

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

## Filing at a Glance

Company: Transamerica Financial Life Insurance Company  
Product Name: TFAD1200GP  
State: District of Columbia  
TOI: H03G Group Health - Accidental Death & Dismemberment  
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Filing Type: Rate  
Date Submitted: 11/05/2013  
SERFF Tr Num: AEGB-129276013  
SERFF Status: Pending Industry Response  
State Tr Num:  
State Status:  
Co Tr Num: TFAD1200GP  
Implementation: On Approval  
Date Requested:  
Author(s): Cheryl Penner, Suzanne Cherluka  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu  
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

### General Information

Project Name: Music City AD	Status of Filing in Domicile: Not Filed
Project Number: H119-DC rate	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: N/A
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Discretionary, Trust, Other	Explanation for Other Group Market Type: financial institutions
Overall Rate Impact:	Filing Status Changed: 12/03/2013
	State Status Changed:
Deemer Date:	Created By: Cheryl Penner
Submitted By: Cheryl Penner	Corresponding Filing Tracking Number: AEGB-12916819

#### Filing Description:

RE: Transamerica Financial Life Insurance Company  
 NAIC Number 468-70688  
 FEIN Number 36-6071399  
 Rates for  
 TFAD1200GP – Group Accidental Death and Dismemberment Master Policy  
 TFAD1300GP – Group Accidental Death and Dismemberment Master Policy  
 TFAD1400GP – Group Accidental Death and Dismemberment Master Policy  
 TFAD1500GP – Group Accidental Death and Dismemberment Master Policy  
 TFAD1200GR - Group Accident Only Emergency Room Benefit Rider  
 TFAD1201GR - Group Accident Ambulance and Air Ambulance Benefit Rider

Attached for your review and approval is the initial filing of rates for the corresponding policy forms submitted to your Department under SERFF filing number AEGB-129168419 and currently pending approval.

We request an approval date which coincides with the date you approve the submitted rates. These rates the the corresponding policy forms have not been issued to any District of Columbia resident.

Thank you for your consideration.

Cheryl Penner

### Company and Contact

#### Filing Contact Information

Cheryl Penner,	Cheryl.Penner@transamerica.com
2700 Plano Pkwy	972-881-6409 [Phone]
Plano, TX 75075	

---

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

**Filing Company Information**

Transamerica Financial Life Insurance Company 440 Mamaroneck Avenue Harrison, NY 10528 (319) 355-7888 ext. [Phone]	CoCode: 70688 Group Code: 468 Group Name: FEIN Number: 36-6071399	State of Domicile: New York Company Type: Life State ID Number:
---	--	---

---

**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

SERFF Tracking #:

AEGB-129276013

State Tracking #:

Company Tracking #:

TFAD1200GP

State: District of Columbia

Filing Company: Transamerica Financial Life Insurance Company

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

Product Name: TFAD1200GP

Project Name/Number: Music City AD/H119-DC rate

## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	12/03/2013	12/03/2013

#### Response Letters

Responded By	Created On	Date Submitted
--------------	------------	----------------

#### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Corresponding Form filing - SERFF filing number	Note To Reviewer	Cheryl Penner	12/05/2013	12/05/2013
Status	Note To Reviewer	Cheryl Penner	11/21/2013	11/21/2013

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/03/2013
Submitted Date	12/03/2013
Respond By Date	12/24/2013

Dear Cheryl Penner,

### Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

### Objection 1

Comments: Please provide the status of this filing in the Domiciliary State.

### Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Policy Premium Rates, [TFAD1200GP] (Rate)
- Policy Premium Rates, [TFAD1300GP] (Rate)
- Policy Premium Rates, [TFAD1400GP] (Rate)
- Policy Premium Rates, [TFAD1500GP] (Rate)
- Premium Rates, [TFAD1200GR] (Rate)
- Premium Rates, [TFAD1201GR] (Rate)

Comments: Please provide the average annual premium for each of the proposed products.

### Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide a detailed, line-by-line, make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, expected loss ratio, commission, e.g. should be included. Expenses such as taxes, administrative, et al should not be grouped together.

