 2% | 1.0712 | 1.0800 | 1.0876 | 1.0940 | 1.0994 | 1.1041 |
| 3% | 1.1067 | 1.1201 | 1.1314 | 1.1410 | 1.1491 | 1.1561 |
| 4% | 1.1423 | 1.1601 | 1.1751 | 1.1880 | 1.1989 | 1.2081 |
| 5% | 1.1779 | 1.2001 | 1.2189 | 1.2350 | 1.2486 | 1.2601 |
| 6% | 1.2135 | 1.2401 | 1.2627 | 1.2819 | 1.2983 | 1.3122 |
| 7% | 1.2491 | 1.2801 | 1.3065 | 1.3289 | 1.3480 | 1.3642 |
| 8% | 1.2847 | 1.3201 | 1.3503 | 1.3759 | 1.3977 | 1.4162 |
| 9% | 1.3202 | 1.3602 | 1.3941 | 1.4229 | 1.4474 | 1.4682 |
| 10% | 1.3558 | 1.4002 | 1.4379 | 1.4699 | 1.4971 | 1.5203 |

*Load Factors should be multiplied by the Accident Death claim costs.

Zurich American Insurance Company
Exposure and Disappearance Benefit U-GPA-214-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|------------------------------------|---------|-------------------------------|
| Exposure and Disappearance Benefit | \$1,000 | \$0.0026 |

Exposure and Disappearance Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
Felony Victim Benefit U-GPA-215-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|-----------------------|---------|-------------------------------|
| Felony Victim Benefit | \$1,000 | \$0.06 |

Felony Victim Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Funeral [and] [Executor] Expense Benefit U-GPA-216-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|-------------------------|---------|-----------------------------|
| Funeral Expense Benefit | \$1,000 | \$0.17 |

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 1.000 |
| \$2,000 | 2.000 |
| \$3,000 | 3.000 |
| \$4,000 | 4.000 |
| \$5,000 | 5.000 |
| \$6,000 | 6.000 |
| \$7,000 | 7.000 |
| \$8,000 | 7.980 |
| \$9,000 | 8.826 |
| \$10,000 | 9.672 |
| \$11,000 | 9.979 |
| \$12,000 | 10.078 |
| \$13,000 | 10.179 |
| \$14,000 | 10.281 |
| \$15,000 | 10.384 |
| \$20,000 | 10.488 |
| \$25,000 | 10.592 |
| \$30,000 | 10.698 |
| \$35,000 | 10.805 |
| \$40,000 | 10.913 |
| \$45,000 | 11.023 |
| \$50,000 | 11.133 |

Funeral and Executor Claim Costs (Indemnity) =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Funeral and Executor Claim Costs (Reimbursement) =
 Annual Claim Cost per Unit
 x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company
Hearing Aid or Prosthetic Appliance Benefit U-GPA-217-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|---|---------|-----------------------------|
| Hearing Aid or Prosthetic Appliance Benefit | \$1,000 | \$0.0220 |

| Maximum Benefit | Annual Claim Costs |
|-----------------|--------------------|
| \$1,000 | \$0.0220 |
| \$2,500 | \$0.0340 |
| \$5,000 | \$0.0413 |
| \$10,000 | \$0.0459 |
| \$15,000 | \$0.0474 |
| \$20,000 | \$0.0482 |
| \$25,000 | \$0.0486 |
| \$30,000 | \$0.0488 |
| \$40,000 | \$0.0491 |
| \$50,000 | \$0.0492 |

Hearing Aid or Prosthetic Appliance Claim Costs (Indemnity) =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Hearing Aid or Prosthetic Appliance Claim Costs (Reimbursement) =
Annual Claim Cost per Maximum Benefit

Zurich American Insurance Company
Higher Education Benefit U-GPA-218-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------|---------|----------------------------|
| Higher Education Benefit | \$1,000 | \$0.05 |

No Qualified Dependent Children

| Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------|---------|----------------------------|
| Higher Education Benefit | \$1,000 | \$0.15 |

Higher Education Benefit Maximum Adjustment Factors

| Annual Benefit Maximum | Factor |
|------------------------|--------|
| \$1,000 | 1.000 |
| \$2,000 | 2.000 |
| \$3,000 | 3.000 |
| \$4,000 | 3.994 |
| \$5,000 | 4.940 |
| \$6,000 | 5.839 |
| \$7,000 | 6.738 |
| \$8,000 | 7.485 |
| \$9,000 | 8.080 |
| \$10,000 | 8.676 |
| \$15,000 | 10.853 |
| \$20,000 | 12.493 |
| \$25,000 | 13.838 |
| \$30,000 | 14.840 |
| \$35,000 | 15.530 |
| \$40,000 | 15.962 |
| \$45,000 | 16.159 |
| \$50,000 | 16.193 |
| \$55,000 | 16.228 |
| \$60,000 | 16.262 |
| \$65,000 | 16.297 |
| \$70,000 | 16.332 |
| \$75,000 | 16.367 |
| \$80,000 | 16.402 |
| \$85,000 | 16.437 |
| \$90,000 | 16.472 |
| \$95,000 | 16.508 |
| \$100,000 | 16.543 |
| \$150,000 | 16.578 |
| \$200,000 | 16.614 |
| \$250,000 | 16.649 |
| \$300,000 | 16.685 |
| \$350,000 | 16.721 |
| \$400,000 | 16.756 |
| \$450,000 | 16.792 |
| \$500,000 | 16.828 |

Higher Education Claim Costs (Indemnity) =

$$\text{Annual Claim Cost per Unit} \\ \times \text{Benefit Amount / Unit}$$

Higher Education Claim Costs (Reimbursement) =

$$\text{Annual Claim Cost per Unit} \\ \times \text{Adjustment Factor for Maximum Benefit Amount}$$

No Qualified Dependent Children Higher Education Claim Costs =

$$\text{Annual Claim Cost per Unit} \\ \times \text{Benefit Amount / Unit}$$

Zurich American Insurance Company
Hijacking or Skyjacking Benefit U-GPA-219-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|---------------------------------|---------|-------------------------------|
| Hijacking or Skyjacking Benefit | \$1,000 | \$0.00001 |

