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**State:** District of Columbia **Filing Company:** Federal Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Group Critical Illness filing  
**Project Name/Number:** CHUBBSON/61.1/61.1

## Filing at a Glance

Company: Federal Insurance Company  
Product Name: Group Critical Illness filing  
State: District of Columbia  
TOI: H07G Group Health - Specified Disease - Limited Benefit  
Sub-TOI: H07G.001 Critical Illness  
Filing Type: Rate  
Date Submitted: 06/18/2014  
SERFF Tr Num: FRCS-129585915  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: 6154.1  
  
Implementation: On Approval  
Date Requested:  
Author(s): Michael Cochran, Sheila Lawrence  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, John Morgan  
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Federal Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Group Critical Illness filing		
<b>Project Name/Number:</b>	CHUBBSON/61.1/61.1		

## General Information

Project Name: CHUBBSON/61.1

Project Number: 61.1

Requested Filing Mode: Review &amp; Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/24/2014

State Status Changed:

Created By: Michael Cochran

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This will be submitted in the domicile state on or about this same date.

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Michael Cochran

Filing Description:

We have been retained by Federal Insurance Company to file the enclosed rates for approval in your state.

The company's group number is 038.

We are submitting the enclosed group insurance rates for your review. These rates are intended to comply with all applicable laws, rules, bulletins and published guidelines of your state.

The rates included in this filing are intended for use with eligible group policyholders, as allowed by the laws and regulations of your state.

The forms that these rates apply to are being submitted under separate cover.

Thank you in advance for your consideration. We look forward to your approval in the near future.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Michael Cochran, Compliance Specialist	michael.cochran@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2756 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

### Filing Company Information

(This filing was made by a third party - FC01)

Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
15 Mountainview Road	Group Code: 38	Company Type: Health
Warren, NJ 07059-6711	Group Name: Chubb Group	State ID Number:
(908) 903-9691 ext. [Phone]	FEIN Number: 13-1963496	

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Federal Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Group Critical Illness filing		
<b>Project Name/Number:</b>	CHUBBSON/61.1/61.1		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	for Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	N/A

## 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):
Federal Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Federal Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Group Critical Illness filing		
<b>Project Name/Number:</b>	CHUBBSON/61.1/61.1		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	44-02-2052 (Ed. 03-14)	New		CHB08 CI RateManual 20140521.pdf,

# Federal Insurance Company

## Group Critical Condition Insurance Policy Rules and Rate Manual

Group Critical Condition Policy Form: 44-02-2052 (Ed. 03-14)

Group Critical Condition Certificate Form 44-10-0672 (Ed. 03-14)

Second Occurrence Critical Condition Benefit Endorsement Form - 44-10-0671 (Ed. 03-14)

Paralysis Benefit Endorsement Form - 44-10-0670 (Ed. 03-14)

Accidental Loss of Life Benefit Endorsement Form - 44-10-0668 (Ed. 03-14)

**Federal Insurance Company**  
**Group Critical Condition Insurance Policy**  
**Group Critical Condition Policy Form: 44-02-2052 (Ed. 03-14)**

**Table of Contents**

- Section I:** Rating Worksheets / Rating Explanations  
    A) General Rating Worksheet
- Section II:** Annual Critical Condition Claim Costs  
    A) Attained Age Critical Conditions Claim Costs per \$1,000  
    B) Accidental Loss of Life Claim Costs per \$1,000
- Section III:** Rating Adjustments  
    A) Second Occurrence Critical Condition Benefit Adjustments  
    B) Group Adjustments  
    C) Trigger Specific Adjustments

## Section I.A: General Rating Worksheet

### STEP 1: Individual Benefit Amounts

- A) First Occurrence Critical Condition Benefit Amount in \$1,000's:  
 B) Second Occurrence Critical Condition Benefit Amount in \$1,000's:  
 C) Accidental Loss of Life Benefit Amount in \$1,000's:


Step 1: Determine the covered benefit amounts for each of the offered benefits. The coverage amount should be illustrated in \$1,000 increments.

### STEP 2: Calculation of Annual First Occurrence Critical Condition Claim Cost

Total First Occurrence Critical Condition Claim Cost

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Step 2: The first occurrence critical condition claim costs are illustrated in Section II.A - Annual Attained Age Critical Conditions Claim Costs Per \$1,000. The annual claim costs vary by benefit trigger, attained age (18-70, child), gender (male, female), and tobacco status (non-tobacco, tobacco). Each covered benefit trigger will have a corresponding claim cost. Each first occurrence claim cost must be individually calculated by benefit trigger. Depending on benefit definitions and policy specifications, individual trigger rating adjustments may be necessary. All trigger-specific adjustments are found in Section III.C - Trigger Specific Adjustments. After applying all proper adjustments to each individual benefit claim cost, sum all claim costs to calculate the total annual first occurrence critical condition claim cost per \$1,000 of coverage.

### STEP 3: Calculation of Annual Second Occurrence Critical Condition Claim Cost

Total Second Occurrence Critical Condition Claim Cost

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Step 3: This step is only applicable if the policy includes the Second Occurrence Critical Condition Benefit Endorsement. The Second Occurrence Critical Condition adjustments are illustrated in Section III.A - Second Occurrence Critical Condition Benefit Adjustments. The Second Occurrence adjustments vary by benefit trigger, tobacco status (non-tobacco, tobacco) and treatment free period (6, 12, 18, 24 months). Similar to Step 2 described above, each second occurrence claim cost must be individually calculated by benefit trigger and it is necessary to apply all definition specific adjustments. After applying all proper adjustments to each individual benefit claim cost, sum all claim costs to calculate the total annual second occurrence critical condition claim cost per \$1,000 of coverage.

### STEP 4: Group Rating Adjustments

Group Rating Adjustment

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Step 4: Develop the cumulative group rating adjustment based on the specified group characteristics (e.g. group size, group participation, rate guarantee, etc.). All group rating adjustments can be found in Section III.B - Group Adjustments of the rate manual. This adjustment is applied to both the first occurrence and second occurrence claim costs calculated in Step 2 and Step 3, respectively.

### STEP 5: Calculation of Annual Accidental Loss of Life Claim Cost

Total Accidental Loss of Life Claim Cost

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Step 5: This step is only applicable if the policy includes the Accidental Loss of Life Benefit Endorsement. The Accidental Loss of Life Benefit claim costs are illustrated in Section II.B - Accidental Loss of Life Claim Costs per \$1,000. The claim costs are composite and only vary by type of insured (adult, child). The claim cost must be adjusted by the proper exclusion adjustments found in Section III.C - Trigger Specific Adjustments. Note, the group rating adjustment established in Step 4 does not apply to the accidental loss of life benefit claim cost.