### Objection 4

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide the available limits of insurance per the included rate manual.

### Objection 5

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: What are the issue age limits for this product?

### Objection 6

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

Comments: What underwriting method will be used to price this group?

### Objection 7

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: What is the expected distribution of this book of business?

### Objection 8

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: What interest rate assumptions, if any are being made? Please justify.

### Objection 9

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide an Assumption Analysis for this block of business Premium Factors (effectiveness and aging trend), Claims factor (claims trend) Persistency Factors (Lapses and Persistency)

### Objection 10

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide mortality and morbidity assumptions and justifications for this rate filing per DCs Health Rate Filing Instructions. Please see <http://disb.dc.gov/sites/default/files/dc/sites/disb/publication/attachments/Health%20Rate%20Filing%20-%20102012.pdf> for more information.

### Objection 11

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Policy Premium Rates, [TFAD1200GP] (Rate)
- Policy Premium Rates, [TFAD1300GP] (Rate)
- Policy Premium Rates, [TFAD1400GP] (Rate)
- Policy Premium Rates, [TFAD1500GP] (Rate)
- Premium Rates, [TFAD1200GR] (Rate)
- Premium Rates, [TFAD1201GR] (Rate)

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

### Objection 12

- Cover Letter All Filings (Supporting Document)

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Policy Premium Rates, [TFAD1200GP] (Rate)
- Policy Premium Rates, [TFAD1300GP] (Rate)
- Policy Premium Rates, [TFAD1400GP] (Rate)
- Policy Premium Rates, [TFAD1500GP] (Rate)
- Premium Rates, [TFAD1200GR] (Rate)
- Premium Rates, [TFAD1201GR] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

**Conclusion:**

Sincerely,  
Darniece Shirley

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

## Note To Reviewer

**Created By:**

Cheryl Penner on 12/05/2013 10:53 AM

**Last Edited By:**

Cheryl Penner

**Submitted On:**

12/05/2013 10:53 AM

**Subject:**

Corresponding Form filing - SERFF filing number

**Comments:**

Ms. Shirley, I just noticed that I have the wrong SERFF filing number for the corresponding form filing in the General Information. It is correct in the filing description and filing cover letter. The correct SERFF filing number for the form filing is AEGB-129168419.

I apologize for any inconvenience.

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

## Note To Reviewer

**Created By:**

Cheryl Penner on 11/21/2013 07:47 PM

**Last Edited By:**

Cheryl Penner

**Submitted On:**

11/21/2013 07:47 PM

**Subject:**

Status

**Comments:**

Could you provide a status of this rate filing? I understand Collin Johnson has reviewed the forms and is prepared to approve them after the rates have been approved. I appreciate your assistance with this filing. Thank you.

SERFF Tracking #:

AEGB-129276013

State Tracking #:

Company Tracking #:

TFAD1200GP

**State:** District of Columbia **Filing Company:** Transamerica Financial Life Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** TFAD1200GP  
**Project Name/Number:** Music City AD/H119-DC rate

### Rate Information

Rate data applies to filing.

**Filing Method:** review and approval  
**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):
Transamerica Financial Life Insurance Company	%	%				%	%

SERFF Tracking #:

AEGB-129276013

State Tracking #:

Company Tracking #:

TFAD1200GP

State: District of Columbia

Filing Company: Transamerica Financial Life Insurance Company

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

Product Name: TFAD1200GP

Project Name/Number: Music City AD/H119-DC rate

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Policy Premium Rates	TFAD1200GP	New		Illustrative Premiums TFAD1200GP DC.pdf,
2		Policy Premium Rates	TFAD1300GP	New		Illustrative Premiums TFAD1300GP DC.pdf,
3		Policy Premium Rates	TFAD1400GP	New		Illustrative Premiums TFAD1400GP DC.pdf,
4		Policy Premium Rates	TFAD1500GP	New		Illustrative Premiums TFAD1500GP DC.pdf,
5		Premium Rates	TFAD1200GR	New		Illustrative Premiums TFAD1200GR DC.pdf,
6		Premium Rates	TFAD1201GR	New		Illustrative Premiums TFAD1201GR DC.pdf,

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1200GP**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed. Amounts illustrated below provide the monthly premium outlay.