Hijacking or Skyjacking Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
Home Alteration and Vehicle Modification Benefit U-GPA-220-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|--|---------|-----------------------------|
| Home Alteration and Vehicle Modification Benefit | \$1,000 | \$0.05 |

| Maximum Benefit | Annual Claim Cost |
|-----------------|-------------------|
| \$1,000 | 0.05 |
| \$2,500 | 0.10 |
| \$5,000 | 0.16 |
| \$10,000 | 0.23 |
| \$15,000 | 0.27 |
| \$20,000 | 0.30 |
| \$25,000 | 0.33 |
| \$30,000 | 0.35 |
| \$40,000 | 0.38 |
| \$50,000 | 0.41 |

Home Alteration and Vehicle Modification Claim Costs (Indemnity) =
Annual Claim Cost
x Benefit Amount / Unit

Home Alteration and Vehicle Modification Claim Costs (Reimbursement) =
Annual Claim Cost
x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company
 Natural Disaster Benefit U-GPA-221-A
 Annual Claim Costs

| Natural Disaster Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------|---------|----------------------------|
| Accidental Death | \$1,000 | \$0.001262 |
| Accidental Dismemberment | \$1,000 | \$0.000432 |
| Loss of Use | \$1,000 | \$0.000104 |
| Plegia | \$1,000 | \$0.000104 |

Natural Disaster Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Zurich American Insurance Company
Occupational Hepatitis Accident Benefit U-GPA-222-A
Annual Claim Costs

Annual Claim Costs, per \$1,000
Monthly Benefit, with Hepatitis A

| Benefit Period (Months) | Annual Claim Cost per \$1,000 Monthly Benefit |
|-------------------------|---|
| 12 | 0.0522 |
| 13 | 0.0546 |
| 14 | 0.0570 |
| 15 | 0.0594 |
| 16 | 0.0617 |
| 17 | 0.0641 |
| 18 | 0.0664 |
| 19 | 0.0688 |
| 20 | 0.0711 |
| 21 | 0.0734 |
| 22 | 0.0757 |
| 23 | 0.0779 |
| 24 | 0.0802 |
| 25 | 0.0824 |
| 26 | 0.0847 |
| 27 | 0.0869 |
| 28 | 0.0891 |
| 29 | 0.0913 |
| 30 | 0.0934 |
| 31 | 0.0956 |
| 32 | 0.0977 |
| 33 | 0.0999 |
| 34 | 0.1020 |
| 35 | 0.1041 |
| 36 | 0.1062 |

Annual Claim Costs, per \$1,000
Monthly Benefit, without Hepatitis A

| Benefit Period (Months) | Annual Claim Cost per \$1,000 Monthly Benefit |
|-------------------------|---|
| 12 | 0.0457 |
| 13 | 0.0480 |
| 14 | 0.0504 |
| 15 | 0.0527 |
| 16 | 0.0551 |
| 17 | 0.0574 |
| 18 | 0.0597 |
| 19 | 0.0620 |
| 20 | 0.0642 |
| 21 | 0.0665 |
| 22 | 0.0688 |
| 23 | 0.0710 |
| 24 | 0.0732 |
| 25 | 0.0754 |
| 26 | 0.0776 |
| 27 | 0.0798 |
| 28 | 0.0820 |
| 29 | 0.0841 |
| 30 | 0.0863 |
| 31 | 0.0884 |
| 32 | 0.0905 |
| 33 | 0.0926 |
| 34 | 0.0947 |
| 35 | 0.0968 |
| 36 | 0.0988 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.990 | 1.000 | 1.020 | 1.050 | 1.100 |

Occupational Hepatitis Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
Occupational HIV Accident Benefit U-GPA-223-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|-----------------------------------|---------|----------------------------|
| HIV Occupational Accident Benefit | \$1,000 | \$0.0163 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 90 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.990 | 1.000 | 1.020 | 1.050 | 1.100 |

Workers Compensation Injury Report within 24, 48, 72, 120 hours of Accident

| Time for Loss to Occur | 24 Hours | 48 Hours | 72 Hours | 120 Hours |
|------------------------|----------|----------|----------|-----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 |

HIV Occupational Accident Claim Costs =

- Annual Claim Cost per Unit
- x Benefit Amount / Unit
- x Adjustment Factor for Different Incurral Periods Following Accident
- x Adjustment Factor for Workers Compensation Injury Report
- x Benefit Period (In Months)

Zurich American Insurance Company
 Outpatient Physician's Treatment Benefit U-GPA-225-A
 Annual Claim Costs

| Maximum Benefit | Annual Claim Cost |
|-----------------|-------------------|
| \$50 | \$13.556 |
| \$100 | \$26.903 |
| \$150 | \$38.930 |
| \$200 | \$49.620 |
| \$250 | \$59.015 |
| \$500 | \$93.807 |
| \$750 | \$104.193 |
| \$1,000 | \$105.855 |
| \$1,500 | \$106.478 |
| \$2,000 | \$106.586 |
| \$2,500 | \$106.614 |
| \$3,000 | \$106.625 |
| \$3,500 | \$106.631 |
| \$4,000 | \$106.633 |
| \$4,500 | \$106.635 |
| \$5,000 | \$106.636 |

Waiting Period

| Time for Loss to Occur | 3 Months | 6 Months | 12 Months | 24 Months |
|------------------------|----------|----------|-----------|-----------|
| Adjustment Factor | 1.0811 | 1.0000 | 0.9189 | 0.7811 |

Outpatient Physician's Treatment Claim Costs =
 Annual Claim Cost per Unit
 x Adjustment Factor for Waiting Period

Zurich American Insurance Company
 On-Premises Terrorism Benefit [H-2 Only] U-GPA-226-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost Inside US | Annual Claim Cost Outside US |
|----------------------------|---------|--------------------------------|---------------------------------|
| Accidental Death | \$1,000 | \$0.00042 | \$0.00420 |
| All Other Covered Injuries | \$1,000 | \$0.00169 | \$0.01690 |

On-Premises Terrorism Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Zurich American Insurance Company
Parent Care Benefit U-GPA-227-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|---------------------|---------|----------------------------|
| Parent Care Benefit | \$1,000 | \$0.011 |