### STEP 6: Calculation of Final Annual Claim Cost per Insured

- A) Total First Occurrence Critical Condition Claim Cost = (Step 1.A \* Step 2 \* Step 4)  
 B) Total Second Occurrence Critical Condition Claim Cost = (Step 1.B \* Step 3 \* Step 4)  
 C) Total Accidental Loss of Life Claim Cost = (Step 1.C \* Step 5)  
 D) **Final Claim Cost Per Insured = (Step 6.A + Step 6.B + Step 6.C)**


### STEP 7: Calculation of Annual Premium

- A) Final Claim Cost Per Insured = (Step 6.D)  
 B) Target Loss Ratio\*  
 C) **Final Annual Premium Per Insured = (Step 7.A / Step 7.B)**


\*Premiums may be rated for alternate loss ratios by adjusting the commissions, expenses, and/or profit targets as a percent of premium.

### Additional Rating Explanations

#### Family Tier Calculations

Steps 1 through Steps 7 described above apply to calculating the annual premium for a "Primary Insured Only". In order to develop the annual premium for a specific family tier the same process can be followed for each additional insured (e.g. spouse, child). After establishing the appropriate spouse and child premium, family tiers may be calculated using the process described below.

Primary Insured Only = Primary Insured Only Premium

Couple = (Primary Insured Premium + Spouse Premium)

Primary + Child(ren) = [Primary Insured Premium + (Child Premium x 1.63)]  
 where 1.63 is the assumed number of children for the "Primary Insured + Child(ren)" tier

Family = [Primary Insured Premium + Spouse Premium + (Child Premium x 2.02)]  
 where 2.02 is the assumed number of children for the "Family" tier

#### Experience Rating Methodology

When experience on a case is available to the company under a policy issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective rating basis, to produce anticipated experience for the case approximating the target loss ratio.



## Section II.A - Annual Attained Age Critical Condition Claim Costs Per \$1,000

Category 1 - Skin Cancer/Tumors										Category 2 - Heart and Circulatory										Category 3 - Paralysis and Other Loss of Use										Category 4 - Transplants									
Payable %		Benign Brain Tumor		Skin Cancer		Type 1 Cancer		Type 2 Cancer		Coronary Artery By-Pass Surgery		Heart Attack		Heart Valve Repair / Replacement		Ruptured Aneurysm		Stroke		Paralysis		Blindness (both eyes)		Blindness (one eye)		Loss of Hands and Feet		Loss of Speech or Swallowing		Severe Burn 10% or More		Major Organ Transplant		Total Function (Recovery)					
Attained Age (ALB)		100%		25%		100%		25%		100%		100%		25%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%					
Child		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17					
18	0.0130	0.0110	0.1129	0.0506	0.2871	0.2466	0.0056	0.0064	0.00134	0.00039	0.0700	0.07018	0.03799	0.02340	0.00000	0.00125	0.01555	0.05679	0.04154	0.06671	0.06142	0.04821	0.01784	0.00701	0.03358	0.05451	0.02034	0.05173	0.01687	0.00553	0.01700	0.00970	0.03560	0.02896					
19	0.01471	0.01450	0.12601	0.05441	0.29278	0.25108	0.00016	0.11630	0.00010	0.00155	0.00640	0.06930	0.00661	0.03750	0.02318	0.00000	0.00119	0.01548	0.05679	0.04158	0.07057	0.06003	0.05130	0.01897	0.04786	0.06060	0.05425	0.02034	0.04688	0.25379	0.01877	0.00577	0.01575	0.01018	0.03661	0.03347			
20	0.01643	0.01600	0.13973	0.06471	0.31825	0.25149	0.00000	0.11630	0.00000	0.00174	0.00652	0.06820	0.00661	0.03694	0.02292	0.00000	0.00186	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04564	0.23412	0.00877	0.00601	0.01808	0.01065	0.04051	0.03725			
21	0.01815	0.01760	0.15245	0.07431	0.34350	0.25149	0.00000	0.11630	0.00000	0.00191	0.00719	0.00740	0.00661	0.03694	0.02292	0.00000	0.00203	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04440	0.21456	0.00877	0.00601	0.01808	0.01065	0.04051	0.03725			
22	0.01986	0.02050	0.16719	0.07479	0.36910	0.25149	0.00000	0.11630	0.00000	0.00218	0.00782	0.00813	0.00661	0.03694	0.02292	0.00000	0.00235	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04315	0.19479	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
23	0.02157	0.02580	0.18665	0.08651	0.39688	0.25149	0.00000	0.11630	0.00000	0.00244	0.00854	0.00919	0.00661	0.03694	0.02292	0.00000	0.00270	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04190	0.17451	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
24	0.02329	0.03020	0.20611	0.09553	0.42482	0.25149	0.00000	0.11630	0.00000	0.00270	0.00928	0.01000	0.00661	0.03694	0.02292	0.00000	0.00305	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04064	0.15426	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
25	0.02501	0.03550	0.22718	0.10451	0.45321	0.25149	0.00000	0.11630	0.00000	0.00297	0.01000	0.01071	0.00661	0.03694	0.02292	0.00000	0.00336	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.04034	0.13400	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
26	0.02671	0.03800	0.24503	0.11564	0.47996	0.25149	0.00000	0.11630	0.00000	0.00323	0.01071	0.01142	0.00661	0.03694	0.02292	0.00000	0.00365	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03913	0.11350	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
27	0.02843	0.04250	0.26449	0.12258	0.50706	0.25149	0.00000	0.11630	0.00000	0.00350	0.01142	0.01218	0.00661	0.03694	0.02292	0.00000	0.00397	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03784	0.09180	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
28	0.03014	0.04600	0.28313	0.12955	0.53652	0.25149	0.00000	0.11630	0.00000	0.00377	0.01218	0.01300	0.00661	0.03694	0.02292	0.00000	0.00424	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03654	0.07170	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
29	0.03185	0.04950	0.30178	0.13648	0.56597	0.25149	0.00000	0.11630	0.00000	0.00404	0.01300	0.01382	0.00661	0.03694	0.02292	0.00000	0.00451	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03524	0.05180	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
30	0.03357	0.05030	0.35039	0.13626	0.60481	0.25149	0.00000	0.11630	0.00000	0.00431	0.01382	0.01464	0.00661	0.03694	0.02292	0.00000	0.00478	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03394	0.03180	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
31	0.03529	0.05650	0.37902	0.15738	0.63811	0.25149	0.00000	0.11630	0.00000	0.00458	0.01464	0.01546	0.00661	0.03694	0.02292	0.00000	0.00505	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03264	0.02730	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
32	0.03702	0.06270	0.40775	0.17841	0.67141	0.25149	0.00000	0.11630	0.00000	0.00485	0.01546	0.01628	0.00661	0.03694	0.02292	0.00000	0.00532	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03134	0.02280	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
33	0.03991	0.06622	0.44948	0.20676	0.71135	0.25149	0.00000	0.11630	0.00000	0.00512	0.01628	0.01710	0.00661	0.03694	0.02292	0.00000	0.00559	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.03004	0.01770	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
34	0.04283	0.07243	0.49330	0.22880	0.75406	0.25149	0.00000	0.11630	0.00000	0.00539	0.01710	0.01792	0.00661	0.03694	0.02292	0.00000	0.00586	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.02874	0.01320	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
35	0.04574	0.07865	0.53613	0.24844	0.79617	0.25149	0.00000	0.11630	0.00000	0.00566	0.01792	0.01874	0.00661	0.03694	0.02292	0.00000	0.00613	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.02744	0.01190	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
36	0.04865	0.08487	0.57878	0.26919	0.83819	0.25149	0.00000	0.11630	0.00000	0.00593	0.01874	0.01956	0.00661	0.03694	0.02292	0.00000	0.00640	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.02614	0.01060	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
37	0.05157	0.09109	0.62178	0.28783	0.87136	0.25149	0.00000	0.11630	0.00000	0.00620	0.01956	0.02038	0.00661	0.03694	0.02292	0.00000	0.00667	0.01542	0.05705	0.04748	0.07057	0.05984	0.05130	0.02010	0.04786	0.05957	0.05425	0.02034	0.02484	0.00930	0.00577	0.00601	0.01808	0.01065	0.04051	0.03725			
38	0.05448	0.09730	0.70201	0.32531	0.90835	0.25010	0.00000	0.11500	0.27505	0.03773	0.01132	0.78054	0.3261	0.0647	0.04462	0.00010	0.00034	0.43690	0.3688	0.08315	0.07777	0.08651	0.04222	0.01841	0.02826	0.04882	0.33764	0.06088	0.03581	0.02581	0.00605	0.01751	0.01009	0.04816	0.02299	0.19507	0.13618		
39	0.05699	0.10352	0.78225	0.36241	0.98644	0.25010	0.00000	0.11500	0.27505	0.04123	0.01238	0.84259	0.34814	0.08955	0.04462	0.00010	0.00067	0.48012	0.40559	0.07860	0.08454	0.09165	0.04191	0.07535	0.02787	0.47329	0.32552	0.04010	0.01620	0.02720	0.00963	0.01698	0.00961	0.04719	0.02752	0.20368	0.14480		
40	0.05950	0.10975	0.86241	0.40091	1.06455	0.25010	0.00000	0.11500	0.27505	0.04591	0.01342	0.89613	0.36913	0.09413	0.04462	0.00010	0.00100	0.52326	0.42626	0.08426	0.08748	0.09413	0.04191	0.07535	0.02787	0.47329	0.32552	0.04010	0.01620	0.02720	0.00963	0.01698	0.00961	0.04719	0.02752	0.20368	0.14480		
41	0.06322	0.11596	0.94272	0.43865	1.28688	0.25010	0.00000	0.11500	0.27505	0.04975	0.01426	0.94748	0.39241	0.10482	0.04462	0.00010	0.00137	0.65424	0.45310	0.08981	0.08483	0.09413	0.04191	0.07535	0.02787	0.47329	0.32552	0.04010	0.01620	0.02720	0.00963	0.01698	0.00961	0.04719	0.02752	0.20368	0.14480		
42	0.06613	0.12177	1.02276	0.47603	1.35291	0.25010	0.00000	0.11500	0.27505	0.05359	0.01510	1.00882	0.41638	0.11482	0.04462	0.00010	0.00174	0.78476	0.48550	0.09588	0.08430	0.09413	0.04191	0.07535	0.02787	0.47329	0.32552	0.04010	0.01620	0.02720	0.00963	0.01698	0.00961	0.04719	0.02752	0.20368	0.14480		
43	0.06904	0.12758	1.10255	0.51341	1.41904	0.25010	0.00000	0.11500	0.27505	0.05741	0.01604	1.07482	0.43841	0.12482	0.04462	0.00010	0.00211	0.91468	0.51650	0.10699	0.08430	0.09413	0.04191	0.07535	0.02787	0.47329	0.32552	0.04010	0.01620	0.02720	0.00963	0.01698	0.00961	0.04719	0.02752	0.20368	0.14480		
44	0.07196	0.13481	1.28574	0.59576	1.78110	0.25009	0.00000	0.1149																															