These illustrative premium rates assume that the spouse benefit is 75% insured's benefit if the family includes any children or 100% of the insured's benefit if no children are covered at time of loss. Premium rates also assume that the child benefit is 20% of the insured's benefit if the family includes a spouse or 25% of the insured's benefit if there is no covered spouse at time of loss.

These illustrative rates assume that the benefits reduce by one-half (50%) for all covered persons if the insured has attained age 70 before the date of injury.

<i>Brief Benefit Description</i>	<i>Benefit Amount</i>	<i>Insured Only</i>	<i>Insured &amp; Family</i>
Basic AD&D	\$50,000	\$3.595	\$5.30
Common Carrier	\$50,000	\$0.025	\$0.035
Motor Vehicle	\$50,000	\$0.425	\$0.625
Anti-inflation	5% of the basic AD&D amount every 2 years for a total of 25% increase	\$0.300	\$0.440
Accident Hospital Confinement	1% of the basic AD&D amount	\$0.135	\$0.200
Higher Education Benefit	2% of the basic AD&D benefit	Not available	\$0.060
Adaptive Home & Vehicle Modification	2% of the basic AD&D benefit	\$0.003	\$0.005
Dependent Child Day Care	2% of the basic AD&D benefit	Not available	\$0.060
<i>Total Monthly Premium</i>		\$4.50	\$6.75

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1300GP**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed.

These illustrative rates assume that the benefits reduce by one-half (50%) if the insured has attained age 70 before the date of injury.

Illustrative Premium:

\$0.15 per month for a \$5,000 benefit

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1400GP**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed.

These illustrative premium rates assume that the spouse benefit is 50% insured's benefit if the family includes any children or 60% of the insured's benefit if no children are covered at time of loss. Premium rates also assume that the child benefit is 20% of the insured's benefit if the family includes a spouse or 25% of the insured's benefit if there is no covered spouse at time of loss.

These illustrative rates assume that the benefits reduce by one-half (50%) for all covered persons if the insured has attained age 70 before the date of injury.

<i>Brief Benefit Description</i>	<i>Benefit Amount</i>	<i>Insured Only</i>	<i>Insured &amp; Family</i>
Basic AD&D	\$50,000	\$2.205	\$3.240
Common Carrier	\$50,000	\$0.015	\$0.020
Anti-inflation	5% of the basic AD&D amount every 2 years for a total of 25% increase	\$0.185	\$0.270
Accident Hospital Confinement	1% of the basic AD&D amount	\$0.085	\$0.125
Higher Education Benefit	2% of the basic AD&D benefit	Not available	\$0.040
Adaptive Home & Vehicle Modification	2% of the basic AD&D benefit	\$0.010	\$0.015
Dependent Child Day Care	2% of the basic AD&D benefit	Not available	\$0.040
<i>Total Monthly Premium</i>		\$2.50	\$3.75

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1500GP**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed.

Offers will be made for the insured or the insured with his family. Family includes spouse and children, if any.

<i>Brief Benefit Description</i>	<i>Covered Person</i>	<i>Benefit Amount</i>	<i>Intermediate Results</i>
Common Carrier AD	Insured	\$1,000,000	\$0.400
Motor Vehicle AD	Insured	\$100,000	\$2.850
All Other Injuries Resulting in Death	Insured	\$50,000	\$3.280
Dismemberment	Insured		\$0.420
<i>Insured Sub Total Monthly Premium</i>			\$6.95
Common Carrier AD&D	Spouse	\$100,000	\$0.040
Common Carrier AD&D	All Children	\$20,000	\$0.010
Motor Vehicle AD	Spouse	\$50,000	\$1.430
Motor Vehicle AD	All Children	\$5,000	\$0.200
All Other Injuries Resulting in Death	Spouse	\$10,000	\$0.660
All Other Injuries Resulting in Death	All Children	\$5,000	\$0.460
Dismemberment	Spouse		\$0.160
Dismemberment	All Children		\$0.040
<i>Family Sub Total Monthly Premium</i>			\$3.00
<i>Monthly Premium for Insured and Family</i>			\$9.95

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE RIDER  
ACCIDENT EMERGENCY ROOM BENEFITS  
Form TFAD1200GR**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed.