Parent Care Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Rehabilitation Benefit U-GPA-228-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost per Unit |
|------------------------|---------|----------------------------|
| Rehabilitation Benefit | \$1,000 | \$0.07 |

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 1.000 |
| \$2,500 | 1.576 |
| \$5,000 | 1.940 |
| \$7,500 | 2.095 |
| \$10,000 | 2.180 |
| \$15,000 | 2.271 |
| \$20,000 | 2.320 |
| \$25,000 | 2.354 |
| \$30,000 | 2.379 |
| \$35,000 | 2.400 |
| \$40,000 | 2.419 |
| \$45,000 | 2.435 |
| \$50,000 | 2.449 |
| \$100,000 | 2.535 |
| \$250,000 | 2.611 |
| \$500,000 | 2.633 |
| \$1,000,000 | 2.638 |
| \$2,500,000 | 2.640 |
| \$5,000,000 | 2.641 |

Rehabilitation Claim Costs (Indemnity) =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Rehabilitation Claim Costs (Reimbursement) =
 Annual Claim Cost
 x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company
 Reserve Corps/National Guard Unit Benefit U-GPA-229-A
 Annual Claim Costs

| Reserve Corps/National Guard Unit Benefit | Unit | Annual Claim Cost per Unit |
|--|---------|-------------------------------|
| Accidental Death | \$1,000 | \$0.1915 |
| Accidental Dismemberment | \$1,000 | \$0.0656 |
| Loss of Use | \$1,000 | \$0.0166 |
| Plegia | \$1,000 | \$0.0166 |

Reserve Corps/National Guard Unit Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

Zurich American Insurance Company
Seat Belt[Air Bag] Benefit U-GPA-230-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|-------------------|---------|-----------------------------|
| Seat Belt Benefit | \$1,000 | \$0.06 |
| Air Bag Benefit | \$1,000 | \$0.10 |

Seat Belt/Air Bag Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Spouse[/Domestic Partner] Retraining Benefit U-GPA-231-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Cost |
|--|---------|-------------------|
| Spouse[/Domestic Partner] Retraining Benefit | \$1,000 | \$0.17 |

| Maximum Benefit | Annual Claim Costs |
|-----------------|--------------------|
| \$1,000 | \$0.17 |
| \$2,000 | \$0.35 |
| \$3,000 | \$0.52 |
| \$4,000 | \$0.68 |
| \$5,000 | \$0.77 |
| \$10,000 | \$1.14 |
| \$15,000 | \$1.27 |
| \$20,000 | \$1.31 |
| \$25,000 | \$1.45 |
| \$30,000 | \$1.59 |
| \$40,000 | \$1.75 |
| \$50,000 | \$1.92 |
| \$100,000 | \$2.12 |
| \$150,000 | \$2.33 |
| \$200,000 | \$2.56 |
| \$250,000 | \$2.82 |
| \$500,000 | \$3.10 |

Completion within 12, 24, 48 Months of Death of Insured

| Time for Completion | 12 Months | 24 Months | 48 Months |
|---------------------|-----------|-----------|-----------|
| Adjustment Factor | 1.000 | 1.005 | 1.010 |

Spouse[/Domestic Partner] Retraining Benefit (Indemnity) =
 Annual Claim Cost
 x Benefit Amount / Unit
 x Adjustment Factor for Completion Time

Spouse[/Domestic Partner] Retraining Benefit (Reimbursement) =
 Annual Claim Cost
 x Adjustment Factor for Completion Time

Zurich American Insurance Company
 Student [Tuition] [and] [Expense] Reimbursement Benefit U-GPA-232-A
 Annual Claim Costs

Student Loan Reimbursement

| Benefit Trigger | Annual Claim Cost |
|--------------------------|-------------------|
| Accidental Death | 3.19 |
| Accidental Dismemberment | 1.09 |
| Total | 4.28 |

Student Loan Reimbursement Claim Costs (Reimbursement) =
 Annual Claim Cost per Unit
 x Adjustment Factor for Maximum Benefit

| Benefit Trigger | Annual Claim Cost per \$1,000 |
|--------------------------|-------------------------------|
| Accidental Death | \$0.11 |
| Accidental Dismemberment | \$0.04 |

Student Loan Reimbursement Claim Costs (Indemnity) =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 0.036 |
| \$2,500 | 0.090 |
| \$5,000 | 0.180 |
| \$7,500 | 0.270 |
| \$10,000 | 0.360 |
| \$15,000 | 0.540 |
| \$20,000 | 0.698 |
| \$25,000 | 0.805 |
| \$50,000 | 0.992 |
| \$100,000 | 1.000 |
| \$150,000 | 1.005 |
| \$200,000 | 1.010 |
| \$250,000 | 1.015 |
| \$300,000 | 1.020 |
| \$350,000 | 1.025 |
| \$400,000 | 1.030 |
| \$450,000 | 1.036 |
| \$500,000 | 1.041 |

Tuition Reimbursement

| Benefit Trigger | Annual Claim Cost |
|--------------------------|-------------------|
| Accidental Death | 1.67 |
| Accidental Dismemberment | 0.57 |
| Total | 2.24 |

Tuition Reimbursement Claim Costs (Reimbursement) =
 Annual Claim Cost per Unit
 x Adjustment Factor for Maximum Benefit
 x Adjustment Factor for Maximum Number of Payments

| Benefit Trigger | Annual Claim Cost per \$1,000 |
|--------------------------|-------------------------------|
| Accidental Death | 0.17 |
| Accidental Dismemberment | 0.06 |
| Total | 0.23 |

Tuition Reimbursement Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 0.104 |
| \$2,500 | 0.261 |
| \$5,000 | 0.424 |
| \$7,500 | 0.578 |
| \$10,000 | 0.653 |
| \$15,000 | 0.787 |
| \$20,000 | 0.886 |
| \$25,000 | 0.964 |
| \$50,000 | 1.000 |
| \$75,000 | 1.010 |
| \$100,000 | 1.020 |

| Maximum Number of Payments | Adjustment Factor |
|----------------------------|-------------------|
| 4 | 2.80 |
| 5 | 3.19 |
| 6 | 4.11 |
| 7 | 4.36 |
| 8 | 4.48 |