## Section II.A - Annual Attained Age Critical Condition Claim Costs Per \$1,000

Category 1 - Cancers/Tumors										Category 2 - Heart Beat and Circulatory										Category 3 - Paralysis and Other Loss of Use										Category 4 - Transplants									
Payable %		Benign Brain Tumor		Skin Cancer		Type 1 Cancer		Type 2 Cancer		Coronary Artery By-Pass Surgery		Heart Attack		Heart Valve Repair / Replacement		Ruptured Aneurysm		Stroke		Paralysis		Blindness (both eyes)		Blindness (one eye)		Loss of Hands and Feet		Loss of Speech or Swallowing		Severe Burn 10% or More		Major Organ Transplant		Total Function (Loss of Kidney)					
Attained Age (ALB)		100%		25%		100%		100%		25%		100%		25%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%					
Child		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17		0-17					
18	0.0130	0.0110	0.1120	0.0506	0.2720	0.2509	0.0004	0.0576	0.0016	0.0046	0.0839	0.0246	0.0477	0.02750	0.0000	0.02163	0.01683	0.05679	0.04154	0.06671	0.06142	0.04282	0.01784	0.00701	0.03358	0.05421	0.02034	0.51753	0.27346	0.01687	0.00553	0.01910	0.01050	0.04000	0.03209				
19	0.0141	0.0140	0.1261	0.0541	0.2982	0.2868	0.0019	0.1163	0.0020	0.0005	0.0868	0.0343	0.0482	0.02782	0.0000	0.02187	0.01695	0.05679	0.04158	0.07057	0.06003	0.05130	0.01897	0.04786	0.06060	0.05425	0.02034	0.46868	0.25379	0.01877	0.00577	0.02003	0.01114	0.05420	0.03662				
20	0.01643	0.01600	0.13973	0.0647	0.3259	0.3037	0.0043	0.1360	0.0022	0.0003	0.09076	0.0409	0.04917	0.02780	0.0000	0.02197	0.01700	0.07905	0.07478	0.07457	0.05894	0.05336	0.02010	0.01846	0.05667	0.05420	0.02034	0.45642	0.23412	0.00807	0.00601	0.02095	0.01178	0.05042	0.04119				
21	0.0201	0.0194	0.15257	0.0713	0.3597	0.3379	0.0071	0.1507	0.0031	0.0004	0.09384	0.0459	0.05281	0.02784	0.0000	0.02212	0.01711	0.08084	0.07612	0.07612	0.06003	0.05336	0.02010	0.01846	0.05667	0.05420	0.02034	0.45642	0.23412	0.00807	0.00601	0.02095	0.01178	0.05042	0.04119				
22	0.02196	0.02050	0.16719	0.0749	0.3807	0.3574	0.0103	0.1624	0.0029	0.0002	0.14908	0.1043	0.0500	0.02874	0.0000	0.02202	0.01692	0.08084	0.07612	0.07612	0.06003	0.05336	0.02010	0.01846	0.05667	0.05420	0.02034	0.45642	0.23412	0.00807	0.00601	0.02095	0.01178	0.05042	0.04119				
23	0.02157	0.02580	0.18665	0.08651	0.4058	0.4454	0.0028	0.2830	0.0034	0.0092	0.17988	0.1143	0.0518	0.02871	0.0000	0.04518	0.03042	0.14581	0.09127	0.09127	0.06816	0.05447	0.03020	0.02439	0.02501	0.02439	0.02501	0.36571	0.19479	0.00577	0.00650	0.02287	0.01311	0.06118	0.05058				
24	0.02329	0.03000	0.20611	0.0953	0.4305	0.5132	0.0022	0.4698	0.0032	0.0010	0.21149	0.12497	0.05233	0.02850	0.0000	0.05322	0.04017	0.18006	0.12105	0.09000	0.05308	0.06656	0.0462	0.07897	0.05114	0.02435	0.02034	0.31540	0.15546	0.0177	0.00672	0.02262	0.01342	0.07249	0.06028				
25	0.02414	0.03555	0.22176	0.1055	0.4578	0.5412	0.0022	0.4869	0.0031	0.0011	0.24635	0.13714	0.05233	0.02850	0.0000	0.05322	0.04017	0.18006	0.12105	0.09000	0.05308	0.06656	0.0462	0.07897	0.05114	0.02435	0.02034	0.31540	0.15546	0.0177	0.00672	0.02262	0.01342	0.07249	0.06028				
26	0.02671	0.03000	0.24503	0.11536	0.4820	0.6304	0.0037	0.28748	0.0048	0.0126	0.27696	0.1465	0.0538	0.0304	0.0000	0.06870	0.0504	0.18010	0.1235	0.09871	0.05029	0.0766	0.02687	0.07859	0.04821	0.05476	0.0219	0.27309	0.11612	0.01846	0.00693	0.02435	0.01371	0.01010	0.07244				
27	0.02843	0.04200	0.26449	0.12258	0.5277	0.69808	0.0046	0.2874	0.00513	0.0137	0.31014	0.15183	0.05477	0.03036	0.0000	0.07182	0.06006	0.17039	0.12190	0.1180	0.04890	0.0717	0.02800	0.07442	0.04720	0.05527	0.02004	0.24253	0.09646	0.01881	0.00704	0.02472	0.01014	0.01341	0.09793				
28	0.03014	0.04600	0.28313	0.1265	0.5601	0.7789	0.0051	0.3010	0.0059	0.0159	0.33074	0.15963	0.05553	0.03036	0.0000	0.06867	0.05029	0.16028	0.11461	0.10556	0.04751	0.02763	0.02803	0.07583	0.04597	0.02578	0.02004	0.24598	0.09769	0.01779	0.00858	0.02509	0.01404	0.01735	0.09742				
29	0.03187	0.04850	0.30176	0.12781	0.5817	0.8079	0.0054	0.3189	0.0067	0.0169	0.34819	0.16298	0.05628	0.03036	0.0000	0.06867	0.05029	0.16028	0.11461	0.10556	0.04751	0.02763	0.02803	0.07583	0.04597	0.02578	0.02004	0.24598	0.09769	0.01779	0.00858	0.02509	0.01404	0.01735	0.09742				