Illustrative Premium:

Benefit is \$100 per visit

Covered Person	Monthly Premium
Insured Only	\$1.20
Spouse	\$1.20
All Children	\$0.70
Insured and Family	\$3.10

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ILLUSTRATIVE PREMIUM RATES**

**GROUP ACCIDENT INSURANCE RIDER  
ACCIDENT AMBULANCE AND AIR AMBULANCE BENEFITS  
Form TFAD1201GR**

Illustrative Premium Example, assuming the group policyholder and the company agree to offer the benefits as listed.

Illustrative Premium:

Benefit is \$100 per ambulance trip

Covered Person	Monthly Premium
Insured Only	\$0.20
Spouse	\$0.20
All Children	\$0.11
Insured & Family	\$0.51

Benefit is \$1000 per Air ambulance trip

Covered Person	Monthly Premium
Insured Only	\$0.0003
Spouse	\$0.0003
All Children	\$0.0001
Insured & Family	\$0.0007

SERFF Tracking #:

AEGB-129276013

State Tracking #:

Company Tracking #:

TFAD1200GP

State: District of Columbia

Filing Company: Transamerica Financial Life Insurance Company

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

Product Name: TFAD1200GP

Project Name/Number: Music City AD/H119-DC rate

## Supporting Document Schedules

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

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Act Memo TFAD1200GR DC.pdf Act Memo TFAD1201GR DC.pdf ActMemo TFAD1200GP DC.pdf ActMemo TFAD1300GP DC.pdf ActMemo TFAD1400GP DC.pdf ActMemo TFAD1500GP DC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	the justification is included in the actuarial memoranda
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
-------------------------	--

SERFF Tracking #:

AEGB-129276013

State Tracking #:

Company Tracking #:

TFAD1200GP

State: District of Columbia

Filing Company: Transamerica Financial Life Insurance Company

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

Product Name: TFAD1200GP

Project Name/Number: Music City AD/H119-DC rate

<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



2700 West Plano Parkway  
Plano, TX 75075

RE: Transamerica Financial Life Insurance Company

NAIC Number 468-70688

FEIN Number 36-6071399

Rates for

TFAD1200GP – Group Accidental Death and Dismemberment Master Policy

TFAD1300GP – Group Accidental Death and Dismemberment Master Policy

TFAD1400GP – Group Accidental Death and Dismemberment Master Policy

TFAD1500GP – Group Accidental Death and Dismemberment Master Policy

TFAD1200GR - Group Accident Only Emergency Room Benefit Rider

TFAD1201GR - Group Accident Ambulance and Air Ambulance Benefit Rider

Attached for your review and approval is the initial filing of rates for the corresponding policy forms which were submitted to your Department under SERFF filing number AEGB-129168419 and currently pending approval.

We request an approval date which coincides with the date you approve the submitted rates. These rates and the corresponding policy forms have not been issued to any District of Columbia resident.

Thank you for your consideration.

Cheryl Penner  
Contract Development

**Transamerica Life Insurance Company**  
**Actuarial Memorandum**

Policy Rider Form TFAD1200GR  
Group Accident Only Emergency Room Benefit Rider

This rider provides an accident emergency room benefit that will be paid if a covered person receives necessary emergency treatment for a covered injury in a hospital emergency room. The treatment must occur within 72 hours of the accident which caused the injury. Only one accident emergency room benefit will be paid per accident for each covered person. The Company may impose a maximum on the number of visits covered each calendar year.

Applicants will be solicited by direct response methods. The rider will be issued on a guaranteed acceptance basis. Renewability will be the same as the master policy to which the rider is attached.

There may be multiple versions available, as appropriate for the group master policy to which the rider is attached.

Premium rates for this rider will be developed by extensive use of asset share studies, loss ratio calculations and profit studies. Demographics and financial arrangements will be considered when determining appropriate premium rates for each group. The Company reserves the right to adjust premium rates prospectively with advance notice.