Student Expense

| Benefit Trigger | Annual Claim Cost |
|--------------------------|-------------------|
| Accidental Death | 1.98 |
| Accidental Dismemberment | 0.68 |
| Total | 2.66 |

Student Expense Claim Costs (Reimbursement) =
 Annual Claim Cost per Unit
 x Adjustment Factor for Maximum Benefit
 x Adjustment Factor for Maximum Number of Payments

| Benefit Trigger | Annual Claim Cost per \$1,000 |
|--------------------------|-------------------------------|
| Accidental Death | \$0.17 |
| Accidental Dismemberment | \$0.06 |

Student Expense Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit

| Maximum Benefit | Adjustment Factor |
|-----------------|-------------------|
| \$1,000 | 0.088 |
| \$2,500 | 0.220 |
| \$5,000 | 0.440 |
| \$7,500 | 0.660 |
| \$10,000 | 0.880 |
| \$15,000 | 1.000 |

| Maximum Number of Payments | Adjustment Factor |
|----------------------------|-------------------|
| 4 | 2.80 |
| 5 | 3.19 |
| 6 | 4.11 |
| 7 | 4.36 |
| 8 | 4.48 |

Zurich American Insurance Company
Surviving Spouse/[Domestic Partner] Benefit U-GPA-233-A

| Benefit | Unit | Annual Claim Cost per Unit |
|---|---------|----------------------------|
| Surviving Spouse/Domestic Partner Benefit | \$1,000 | \$0.07 |

Surviving Spouse/Domestic Partner Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
Terrorism Benefit U-GPA-234-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost Inside US | Annual Claim Cost Outside US |
|----------------------------|---------|--------------------------------|---------------------------------|
| Accidental Death | \$1,000 | \$0.00209 | \$0.02090 |
| All Other Covered Injuries | \$1,000 | \$0.00843 | \$0.08430 |

Terrorism Claim Costs =
Annual Claim Cost per Unit
x Benefit Amount / Unit

Zurich American Insurance Company
 Therapeutic Counseling Benefit U-GPA-235-A
 Annual Claim Costs

| Therapeutic Counseling Benefit | Unit | Annual Claim Cost per Unit |
|--------------------------------|---------|----------------------------|
| Accidental Death | \$1,000 | \$0.1741 |
| Accidental Dismemberment | \$1,000 | \$0.0745 |

| Maximum Benefit | Accidental Death Annual Claim Cost | Dismemberment Annual Claim Cost |
|-----------------|------------------------------------|---------------------------------|
| \$1,000 | \$0.1741 | \$0.0745 |
| \$2,000 | \$0.2768 | \$0.1185 |
| \$3,000 | \$0.3476 | \$0.1489 |
| \$4,000 | \$0.4000 | \$0.1713 |
| \$5,000 | \$0.4416 | \$0.1891 |
| \$10,000 | \$0.5701 | \$0.2441 |
| \$15,000 | \$0.6464 | \$0.2768 |
| \$20,000 | \$0.7017 | \$0.3005 |
| \$25,000 | \$0.7461 | \$0.3195 |
| \$50,000 | \$0.8805 | \$0.3771 |
| \$75,000 | \$0.9446 | \$0.4045 |
| \$100,000 | \$0.9802 | \$0.4198 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Medical Expense to Occur | 1 Year | 2 Years | 3 Years | 4 Years | 5 Years |
|-----------------------------------|--------|---------|---------|---------|---------|
| Adjustment Factor | 1.000 | 1.150 | 1.200 | 1.250 | 1.300 |

Therapeutic Counseling Claim Costs (Indemnity) =

Annual Claim Cost per Unit

x Benefit Amount / Unit

Therapeutic Counseling Claim Costs (Reimbursement) =

Annual Claim Cost per Maximum Benefit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company
 Traumatic Brain Injury Benefit U-GPA-236-A
 Annual Claim Costs

| Benefit | Unit | Annual Claim Costs per Unit |
|--------------------------------|---------|-----------------------------|
| Traumatic Brain Injury Benefit | \$1,000 | \$0.24 |

Adjustment Factor for Different Incurral Periods Following Accident

| Time for Loss to Occur | 30 Days | 60 Days | 90 Days | 180 Days | 365 Days | 730 Days |
|------------------------|---------|---------|---------|----------|----------|----------|
| Adjustment Factor | 0.990 | 0.995 | 1.000 | 1.020 | 1.050 | 1.100 |

Required Hospitalization Days

| Days | Adjustment |
|------|------------|
| 1 | 6.925 |
| 2 | 5.268 |
| 3 | 3.620 |
| 4 | 2.449 |
| 5 | 1.724 |
| 6 | 1.290 |
| 7 | 1.000 |
| 8 | 0.780 |
| 9 | 0.631 |
| 10 | 0.525 |
| 11 | 0.443 |
| 12 | 0.382 |
| 13 | 0.334 |
| 14 | 0.294 |
| 30 | 0.075 |
| 60 | 0.019 |
| 90 | 0.006 |

Traumatic Brain Injury Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Different Incurral Periods Following Accident
 x Adjustment Factor for Required Hospitalization Days

Zurich American Insurance Company
Travel Assistance Benefit U-GPA-237-A
Annual Claim Costs

| Benefit | Maximum Benefit | Annual Claim Costs |
|------------------------|--------------------|-----------------------|
| Travel Assistance Plan | 5,000 | \$1.40 |
| | 10,000 | \$2.10 |
| | 15,000 | \$2.80 |
| | 20,000 | \$3.15 |
| | 25,000 | \$3.50 |
| | 50,000 | \$4.06 |
| | 75,000 | \$4.34 |
| | 100,000 | \$4.62 |
| | 250,000 | \$4.76 |
| | 500,000 | \$4.90 |
| | 750,000 | \$5.04 |
| 1,000,000 | \$5.11 | |

Travel Assistance Plan Claim Costs =
Annual Claim Cost

Zurich American Insurance Company
Travel Reimbursement Benefit U-GPA-238-A
Annual Claim Costs

| Benefit | Maximum Benefit | Annual Claim Costs |
|------------------------------|-----------------|--------------------|
| Travel Reimbursement Benefit | 5,000 | \$1.40 |
| | 10,000 | \$2.10 |
| | 15,000 | \$2.80 |
| | 20,000 | \$3.15 |
| | 25,000 | \$3.50 |
| | 50,000 | \$4.06 |
| | 75,000 | \$4.34 |
| | 100,000 | \$4.62 |
| | 250,000 | \$4.76 |
| | 500,000 | \$4.90 |
| | 750,000 | \$5.04 |
| | 1,000,000 | \$5.11 |

Travel Reimbursement Benefit Claim Costs =
Annual Claim Cost

Zurich American Insurance Company
Waiver of Premium Option Benefit U-GPA-239-A
Annual Claim Costs Load Factors*

| Benefit | Load Factor |
|---------------------------|-------------|
| Waiver of Premium Benefit | 1.091 |

* Load factors should be multiplied by the total claim cost of all benefits covered by the waiver of premium rider.