30	0.03357	0.05030	0.35309	0.1628	0.6312	0.9974	0.00613	0.2545	0.01303	0.0240	0.41580	0.19330	0.05700	0.03166	0.0000	0.01049	0.07855	0.14129	0.04039	0.11331	0.04473	0.03847	0.03139	0.07032	0.04324	0.03698	0.01508	0.15087	0.02167	0.00581	0.02873	0.01634	0.01434	0.01219	0.10923				
31	0.03529	0.05650	0.37902	0.1756	0.6782	1.0176	0.0080	0.2548	0.0200	0.0553	0.54763	0.23450	0.05782	0.03166	0.0000	0.11680	0.07855	0.14129	0.04039	0.11331	0.04473	0.03847	0.03139	0.07032	0.04324	0.03698	0.01508	0.15087	0.02167	0.00581	0.02873	0.01634	0.01434	0.01219	0.10923				
32	0.03707	0.06100	0.40459	0.1875	0.7276	1.0479	0.0103	0.2693	0.0277	0.0685	0.61743	0.25362	0.05842	0.03166	0.0000	0.12686	0.07855	0.14129	0.04039	0.11331	0.04473	0.03847	0.03139	0.07032	0.04324	0.03698	0.01508	0.15087	0.02167	0.00581	0.02873	0.01634	0.01434	0.01219	0.10923				
33	0.03991	0.06622	0.44048	0.2076	0.7794	1.3020	0.0083	0.2540	0.0308	0.0900	0.82069	0.3100	0.06971	0.0348	0.0000	0.20690	0.07286	0.14129	0.04039	0.11331	0.04473	0.03847	0.03139	0.07032	0.04324	0.03698	0.01508	0.15087	0.02167	0.00581	0.02873	0.01634	0.01434	0.01219	0.10923				
34	0.04283	0.07243	0.49330	0.2280	0.8406	1.5920	0.0103	0.2643	0.0427	0.1093	0.9178	0.32633	0.0814	0.0438	0.0000	0.39618	0.07286	0.14129	0.04039	0.11331	0.04473	0.03847	0.03139	0.07032	0.04324	0.03698	0.01508	0.15087	0.02167	0.00581	0.02873	0.01634	0.01434	0.01219	0.10923				
35	0.04574	0.07965	0.53613	0.2484	0.9142	1.6728	0.0136	0.2760	0.0593	0.1289	1.0595	0.40833	0.09260	0.05057	0.0000	0.43438	0.03351	0.07470	0.07970	0.06856	0.04316	0.07598	0.02943	0.05347	0.03759	0.0395	0.01881	0.21833	0.05533	0.01952	0.00900	0.05232	0.02736	0.02162	0.14908				
36	0.04865	0.08487	0.57178	0.2678	0.9879	1.7581	0.0177	0.2881	0.0895	0.1537	1.1693	0.42791	0.0985	0.0549	0.0000	0.46486	0.03351	0.07470	0.07970	0.06856	0.04316	0.07598	0.02943	0.05347	0.03759	0.0395	0.01881	0.21833	0.05533	0.01952	0.00900	0.05232	0.02736	0.02162	0.14908				
37	0.05157	0.09109	0.62178	0.2813	1.0547	1.9908	0.0211	0.2876	0.0964	0.1891	1.4029	0.48622	0.11642	0.0325	0.0000	0.57381	0.03351	0.07470	0.07970	0.06856	0.04316	0.07598	0.02943	0.05347	0.03759	0.0395	0.01881	0.21833	0.05533	0.01952	0.00900	0.05232	0.02736	0.02162	0.14908				
38	0.05448	0.09730	0.70201	0.3231	1.2193	2.2773	0.01873	0.3051	0.07818	0.2187	1.5535	0.5405	0.12867	0.0672	0.0001	0.64507	0.04801	0.08315	0.07777	0.06651	0.04222	0.07814	0.02826	0.0482	0.33764	0.0608	0.0358	0.25881	0.06005	0.01751	0.01009	0.06967	0.03425	0.28892	0.17944				
39	0.05679	0.10352	0.78225	0.3498	1.3905	2.5801	0.02352	0.3037	0.08367	0.2105	1.7107	0.5844	0.1414	0.0762	0.0001	0.0115	0.0735	0.05260	0.07860	0.05454	0.03618	0.04191	0.07358	0.02787	0.04729	0.03252	0.040	0.01820	0.27230	0.06963	0.01698	0.00961	0.01759	0.03658	0.15129	0.15249			
40	0.05910	0.10995	0.86291	0.3769	1.5629	2.9073	0.02679	0.3073	0.08973	0.2167	1.8692	0.6102	0.1458	0.0762	0.0001	0.0115	0.0735	0.05260	0.07860	0.05454	0.03618	0.04191	0.07358	0.02787	0.04729	0.03252	0.040	0.01820	0.27230	0.06963	0.01698	0.00961	0.01759	0.03658	0.15129	0.15249			
41	0.06322	0.11596	0.94272	0.4365	1.7501	3.1331	0.03365	0.36848	0.19937	0.04053	2.31776	0.7768	0.16703	0.08991	0.0004	0.02234	0.1000	0.07913	0.06981	0.04831	0.07641	0.04128	0.0734	0.02709	0.04610	0.31560	0.06242	0.01789	0.2929	0.07678	0.0586	0.00863	0.02486	0.36340	0.25192				
42	0.06613	0.12197	1.02266	0.4783	1.9302	3.4383	0.0380	0.3919	0.0291	0.2594	0.6203	2.7789	0.09288	0.18052	0.00709	0.02424	0.12140	0.07970	0.07459	0.0558	0.04530	0.07311	0.04097	0.07218	0.02707	0.04610	0.31560	0.06242	0.01789	0.2929	0.07678	0.0586	0.00863	0.02486	0.36340	0.25192			
43	0.06904	0.12800	1.10357	0.5201	2.1103	3.7435	0.0430	0.4170	0.0347	0.2815	0.6975	3.0870	0.1000	0.1875	0.0074	0.02458	0.12140	0.07970	0.07459	0.0558	0.04530	0.07311	0.04097	0.07218	0.02707	0.04610	0.31560	0.06242	0.01789	0.2929	0.07678	0.0586	0.00863	0.02486	0.36340	0.25192			
44	0.07196	0.13481	1.2874	0.5957	2.7027	4.2983	0.07120	0.3848	0.36345	0.05988	7.2532	3.1154	0.2083	0.1178	0.0218	0.0001	0.16514	0.12001	0.05841	0.08001	0.07420	0.03901	0.07240	0.02707	0.04610	0.31560	0.06242	0.01789	0.2929	0.07678	0.0586	0.00863	0.02486	0.36340	0.25192				
45	0.07487	0.14083	1.4714	0.6566	3.1175	4.9869	0.08845	0.38160	0.44758	0.1073	8.2161	3.1785	0.2265	0.1153	0.0276	0.07670	0.17579	0.13054	0.05730	0.08952	0.06306	0																	