I have carefully reviewed the rates, benefits and policy provisions, and certify that

- the issuance of the group rider is not contrary to the best interest of the public;
- the issuance of the group rider will result in economies of acquisition and administration; and,
- the benefits will be reasonable in relation to the premium charged.



---

Rebekah A. Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013

**Transamerica Life Insurance Company**  
**Actuarial Memorandum**

Policy Rider Form TFAD1201GR  
Group Accident Ambulance and Air Ambulance Benefit Rider

This rider provides an accident ambulance benefit that will be paid if a covered person is transported for the necessary treatment of a covered injury in an ambulance within 24 hours of the accident which caused the injury. An accident air ambulance benefit provides that a benefit will be paid if a covered person is transported for the necessary treatment of a covered injury by air ambulance to a hospital within 24 hours of the accident which caused the injury. The Company may impose a maximum on the number of trips covered each calendar year. The Company will pay only one accident ambulance benefit and one accident air ambulance benefit for each accident.

Applicants will be solicited by direct response methods. The rider will be issued on a guaranteed acceptance basis. Renewability will be the same as the master policy to which the rider is attached.

There may be multiple versions available, as appropriate for the group master policy to which the rider is attached.

Premium rates for this rider will be developed by extensive use of asset share studies, loss ratio calculations and profit studies. Demographics and financial arrangements will be considered when determining appropriate premium rates for each group. The Company reserves the right to adjust premium rates prospectively with advance notice.

I have carefully reviewed the rates, benefits and policy provisions, and certify that

- the issuance of the group rider is not contrary to the best interest of the public;
- the issuance of the group rider will result in economies of acquisition and administration; and,
- the benefits will be reasonable in relation to the premium charged.



---

Rebekah A. Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ACTUARIAL MEMORANDUM**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1200GP**

I. Purpose

The purpose of this memorandum is to document and demonstrate that the premiums for this new policy form satisfy the requirements of the District of Columbia. This memorandum should not be used for any other purpose.

II. Policy Benefits:

- A. Basic accidental death and dismemberment benefits for any covered person who suffers loss of life or dismemberment as a result of bodily injury caused by any accident.
- B. At the option of the Company and upon agreement by the master policy holder, the policy may include some or all of the following additional benefits.
  - a. Additional accidental death and dismemberment benefits for any covered person who suffers loss of life or dismemberment as a result of bodily injury caused by an accident when traveling by a regularly scheduled common carrier as defined in the policy.
  - b. Additional accidental death benefits for any covered person who suffers loss of life as a result of bodily injury caused by an accident when traveling by private passenger automobile and land motor vehicle as defined in the policy.
  - c. An anti-inflation benefit that increases the basic amount of accidental death and dismemberment benefit for any covered person who suffers a loss as a result of bodily injury caused by any accident. The increases are fully described in the policy form.
  - d. An accident hospital confinement benefit will be paid for each day of confinement, beginning with the first day of confinement, after the covered person satisfies the elimination period specified in the policy form. The confinement must begin within 90 days of the covered accident. The benefit will continue until the amount paid reaches the maximum as specified in the policy form.
  - e. An accident higher education benefit will be paid if the primary insured dies as a result of a covered accident and family coverage is in force on the date of the covered accident. The benefit will provide a specified percentage of the accidental death benefit for each dependent child for each uncompleted year of higher education up to the maximum number of years, subject to the conditions specified in the policy form.
  - f. An accident adaptive home and private passenger automobile benefit will be paid for modifications of the covered person's primary residence or private passenger automobile, subject to the conditions specified in the policy form.
  - g. An accident dependent child day care benefit will be paid if the primary insured dies as a result of a covered accident and family coverage is in force on the date of the covered accident. The benefit will provide a specified percentage of the accidental death benefit for each dependent child who is attending or enrolled in a day care center, subject to the conditions specified in the policy form.