Zurich American Insurance Company
Wellness Benefit U-GPA-240-A
Annual Claim Costs

| Benefit | Unit | Annual Claim Cost |
|------------------|---------------|-------------------|
| Wellness Benefit | \$50 per day | \$12.73 |
| | \$100 per day | \$48.38 |
| | \$150 per day | \$92.76 |

| Waiting Period | Adjustment Factor |
|----------------|-------------------|
| 3 | 1.08 |
| 4 | 1.05 |
| 5 | 1.03 |
| 6 | 1.00 |
| 9 | 0.91 |
| 12 | 0.83 |
| 18 | 0.69 |
| 24 | 0.57 |

Wellness Claim Costs =
 Annual Claim Cost per Unit
 x Benefit Amount / Unit
 x Adjustment Factor for Waiting Period

State: District of Columbia **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)
Project Name/Number: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152

Supporting Document Schedules

| | |
|--------------------------|--------------------------|
| Satisfied - Item: | Cover Letter All Filings |
| Comments: | |
| Attachment(s): | DC memo.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|----------------------------------|
| Bypassed - Item: | Certificate of Authority to File |
| Bypass Reason: | Not applicable |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Memorandum |
| Comments: | |
| Attachment(s): | ZNA07.GPA-100.50%LR.ActMemo.Final.20140313.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Justification |
| Comments: | Please refer to Actuarial Memorandum attached above. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
| Comments: | acknowledged |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| Bypass Reason: | Not applicable - this is a new product |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

SERFF Tracking #:

ZURC-129447606

State Tracking #:

Company Tracking #:

CW AH 37152

State:

District of Columbia

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)

Project Name/Number:

Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152

| | |
|-------------------------|---|
| Bypassed - Item: | Actuarial Memorandum and Certifications |
| Bypass Reason: | Not applicable |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|------------------------------|
| Bypassed - Item: | Unified Rate Review Template |
| Bypass Reason: | Not applicable |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

**District of Columbia Explanatory Memorandum
Group Personal Accident (U-GPA-100-A, et al.)**

This is a new Group Accident Insurance product, which will be marketed to:

1. all size employer groups ranging from five (5) employees to any size employer group thereafter; and
2. bona fide associations, trust groups and unions.

At this time, Zurich is not in the process of contracting with any associations, trusts or unions with respect to this new product.

All forms are new and are not intended to replace any other forms currently in use.

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Please note that we will be attaching previously filed form U-GU-1147-A (01/14) to both the application and the enrollment form for this product. This form contains the District of Columbia's required fraud warning language. It was submitted via SERFF filing ZURC-129145000 and approved for use in the District of Columbia effective 9/4/2013.

Also attached for your review is our actuarial memorandum and rate manual for this new product.

Zurich American Insurance Company

Actuarial Memorandum

Group Personal Accident Policy Form U-GPA-100-A et al.

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new policy form and associated riders. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided by the policy and riders. A detailed description of the benefits and limitations are identified in the policy and associated riders.

The base policy provides accident coverage and benefits are payable for hazard categories including 24-hour, full occupation protection and full non-occupation protection. The base policy consists of the following benefits. Additional optional benefits can be added to the base policy as riders.

Accident Medical Expense Benefit: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum.

Accident Medical Expense with Coordination of Benefits: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount may be payable in excess of any inforce policy and any applicable deductible depending on any other coordination of benefits provisions if coverage is provided by more than one inforce policy.

Accident Medical Expense Benefit – Excess Corridor: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount is payable in excess of any in force policy and any applicable deductible.

Accident Medical Expense Benefit – Excess Integrated: Pays usual and customary charges incurred for medically necessary covered medical services

incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount is payable in excess of any in force policy and any applicable deductible. This policy will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this policy.

Accident Medical Expense Benefit – Indemnity: Pays the following benefits as applicable per covered person for each covered accident.

Enhanced Emergency Treatment Benefit: Pays a benefit for each covered person who receives emergency treatment in an emergency room, urgent care facility or by a physician in his or her office as the result of injuries received in a covered accident.

X-rays Related to an Accident Benefit: Pays a benefit for each covered person who requires an X-ray while receiving emergency room treatment in a hospital resulting from a covered accident.

Emergency Follow Up Treatment Benefit: Pays a benefit for each covered person who requires additional treatment by a physician in a physician's office, urgent care facility or hospital on an outpatient basis, as the result of injuries received in a covered accident.

Accident Hospitalization Benefit: Pays a benefit when the covered person is admitted for hospital confinement or is admitted directly to an intensive care unit for treatment of injuries sustained in a covered accident.

Dislocation Benefit: Pays a benefit for each covered person who sustains a dislocation as the result of injuries received in a covered accident.

Burn Benefit: Pays a benefit for each covered person who sustains second and third degree burns as the result of injuries received in a covered accident.

Skin Graft Benefit: Pays a benefit for each covered person who receives a skin graft for a burn for which a benefit was received under the Burn Benefit.

Eye Injury Benefit: Pays a benefit for surgical repair or removal of foreign body for each covered person who sustains an injury to the eye in a covered accident.

Laceration Benefit: Pays a benefit for each covered person who sustains lacerations as the result of injuries received in a covered accident.

Fracture Benefit: Pays a benefit for each covered person who sustains fractures as the result of injuries received in a covered accident.