**Section II.B - Annual Accidental Loss of Life Claim Cost per \$1,000**

<b>Benefit</b>	<b>Adult</b>	<b>Child</b>
Accidental Loss of Life	0.36926	0.17924

**Section III.A - Second Occurrence Critical Condition Benefit Adjustments**

Treatment Free Period Benefit Trigger	Second Occurrence Critical Condition Benefit Adjustment							
	6 Month		12 Month		18 Month		24 Month	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>Category 1 - Cancers/Tumors</b>								
Benign Brain Tumor	0.206	0.206	0.137	0.137	0.059	0.059	0.027	0.027
Skin Cancer	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Type 1 Cancer	0.212	0.277	0.141	0.197	0.063	0.110	0.030	0.072
Type 2 Cancer	0.279	0.362	0.201	0.272	0.116	0.176	0.079	0.132
<b>Category 2 - Heart and Circulatory</b>								
Coronary Artery By-Pass Surgery	0.288	0.478	0.186	0.346	0.113	0.251	0.076	0.198
Heart Attack	0.186	0.277	0.099	0.176	0.037	0.104	0.008	0.067
Heart Valve Repair / Replacement Surgery	0.293	0.473	0.191	0.342	0.117	0.249	0.080	0.197
Ruptured Aneurysm	0.093	0.112	0.019	0.035	0.018	0.032	0.016	0.029
Stroke	0.163	0.194	0.079	0.105	0.019	0.041	0.003	0.022
<b>Category 3 - Paralysis and Other Loss of Use</b>								
Blindness (one eye)	0.00016	0.00016	0.00015	0.00015	0.00014	0.00014	0.00013	0.00013
Coma	0.00089	0.00089	0.00082	0.00082	0.00077	0.00077	0.00071	0.00071
Loss of Hands and Feet	0.00014	0.00014	0.00013	0.00013	0.00012	0.00012	0.00011	0.00011
Loss of Speech or Hearing	0.00540	0.00540	0.00502	0.00502	0.00469	0.00469	0.00436	0.00436
Severe Burn or Severely Burned	0.00003	0.00003	0.00003	0.00003	0.00003	0.00003	0.00003	0.00003
<b>Category 4 - Transplants</b>								
Major Organ Transplant	0.579	0.782	0.478	0.654	0.386	0.541	0.297	0.431
Total Loss of Kidney Function (Renal Failure)	0.00075	0.00069	0.00068	0.00063	0.00063	0.00058	0.00058	0.00053

### Section III.B - Group Adjustments

Marketing Method	Adjustment
Worksite	1.00
Consumer Direct	1.10

Underwriting	Adjustment
Guaranteed Issue	1.0875
Simplified Issue	0.9275

Rate Guarantee Period	Adjustment
1 Year	1.0000
2 Years	1.0300
3 Years	1.0500

Pre-Existing Exclusion	Adjustment
None	1.027
6/6	1.017
6/12	1.015
12/12	1.000
6/24	1.011
12/24	0.996