### III. Additional Product Description Information

- A. There are two benefits possible patterns:
  - a. Benefits are level
  - b. Benefits for all covered persons reduce by one-half (50%) if the primary insured has attained age 70 before the date of injury.
- B. This policy is optionally renewable for life and guaranteed issue. As noted in the policy, the company reserves the right to change rates with advance notice.
- C. The premiums are applicable for issue ages 18 and older. Premiums are unisex.
- D. This product will be offered via direct marketing channels, such as direct mail, telemarketing and the Internet or to accommodate business originally issued by a prior carrier and transferred to this form.
- E. Premiums are payable by the Policyholder

### IV. Gross Premium

- Premiums rates will be developed by extensive use of asset share studies, loss ratio calculations, and profit analyses.
- Gross premium rates will vary based on the actual combination of benefits offered.
- Demographics and financial arrangements will be considered when determining appropriate premium rates for each group.

### VI. Certification

The rates, benefits and policy provision having been carefully analyzed, it is hereby certified that:

- the issuance of this policy is not contrary to the best interest of the public
- the issuance of this policy would be actuarially sound
- the benefits are reasonable in relation to the premiums charged

I hereby certify that the above information is true to the best of my knowledge and belief



---

Rebekah Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ACTUARIAL MEMORANDUM**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1300GP**

I. Purpose

The purpose of this memorandum is to document and demonstrate that the premiums for this form satisfy the requirements of the District of Columbia. This memorandum should not be used for any other purpose.

II. Policy Benefits:

- A. Basic accidental death and dismemberment benefits for an insured who suffers loss of life or dismemberment as a result of bodily injury caused by any accident.
- B. At the option of the Company and upon agreement by the master policy holder, the policy may provide coverage for each insured person for life or for durations of 1, 2, 3, 4, or 5 years.

III. Additional Product Description Information

- A. There are two benefits possible patterns:
  - a. Benefits are level
  - b. Benefits reduce by one-half (50%) if the primary insured has attained age 70 before the date of injury.
- B. This policy is optionally renewable for life and guaranteed issue. As noted in the policy, the company reserves the right to change rates with advance notice.
- C. The premiums are applicable for issue ages 18 and older. Premiums are unisex.
- D. Premiums will be paid by the master policyholder.
- E. This product will be offered via direct marketing channels, such as direct mail, telemarketing and the Internet or to accommodate business originally issued by a prior carrier and transferred to this form.

IV. Gross Premium

- Premiums rates will be developed by extensive use of asset share studies, loss ratio calculations, and profit studies.
- Demographics and financial arrangements will be considered when determining the appropriate premium rates for each group.

## VI. Certification

The rates, benefits and policy provision having been carefully analyzed, it is hereby certified that:

- the issuance of this policy is not contrary to the best interest of the public
- the issuance of this policy would be actuarially sound
- the benefits are reasonable in relation to the premiums charged
- this rate filing is in compliance with the applicable laws and regulations of the State of New York
- the filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans".

I hereby certify that the above information is true to the best of my knowledge and belief



---

Rebekah Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ACTUARIAL MEMORANDUM**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1400GP**

I. Purpose

The purpose of this memorandum is to document and demonstrate that the premiums for this form satisfy the requirements of the District of Columbia. This memorandum should not be used for any other purpose.

II. Policy Benefits:

- A. Basic accidental death and dismemberment benefits for any covered person who suffers loss of life or dismemberment as a result of bodily injury caused by any accident.
- B. Additional accidental death and dismemberment benefits for any covered person who suffers loss of life or dismemberment as a result of bodily injury caused by an accident when traveling by a regularly scheduled common carrier as defined in the policy.
- C. An anti-inflation benefit that increases the basic amount of accidental death and dismemberment benefit for any covered person who suffers a loss as a result of bodily injury caused by any accident. The increases are fully described in the policy form.
- D. An accident hospital confinement benefit will be paid for each day of confinement, beginning with the first day of confinement, after the covered person satisfies the elimination period specified in the policy form. The confinement must begin within 90 days of the covered accident. The benefit will continue until the amount paid reaches the maximum as specified in the policy form.
- E. An accident higher education benefit will be paid if the primary insured dies as a result of a covered accident and family coverage is in force on the date of the covered accident. The benefit will provide a specified percentage of the accidental death benefit for each dependent child for each uncompleted year of higher education up to the maximum number of years, subject to the conditions specified in the policy form.
- F. An adaptive home and private passenger automobile benefit will be paid for modifications of the covered person's primary residence or private passenger automobile, subject to the conditions specified in the policy form.
- G. An accident dependent child day care benefit will be paid if the primary insured dies as a result of a covered accident and family coverage is in force on the date of the covered accident. The benefit will provide a specified percentage of the accidental death benefit for each dependent child who is attending or enrolled in a day care center, subject to the conditions specified in the policy form.