Concussion Benefit: Pays a benefit for each covered person who sustains concussion as a result of a covered accident.

Emergency Dental Procedure Benefit: Pays a benefit for each covered person who requires dental work as the result of injuries received in a covered accident.

Specified Surgical Procedures Arising from an Accident Benefit: Pays a benefit for each covered person who undergoes one of the specified surgical procedures as shown in the benefit schedule, due to an injury received in a covered accident.

Non-Specified Surgical Procedures Arising from an Accident Benefit: Pays a benefit for each covered person who undergoes a non-specified surgical procedure as shown in the benefit schedule, due to an injury received in a covered accident.

Diagnostic Testing and Exams Benefit: Pays a benefit for each covered person who requires a diagnostic examination to determine the extent of injuries received in a covered accident. Diagnostic exams include computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG).

Pain Management Benefit: Pays a benefit for each covered person that is prescribed, receives, and incurs a charge for an epidural or other similar treatment administered for pain management in a hospital or physician's office for injuries sustained in a covered accident or for pain management associated with pregnancy.

Physical Therapy and Rehabilitation Benefit: Pays a benefit for each covered person who requires physical therapy treatment as the result of injuries received in a covered accident.

Durable Medical Equipment and Prosthetic Appliance Benefit: Pays a benefit for a covered person who sustained injuries in a covered accident and requires a prosthetic device, artificial limb or durable medical equipment which is prescribed by a physician for functional use.

Blood, Plasma, and or Platelets Benefit: Pays a benefit when a covered person receives blood, plasma, and/or platelets for the treatment of injuries sustained in an accident.

Ambulance Benefit: Pays a benefit for a licensed professional ambulance company to transport a covered person by ground or air, to a hospital for treatment of injuries received in a covered accident.

Transportation Benefit: Pays a benefit for each covered person who is required to travel over a specified number of miles from the site of the covered accident to receive special treatment or be confined in a hospital if prescribed by a physician for treatment of injuries resulting from a covered accident and such treatment or confinement is not available locally.

Accommodations During Hospital Confinement Benefit: Pays a benefit for a member of the family to accompany a covered person who is admitted and/or confined in a hospital as the result of injuries received in a covered accident.

In-Hospital Indemnity Benefit: Pays the amount shown in the schedule for a specified number of months if the covered person suffers an injury that results in a hospital confinement for more than a specified number of days.

In-Hospital Scheduled Benefit: Pays the amount shown in the schedule for admission and/or confinement in a hospital if the covered person suffers an injury received in a covered accident.

Accidental Death Benefit: Pays the principal sum shown on the benefit schedule if a covered person's injury results in death within a certain number of days of the date of the accident that caused the injury.

Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit: Pays a specified percentage of the principal sum shown on the benefit schedule if a covered person's injury results in a covered dismemberment, loss of use, or plegia within a certain number of days of the date of the accident that caused the injury.

Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Coverage for Dependent Children: Pays specified percentage of the principal sum shown on the benefit schedule if a dependent child's injury results in a covered dismemberment, loss of use, or plegia within a certain number of days of the date of the accident that caused the injury.

Common Carrier Benefit: Pays the amount shown in the schedule if the covered person suffers an injury resulting in a loss of life that occurs while the covered person is riding as a passenger in or on, or boarding or alighting from, a common carrier while on a trip.

Coma Benefit: Pays a monthly benefit, lump sum benefit, or both if a covered person suffers an injury resulting in a covered loss that causes a coma within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of months as long as the covered person remains in a coma.

Critical Burn Benefit: Pays up to the maximum amount shown in the benefit schedule if the covered person suffers burns over a specified percent of his or her body and requires reconstructive surgery to treat the burned areas.

Permanent and Total Disability Benefit: Pays the amount shown in the benefit schedule if the covered person injury results in permanent and total disability within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of months as long as the covered person is permanently and totally disabled.

Accident Weekly Indemnity Benefit: Pays the specified accident weekly indemnity benefit amount shown on the benefit schedule if a covered person's injury results in total disability within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of weeks as long as the covered person is totally disabled.

Excess of Other Insurance Endorsement: Allows for coverage under this policy to always be treated as secondary (secondary plan) to any other insurance (primary plan). This plan shall pay for medical expenses after the primary plan has paid the claim. Any payment by the primary plan shall reduce the benefits payable under this secondary plan. The total payments between the primary plan and secondary plan shall not exceed the expenses actually incurred by the covered person.

Accelerated Payment Benefit Rider: Pays the applicable accelerated benefit amount as shown on the benefit schedule provided the covered person is terminally injured.

Accident Dental Expense Benefit Rider: Pays the amount shown in the schedule if a covered person requires treatment for damage to sound natural teeth due to an injury received in a covered accident.

After School Care Benefit Rider: Pays incurred charges for after school care for each covered dependent child if the insured suffers an injury resulting in a loss of life or dismemberment payable under the accidental death or accident dismemberment benefit.

Carjacking Benefit Rider: Pays the amount shown in the schedule if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, as a direct result of an accident occurring during a carjacking of a private passenger automobile that the covered person was operating, getting in or out of, or riding as a passenger.

COBRA Benefit Rider: Pays the amount shown in the schedule to continue medical insurance for the insured's covered dependents for a specified period of time, if the insured suffers a loss of life, payable under the accidental death benefit.

Common Disaster Benefit Rider Pays the insured accidental death benefit for both the insured and covered spouse if both suffer injuries that result in death from the same accident within a certain number of days.

Commutation Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury resulting in a covered loss while commuting directly to or from the place he or she lives and place of regular employment for the policyholder.

Complications of Pregnancy Benefit Rider: Pays usual and customary charges incurred for medically necessary covered medical services if the covered person suffers an injury resulting in covered complications of pregnancy. Benefits are subject to coinsurance, a deductible and benefit maximum.

Continuation of Insurance Benefit Rider: If the insured suffers a covered injury which is payable under the accidental death benefit, all benefits under this Policy that were in force on the date of the death will continue with respect to the insured's eligible dependents for a specified number of days after the date of loss with no additional premium payments.