Portability	Adjustment
None	1.000
Portability with Evidence	1.000
Portability without Evidence (Included in all rates)	1.020
(offer included in all quotes)	1.050
(upon request)	1.200

Benefit Maximum	Adjustment
100%	1.000
200%-500%	1.020

Group Size	5-24	25-49	50-99	100-299	300+
<b>Participation</b>	<b>Employer Paid: 100%</b>				
80% - 100%	1.00	0.95	0.90	0.85	0.80
61% - 80%	N/A	N/A	N/A	N/A	N/A
41% - 60%	N/A	N/A	N/A	N/A	N/A
21% - 40%	N/A	N/A	N/A	N/A	N/A
0% - 20%	N/A	N/A	N/A	N/A	N/A
<b>Participation</b>	<b>Employer Paid: &gt;20%</b>				
80% - 100%	1.05	1.00	0.95	0.90	0.85
61% - 80%	1.05	1.00	0.95	0.90	0.85
41% - 60%	1.15	1.10	1.05	0.95	0.90
21% - 40%	1.45	1.35	1.25	1.00	0.95
0% - 20%	2.00	1.75	1.50	1.10	1.00
<b>Participation</b>	<b>Employer Paid: ≤ 20%</b>				
80% - 100%	1.05	1.00	0.95	0.90	0.85
61% - 80%	1.10	1.05	1.00	0.95	0.90
41% - 60%	1.20	1.15	1.10	1.00	0.95
21% - 40%	1.50	1.40	1.30	1.05	1.00
0% - 20%	2.00	1.75	1.50	1.10	1.00

Underwriting Risk Assessment	Adjustment
Underwriting Risk Adjustment	[0.90 - 1.10]

## Section III.C - Trigger Specific Adjustments

Benefit Waiting Periods	Adjustment
0-Day Waiting Period	1.000
30-Day Waiting Period	0.982
90-Day Waiting Period	0.947

Co-Morbidity*	Trigger Applied to...	Adjustments	
		Male	Female
Type 1 Cancer / Type 2 Cancer	Type 2 Cancer	1.111	1.053
Stroke / Heart Attack	Heart Attack	1.042	1.065
Ruptured Aneurysm / Stroke	Stroke	1.042	1.042
Heart Attack / Coronary Artery Bypass Surgery	Coronary Artery Bypass Surgery	1.235	1.235

Benefit Category	One Payment Per Category (No Separation Period)	6 Month Separation Period	12 Month Separation Period	18 Month Separation Period	24 Month Separation Period
Category 1	1.000	1.003	1.002	1.002	1.001
Category 2	1.000	1.055	1.036	1.028	1.022
Category 3-4	1.000	1.000	1.000	1.000	1.000

Accident and Sickness Adjustments	
Claim Cost Benefit Trigger	Adjustment
Coma: Accident and Sickness (Base)	1.000
Coma: Accident Only	0.780
Coma: Sickness Only	0.220
Loss of Hands and Feet: Accident and Sickness (Base)	1.000
Loss of Hands and Feet: Accident Only	0.450
Loss of Hands and Feet: Sickness Only	0.550
Blindness (One Eye): Accident and Sickness (Base)	1.000
Blindness (One Eye): Accident Only	0.700
Blindness (One Eye): Sickness Only	0.300
Blindness (Both Eyes): Accident and Sickness (Base)	1.000
Blindness (Both Eyes): Accident Only	0.015
Blindness (Both Eyes): Sickness Only	0.985
Loss of Speech or Hearing: Accident and Sickness (Base)	1.000
Loss of Speech or Hearing: Accident Only	0.136
Loss of Speech or Hearing: Sickness Only	0.864

Blindness Definition Requirement*	Adjustment
Attained age diagnosis Age [2]	1.000
Attained age diagnosis Age [3]	0.958
Attained age diagnosis Age [4]	0.917
Attained age diagnosis Age [5]	0.875

\* Adjustments only apply to child blindness claim cost

Coma Definition Requirement	Adjustment
Insured to remain in coma for minimum of [7] or more days	1.000
Insured to remain in coma for minimum of [14] or more days	0.447
Insured to remain in coma for minimum of [30] or more days	0.200
Insured to remain in coma for minimum of [60] or more days	0.100
Insured to remain in coma for minimum of [180] or more days	0.050

Paralysis Definition Requirement	Adjustment
Paralysis in [2] or more limbs	1.000
Paralysis in [1] or more limbs	1.176

Severe Burn or Severely Burned Definition Requirement	Adjustment
At least [25% - 34%] of body surface disfigurement	1.000
At least [35% - 44%] of body surface disfigurement	0.471
At least [45% - 54%] of body surface disfigurement	0.246
At least [55% - 64%] of body surface disfigurement	0.136
At least [65% - 74%] of body surface disfigurement	0.077
At least [75%-100%] of body surface disfigurement	0.038

Stroke Definition Requirement	Adjustment
Permanent neurologic deficit measuring [4] days or more	1.060
Permanent neurologic deficit measuring [14] days or more	1.040
Permanent neurologic deficit measuring [30] days or more	1.020
Permanent neurologic deficit measuring [90] days or more	1.000

## Section III.C - Trigger Specific Adjustments

Removal of Exclusions Adjustments - Benefit Triggers*	
Removal of Exclusions	Adjustment
Alcoholism, Drug or Substance Abuse	1.040
Congenital Conditions**	1.010
Cosmetic Surgery	1.000
Experimental or Investigational	1.000
Incarceration - [Accident] [Sickness] or Both	1.000
Illegal Acts	1.000
Intoxication Exclusion	1.000
Intoxication Exclusion Vehicular	1.000
Narcotic Exclusion [Accident] [Sickness] or Both	1.000
Participation in a Riot	1.000
Participation in Extreme Sports	1.000
Pregnancy	1.000
Pregnancy of a Dependent Child	1.000
Professional Sporting Activity	1.000
Pre-Existing Condition	***
Procedures and Diagnosis Outside the US or its Territories	1.000
Race or Speed Contest	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000
Refusal of Medical Treatment	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000
Suicide [or Intentional Injury]	1.000
Uninsured Critical Condition	1.000
War	1.000
Workers Compensation - [Accident] [Sickness] or Both	1.000

\*The adjustments above apply to all benefit triggers in Categories 1, 2, and 4 as well as Paralysis in Category 3