III. Additional Product Description Information

- A. Benefits for all covered persons reduce by one-half (50%) if the primary insured has attained age 70 before the date of injury.

- B. This policy is optionally renewable for life and guaranteed issue. As noted in the policy, the company reserves the right to change rates with advance notice.
- C. The premiums are applicable for issue ages 18 and older. Premiums are unisex.
- D. This product will be offered via direct marketing channels, such as direct mail, telemarketing and the Internet.
- E. Premiums are payable by the Policyholder.

IV. Gross Premium

- Premiums rates will be developed by extensive use of asset share studies, loss ratio calculations, and profit studies.
- Gross premium rates will vary based on the actual combination of benefits offered.
- Demographics and financial arrangements will be considered when determining the appropriate premium rates for each group.

V. Certification

The rates, benefits and policy provision having been carefully analyzed, it is hereby certified that:

- the issuance of this policy is not contrary to the best interest of the public
- the issuance of this policy would be actuarially sound
- the benefits are reasonable in relation to the premiums charged

I hereby certify that the above information is true to the best of my knowledge and belief



---

Rebekah Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013

**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY  
ACTUARIAL MEMORANDUM**

**GROUP ACCIDENT INSURANCE POLICY  
INCLUDING ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Form TFAD1500GP**

I. Purpose

The purpose of this memorandum is to document and demonstrate that the premiums for this form satisfy the requirements of the District of Columbia. This memorandum should not be used for any other purpose.

II. Policy Benefits:

- A. Accidental death benefits for any covered person who suffers loss of life as a result of bodily injury caused by an accident when traveling by a regularly scheduled common carrier as defined in the policy.
- B. Accidental death benefits for any covered person who suffers loss of life as a result of bodily injury caused by an accident when struck by or traveling by private passenger automobile and land motor vehicle as defined in the policy.
- C. Accidental death benefits for any covered person who suffers loss of life as a result of bodily injury caused by any accident other than the types described in A. and B. above.
- D. At the option of the Company and upon agreement by the master policy holder, the policy may also include additional dismemberment benefits for any covered person suffering any of the losses outlined in the Table of Losses and Benefits below, as a result of bodily injury caused by an accident as defined in the policy. The percentages below will be applied to the benefits shown under the travel by regularly scheduled common carrier provision, the travel by private passenger automobile and land motor vehicle provision or the any other accident provision, as is appropriate.

E. Table of Losses and Benefits

<b>LOSS</b>	<b>BENEFIT</b>
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%

III. Additional Product Description Information

- A. Benefits are level.

- B. This policy is optionally renewable for life and guaranteed issue. As noted in the policy, the company reserves the right to change rates with advance notice.
- C. The premiums are applicable for issue ages 18 and older. Premiums are unisex.
- D. This product will be offered via direct marketing channels, such as direct mail, telemarketing and the Internet.
- E. Premiums are payable by the Policyholder

IV. Gross Premium

- Premiums rates will be developed by extensive use of asset share studies, loss ratio calculations, and profit studies.
- Gross premium will vary based on the actual combination of benefits offered.
- Demographics and financial arrangements will be considered when determining appropriate premium rates for each group.

V. Certification

The rates, benefits and policy provision having been carefully analyzed, it is hereby certified that:

- the issuance of this policy is not contrary to the best interest of the public
- the issuance of this policy would be actuarially sound
- the benefits are reasonable in relation to the premiums charged

I hereby certify that the above information is true to the best of my knowledge and belief



---

Rebekah Solobay, A.S.A., M.A.A.A.  
Associate Actuary  
November 5, 2013