Day Care Benefit Rider: Pays an additional benefit for day care expenses to the individual who incurs the expense on behalf of each covered dependent child that is enrolled in an accredited child care facility and is under a specified age, if the insured suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit.

Elder Care Benefit Rider: Pays an additional benefit for elder care expenses to the individual who incurs the expense on behalf of each dependent parent, if the insured suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit and on the date of the accident, the dependent parent was enrolled in an elder care facility or enrolls in such facility within a specified number of days of the loss of life of the insured.

Emergency Transportation Benefit Rider: Pays the amount shown in the schedule if the covered person must be transported to a hospital or a satellite emergency center by ambulance, as a result of an injury that requires medically necessary emergency treatment.

Emergency Treatment Benefit Rider: Pays the amount shown in the schedule if the covered person requires medically necessary emergency treatment as a result of an injury received in a covered accident.

Escalator Clause Benefit Rider: Increases the principal sum for the accidental death benefit of the insured in the percentage amount for each year the insured remains continuously covered under this policy, up to a maximum number of years.

Exposure and Disappearance Benefit Rider: Pays the principal sum if a covered person is exposed to weather because of an accident and such exposure results in a covered loss, or if the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and the covered person is not found within a specified number of days of the event.

Felony Victim Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit as a result of a felony crime committed by someone other than the covered person, fellow employee, or member of the covered person's family or household.

Funeral [and] [Executor] Expense Benefit Rider: Pays an additional funeral expense benefit if a covered person suffers a loss of life payable under the accidental death benefit

Hearing Aid or Prosthetic Appliance Benefit Rider: Pays for a hearing aid or prosthetic appliance if such device is required as a result of covered loss payable under the accidental dismemberment benefit.

Higher Education Benefit Rider: Pays an additional benefit for higher education expenses to the individual who incurs the expense for each dependent child, if the insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Hijacking or Skyjacking Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that occurs during a hijacking or skyjacking.

Home Alteration and Vehicle Modification Benefit Rider: Pays an additional benefit for home alterations and vehicle modifications provided the covered

person suffers an injury resulting in a covered loss, which is payable under the applicable accidental dismemberment benefit, and the covered person is required to use a wheelchair to be ambulatory on a permanent basis.

Natural Disaster Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss as a direct result of a natural disaster, which is payable under the accidental death or accidental dismemberment benefit.

Occupational Hepatitis Accident Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury directly caused by an occupational accident that results in a covered loss which causes him or her to acquire and test positive for Hepatitis within a specified number of days within the accident.

Occupational HIV Accident Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury resulting in a covered loss while performing his or her job related duties for the policyholder, which causes him or her to acquire and test positive for HIV and/or AIDS and related complex (ARC) within a specified number of days within the accident.

Out of Country Accident Protection Endorsement: Reimburses expenses incurred by the covered person resulting from a covered loss while traveling outside of the United States as provided under this policy.

Outpatient Physician's Treatment Benefit Rider: Pays the out-of-pocket costs shown in the rider form incurred by a covered person, subject to a maximum, if the covered person receives any treatment by a physician outside of a hospital after the policy has been in force for a specified number of months.

On-Premises Terrorism Benefit [H-2 Only] Rider: Pays an additional benefit if the insured suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that was directly caused by an act of terrorism while the insured is performing the business of the policyholder on premises owned or leased by the policyholder.

Parent Care Benefit Rider: Pays an additional benefit to each dependent parent of the covered person, if the covered person suffers an injury resulting in a loss of life, which is payable under the accidental death benefit.

Rehabilitation Benefit Rider: Pays an additional benefit for the reasonable and customary expenses actually incurred by the covered person for rehabilitation training, if the covered person suffers an injury resulting in a covered loss which is payable under the applicable accidental dismemberment benefit.

Reserve Corps/National Guard Unit Benefit Rider: Pays the applicable principal sum if the covered person suffers an injury resulting in a covered loss, which is

payable under the accidental death or accidental dismemberment benefit, while the covered person is a ready reserve or standby reserve member of an organized state reserve corps, state militia, or national guard unit and participating in one the activities shown in the rider form.

Seat Belt/[Air Bag] Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a loss of life which is payable under the accidental death benefit, as a direct result of an automobile accident, provided that the covered person was driving or riding as a passenger in a private passenger automobile and wearing a seat belt. An additional benefit is paid if the covered person was driving or riding as a passenger in a private passenger automobile equipped with air bags.

Spouse/[Domestic Partner] Retraining Benefit Rider: Pays a benefit for the actual cost of any professional or trade-training program in which the spouse/domestic partner enrolls, if the insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Student [Tuition] [and] [Expense] Reimbursement Benefit Rider: Pays up to the maximum amount shown in the benefit schedule for student loans, student tuition, and tuition expenses that the insured was obligated to pay otherwise if the insured or tuition payer suffers a covered loss, which is payable under the accidental death or accidental dismemberment benefit.

Surviving Spouse/[Domestic Partner] Benefit Rider: Pays an additional benefit to the insured's spouse/domestic partner if an insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Terrorism Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that was directly caused by an act of terrorism.

Therapeutic Counseling Benefit Rider: Reimburses charges, up to a maximum, for therapeutic counseling, if the insured suffers an injury resulting in a covered loss, which is payable under the accidental death and accidental dismemberment benefit and the insured's dependents require therapeutic counseling.

Traumatic Brain Injury Benefit Rider: Pays traumatic brain injury benefit if the insured suffers a covered injury resulting in a traumatic brain injury which requires a specified number of days of hospitalization following the covered injury.

Travel Assistance Plan Benefit Rider: Pays the cost for transportation, subject to a maximum, of the covered person that is in need of medical evacuation,

medical repatriation, non-medical repatriation, return of remains, visit to hospital, return of child, or return of companion if the covered person is injured or ill on a covered trip.

Travel Reimbursement Benefit Rider: Pays the cost for transportation, subject to a maximum, of the covered person that is in need of medical evacuation, medical repatriation, non-medical repatriation, return of remains, visit to hospital, return of child, return of companion, or access fee if the covered person is injured or ill on a covered trip.