\*\* Adjustments to the child claim cost only

\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments

Removal of Exclusions Adjustments - Coma and Burns Benefit Triggers			
Removal of Exclusions	Accident Only Adjustment*	Sickness Only Adjustment	Sickness and Accident Adjustment
Alcoholism, Drug or Substance Abuse	1.000	1.040	1.009
Congenital Conditions**	1.000	1.010	1.002
Cosmetic Surgery	1.000	1.000	1.000
Experimental or Investigational	1.000	1.000	1.000
Incarceration - [Accident] [Sickness] or Both	1.000	1.000	1.000
Illegal Acts	1.003	1.000	1.002
Intoxication Exclusion	1.048	1.000	1.037
Intoxication Exclusion Vehicular***	1.004	1.000	1.003
Narcotic Exclusion [Accident] only (no impact for sickness bracketing)	1.009	1.000	1.007
Participation in a Riot	1.000	1.000	1.000
Participation in Extreme Sports	1.001	1.000	1.001
Pregnancy	1.000	1.000	1.000
Pregnancy of a Dependent Child	1.000	1.000	1.000
Professional Sporting Activity	1.000	1.000	1.000
Pre-Existing Condition	1.000	****	****
Procedures and Diagnosis Outside the US or its Territories	1.000	1.000	1.000
Race or Speed Contest	1.000	1.000	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000	1.000	1.000
Refusal of Medical Treatment	1.000	1.000	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000	1.000	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000	1.000	1.000
Suicide [or Intentional Injury]	1.014	1.000	1.011
Uninsured Critical Condition	1.000	1.000	1.000
War	1.000	1.000	1.000
Workers Compensation - [Accident] only (no impact for sickness bracketing)	1.176	1.000	1.138

\* The accident only adjustment is applicable to the burns claim costs.

\*\* Adjustments to the child claim cost only.

\*\*\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments.

Removal of Exclusions Adjustments - Loss of Hands and Feet Benefit Trigger			
Removal of Exclusions	Accident Only Adjustment	Sickness Only Adjustment	Sickness and Accident Adjustment
Alcoholism, Drug or Substance Abuse	1.000	1.040	1.022
Congenital Conditions*	1.000	1.010	1.006
Cosmetic Surgery	1.000	1.000	1.000
Experimental or Investigational	1.000	1.000	1.000
Incarceration - [Accident] [Sickness] or Both	1.000	1.000	1.000
Illegal Acts	1.003	1.000	1.001
Intoxication Exclusion	1.048	1.000	1.022
Intoxication Exclusion Vehicular**	1.004	1.000	1.002
Narcotic Exclusion [Accident] only (no impact for sickness bracketing)	1.009	1.000	1.004
Participation in a Riot	1.000	1.000	1.000
Participation in Extreme Sports	1.001	1.000	1.000
Pregnancy	1.000	1.000	1.000
Pregnancy of a Dependent Child	1.000	1.000	1.000
Professional Sporting Activity	1.000	1.000	1.000
Pre-Existing Condition	1.000	***	***
Procedures and Diagnosis Outside the US or its Territories	1.000	1.000	1.000
Race or Speed Contest	1.000	1.000	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000	1.000	1.000
Refusal of Medical Treatment	1.000	1.000	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000	1.000	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000	1.000	1.000
Suicide [or Intentional Injury]	1.014	1.000	1.006
Uninsured Critical Condition	1.000	1.000	1.000
War	1.000	1.000	1.000
Workers Compensation - [Accident] only (no impact for sickness bracketing)	1.176	1.000	1.079

\* Adjustments to the child claim cost only.

\*\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments.

**Section III.C - Trigger Specific Adjustments**

<b>Removal of Exclusions Adjustments - Blindness (One Eye) Benefit Trigger</b>			
<b>Removal of Exclusions</b>	<b>Accident Only Adjustment</b>	<b>Sickness Only Adjustment</b>	<b>Sickness and Accident Adjustment</b>
Alcoholism, Drug or Substance Abuse	1.000	1.040	1.012
Congenital Conditions*	1.000	1.010	1.003
Cosmetic Surgery	1.000	1.000	1.000
Experimental or Investigational	1.000	1.000	1.000
Incarceration - [Accident] [Sickness] or Both	1.000	1.000	1.000
Illegal Acts	1.003	1.000	1.002
Intoxication Exclusion	1.048	1.000	1.033
Intoxication Exclusion Vehicular**	1.004	1.000	1.003
Narcotic Exclusion [Accident] only (no impact for sickness bracketing)	1.009	1.000	1.006
Participation in a Riot	1.000	1.000	1.000
Participation in Extreme Sports	1.001	1.000	1.001
Pregnancy	1.000	1.000	1.000
Pregnancy of a Dependent Child	1.000	1.000	1.000
Professional Sporting Activity	1.000	1.000	1.000
Pre-Existing Condition	1.000	***	***
Procedures and Diagnosis Outside the US or its Territories	1.000	1.000	1.000
Race or Speed Contest	1.000	1.000	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000	1.000	1.000
Refusal of Medical Treatment	1.000	1.000	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000	1.000	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000	1.000	1.000
Suicide [or Intentional Injury]	1.014	1.000	1.010
Uninsured Critical Condition	1.000	1.000	1.000
War	1.000	1.000	1.000
Workers Compensation - [Accident] only (no impact for sickness bracketing)	1.176	1.000	1.124

\* Adjustments to the child claim cost only.

\*\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments.

<b>Removal of Exclusions Adjustments - Blindness (Both Eyes) Benefit Trigger</b>			
<b>Removal of Exclusions</b>	<b>Accident Only Adjustment</b>	<b>Sickness Only Adjustment</b>	<b>Sickness and Accident Adjustment</b>
Alcoholism, Drug or Substance Abuse	1.000	1.040	1.039
Congenital Conditions*	1.000	1.010	1.010
Cosmetic Surgery	1.000	1.000	1.000
Experimental or Investigational	1.000	1.000	1.000
Incarceration - [Accident] [Sickness] or Both	1.000	1.000	1.000
Illegal Acts	1.003	1.000	1.000
Intoxication Exclusion	1.048	1.000	1.001
Intoxication Exclusion Vehicular**	1.004	1.000	1.000
Narcotic Exclusion [Accident] only (no impact for sickness bracketing)	1.009	1.000	1.000
Participation in a Riot	1.000	1.000	1.000
Participation in Extreme Sports	1.001	1.000	1.000
Pregnancy	1.000	1.000	1.000
Pregnancy of a Dependent Child	1.000	1.000	1.000
Professional Sporting Activity	1.000	1.000	1.000
Pre-Existing Condition	1.000	***	***
Procedures and Diagnosis Outside the US or its Territories	1.000	1.000	1.000
Race or Speed Contest	1.000	1.000	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000	1.000	1.000
Refusal of Medical Treatment	1.000	1.000	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000	1.000	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000	1.000	1.000
Suicide [or Intentional Injury]	1.014	1.000	1.000
Uninsured Critical Condition	1.000	1.000	1.000
War	1.000	1.000	1.000
Workers Compensation - [Accident] only (no impact for sickness bracketing)	1.176	1.000	1.003

\* Adjustments to the child claim cost only.

\*\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments.