Waiver of Premium Option Benefit Rider: If the insured suffers an injury that renders the insured totally disabled while covered under this policy, and the insured remains disabled for a consecutive number of months, the premium will be waived until the insured is no longer disabled, the policy terminates, the insured's employment with the policyholder terminates, or the insured attains a certain age.

Wellness Benefit Rider: Pays the amount shown in the schedule if the covered person undergoes a routine examination or other preventative tests after this policy has been in force for a specified number of months.

3. Renewability

This policy and associated riders are optionally renewable subject to the termination provisions specified in the policy.

4. Applicability

These are new forms. This is a first time rate filing for these forms.

5. Morbidity

The morbidity assumptions were developed using the sources shown below:

- Milliman's Health Cost Guidelines™
- U.S. Statistical Abstract
- NCHS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- NCHS No. 27, "National Hospital Ambulatory Medical Care Survey: 2007 Summary"
- NCHS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- National Burn Repository, 2011 Report
- American Academy of Orthopedic Surgeons, "Patient Demographics"
- NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data"

- NCHS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States, 1996"
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- NCHS Series 10, No. 134, "Prevalence of Selected Impairments, United States - 1977"
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths
- National Vital Statistics Reports, Volume 59, Number 5
- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- Labor Force Statistics from the Current Population Survey
- NCHS No. 29, "National Hospital Discharge Survey: 2007 Summary"
- Report of the Society of Actuaries: Group Life Insurance Experience Committee, March 2006
- www.makoa.org/nscia/fact02.html
- National Safety Council, "Injury Facts"
- www.braininjury.com
- www.caregiver.org
- CDC, National Center for Injury Prevention and Control, 2005 WISQARS
- Burn Survivor Resource Center
- 85 CIDA
- Milliman's Health Cost Guidelines-Dental™
- www.afterschoolallstars.org
- Bureau of Justice Statistics, Crime Data Brief Carjacking
- US Statistical Abstract
- Kaiser Family Foundation, Employer Health Benefits 2012 Annual Survey
- The Actuary: January 1994 – Volume 28, No. 1
- "Reporting of work related fatalities: bystanders and commuters."
- US Census
- National Association of Child Care and Resource & Referral Agencies: Child Care in America: Parents' Perspectives 2010.
- 2012 MetLife Market Survey of Long-Term Care Costs
- Milliman's Over 65 Health Costs Guidelines™
- Family Caregiver Alliance, Selected Caregiver Statistics
- The Senior Source, Caregiver Facts
- Gallup Wellbeing, "More Than One in Six American Workers Also Act as Caregivers"
- Businessinsider.com
- National Center for Education Statistics
- The College Board, Annual Survey of Colleges.
- Aviation Safety Network, Statistics, Airliner Hijackings

- CDC Hepatitis A Statistics
- U.S. Population by Region, 1990 – 2006
- Occupational Exposure to Hepatitis – Minnesota Department of Health
- CDC – Health Care Workers ,NIOSH Safety & Health Topic
- CDC Basic Statistics: HIV Prevalence Estimate
- CDC Basic Statistics: HIV Incidence Estimate
- CDC National Institute for Occupational Safety and Health
- Federal Bureau of Investigation Report: Terrorism 2002-2005
- US Department of Transportation, National Highway Traffic Safety Administration
- CollegeBoard Advocacy & Policy Center - Trends in College Pricing 2010
- www.accredited-online-colleges.org/collegedropoutrates
- www.finaid.org/loans/
- American Cancer Society, Colorectal Cancer Facts & Figures 2008-2010
- U.S. Travel Association: U.S. Travel Forecasts
- Bureau of Transportation Statistics: <http://www.bts.gov/>
- The National Alcohol Surveys, 1984–1995.
- CDC’s Vital and Health Statistics, Series 10, Number 232, December 2006. “Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2005”.
- <http://thechart.blogs.cnn.com/2011/09/08/study-22-million-americans-use-illegal-drugs-3/>.

6. Mortality

The Report of the Society of Actuaries: Group Life Insurance Experience Committee, March 2006 was used in developing the accidental death mortality rates.

7. Persistency

No lapse rate has been assumed, as this is an annually rated and renewable product.

8. Expenses

Expenses, commissions, premium tax, and profit and contingency are expected to be 50% of the premium.

9. Marketing Method

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

10. Underwriting

No health underwriting will be done on these forms.

11. Premium Classes

Premiums will vary by family composition. The family composition classes could be any of the following: "Employee", "Spouse/Domestic Partner", "Dependent Children", "Employee & Children", "Spouse/Domestic Partner & Children", "Employee & Dependents." Premium schedules have been attached in the rate manual. All rates in the attached rate manual are on a composite rate basis (uni-sex and composite age). Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions.

12. Issue Age Range

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

13. Area Factors

Premiums can vary by state.

14. Average Annual Premium

The average annual premium per person is expected to be \$240 to \$390.

15. Premium Modalization Rules

The modal premium factors to be applied to annual premium rates are:

| Mode | Factor |
|-------------|--------|
| Monthly | 0.083 |
| Quarterly | 0.250 |
| Semi-Annual | 0.500 |
| Annual | 1.000 |

16. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves are not applicable to this coverage.

18. Trend Assumptions

With the exception of the non-indemnity accident medical expense benefit no trend has been assumed in this filing. The non-indemnity accident medical expense benefit assumes future premium rates will take into consideration underlying medical trends including but not limited to cost per service trends, utilization trends, benefit plan impacts on net trends, as well as emerging state specific and national experience under the policy form.

19. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is 50%.

21. Contingency and Risk Margins

These forms are expected to produce, based upon the expected claims, an overall contingency margin that is consistent with other products written by the company.

22. Experience - Past and Future

As this is a new product, no historical experience is available.

23. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be 50%.

24. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

25. Number of Policyholders

As these are new forms, there are no current policyholders.

26. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

27. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Zurich American Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

28. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

To the best of my knowledge and judgment, I certify that:

- (I) The entire filing is in compliance with the applicable laws of this state;
- (II) The entire filing is in compliance with all applicable Actuarial Standards of Practice;
- (III) The benefits provided are reasonable in relation to the proposed premiums; and
- (IV) The premium schedule is not excessive, inadequate, or unfairly discriminatory

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.



Michael E. Weiland, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
March 2014