<b>Removal of Exclusions Adjustments - Loss of Speech or Hearing Benefit Trigger</b>			
<b>Removal of Exclusions</b>	<b>Accident Only Adjustment</b>	<b>Sickness Only Adjustment</b>	<b>Sickness and Accident Adjustment</b>
Alcoholism, Drug or Substance Abuse	1.000	1.040	1.035
Congenital Conditions*	1.000	1.010	1.009
Cosmetic Surgery	1.000	1.000	1.000
Experimental or Investigational	1.000	1.000	1.000
Incarceration - [Accident] [Sickness] or Both	1.000	1.000	1.000
Illegal Acts	1.003	1.000	1.000
Intoxication Exclusion	1.048	1.000	1.007
Intoxication Exclusion Vehicular**	1.004	1.000	1.001
Narcotic Exclusion [Accident] only (no impact for sickness bracketing)	1.009	1.000	1.001
Participation in a Riot	1.000	1.000	1.000
Participation in Extreme Sports	1.001	1.000	1.000
Pregnancy	1.000	1.000	1.000
Pregnancy of a Dependent Child	1.000	1.000	1.000
Professional Sporting Activity	1.000	1.000	1.000
Pre-Existing Condition	1.000	***	***
Procedures and Diagnosis Outside the US or its Territories	1.000	1.000	1.000
Race or Speed Contest	1.000	1.000	1.000
Rest care or custodial care and treatment - [Accident] [Sickness] or Both	1.000	1.000	1.000
Refusal of Medical Treatment	1.000	1.000	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000	1.000	1.000
Service in the Armed Forces - [Accident] [Sickness] or Both	1.000	1.000	1.000
Suicide [or Intentional Injury]	1.014	1.000	1.002
Uninsured Critical Condition	1.000	1.000	1.000
War	1.000	1.000	1.000
Workers Compensation - [Accident] only (no impact for sickness bracketing)	1.176	1.000	1.024

\* Adjustments to the child claim cost only.

\*\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\*\* Adjustments to the Pre-Existing Condition Clause are reflected in Section III.B - Group Adjustments.



Section III.C - Trigger Specific Adjustments

Removal of Exclusions Adjustments - Accidental Loss of Life	
Removal of Exclusions	Adjustment
Alcoholism, Drug or Substance Abuse	1.000
Congenital Conditions	1.000
Cosmetic Surgery	1.000
Experimental or Investigational	1.000
Incarceration	1.000
Illegal Acts	1.003
Intoxication Exclusion	1.016
Intoxication Exclusion Vehicular*	1.115
Narcotic Exclusion	1.009
Participation in a Riot	1.000
Participation in Extreme Sports	1.001
Pregnancy	1.000
Pregnancy of a Dependent Child	1.000
Professional Sporting Activity	1.000
Pre-Existing Condition **	1.000
Procedures and Diagnosis Outside the US or its Territories	1.000
Race or Speed Contest	1.000
Rest care or custodial care and treatment	1.000
Refusal of Medical Treatment	1.000
Rocket Propelled or Rocket Launched Conveyance	1.000
Service in the Armed Forces	1.000
Suicide [or Intentional Injury]	1.267
Uninsured Critical Condition	1.000
War	1.000
Workers Compensation	1.000

\* The Intoxication Exclusion Vehicular adjustment should only be applied when the Intoxication Exclusion is also removed. Otherwise there is no impact.

\*\* For this benefit no Pre-Existing Condition Clause adjustments should be made.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Federal Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Group Critical Illness filing		
<b>Project Name/Number:</b>	CHUBBSON/61.1/61.1		

## Supporting Document Schedules

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

<b>Satisfied - Item:</b>	Certificate of Authority to File
<b>Comments:</b>	
<b>Attachment(s):</b>	Authorization.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	CHB08 CI ActMemo 50% 20140521.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	This has been included in the Actuarial Memorandum included with this filing.
<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>	Not applicable for this filing.
<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)
<b>Bypass Reason:</b>	Not applicable for this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Federal Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Group Critical Illness filing		
<b>Project Name/Number:</b>	CHUBBSON/61.1/61.1		

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	Not applicable for this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	Not applicable for this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



**FIRST CONSULTING**  
*& Administration, Inc.*

June 17, 2014

Government of the District of Columbia  
Department of Insurance and Securities Regulation  
Insurance Products Division  
810 First Street, N.E., Suite 701  
Washington, D.C. 20002

RE: Federal Insurance Company  
NAIC # 20281 FEIN # 13-1963496  
Rates: Rates for 44-02-2052 (Ed. 03-14), et al  
Our File Number: 6154.1

Dear Sir or Madam:

We have been retained by Federal Insurance Company to file the enclosed rates for approval in your state.

We enclose the following for your consideration:

- Cover Letter
- Third party authorization
- Actuarial memorandum and rates

The company's group number is 038.

We are submitting the enclosed group insurance rates for your review. These rates are intended to comply with all applicable laws, rules, bulletins and published guidelines of your state.

The rates included in this filing are intended for use with eligible group policyholders, as allowed by the laws and regulations of your state.

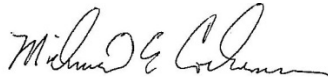
The forms that these rates apply to are being submitted under separate cover.

Thank you in advance for your consideration. We look forward to your approval in the near future.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

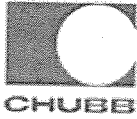
Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in black ink, appearing to read "Michael Cochran". The signature is fluid and cursive, with the first name "Michael" and last name "Cochran" clearly distinguishable.

Michael Cochran  
Compliance Specialist  
E-mail: [michael.cochran@firstconsulting.com](mailto:michael.cochran@firstconsulting.com)  
Extension: 2756

Enclosures



# CHUBB GROUP OF INSURANCE COMPANIES

15 Mountain View Road, Warren, NJ 07059

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May 29, 2014

To: The Insurance Commissioner

## Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Federal Insurance Company

By:

Title: AVP US Insurance Regulatory  
Compliance

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# Federal Insurance Company

## Actuarial Memorandum

Group Critical Condition Policy Form - 44-02-2052 (Ed. 03-14)  
Group Critical Condition Certificate Form 44-10-0672 (Ed. 03-14)  
Second Occurrence Critical Condition Benefit Endorsement Form  
44-10-0671 (Ed. 03-14)  
Paralysis Benefit Endorsement Form - 44-10-0670 (Ed. 03-14)  
Accidental Loss of Life Benefit Endorsement Form  
44-10-0668 (Ed. 03-14)

### 1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in the Group Critical Condition Policy Form 44-02-2052 (Ed. 03-14) and additional endorsement forms listed above. This memorandum supports the rates being filed. This memorandum is not intended to be used for any other purpose.

### 2. Benefit Description

This policy may provide a benefit payment up to the lifetime maximum benefit amount specified in the policy's language for each of the categories shown below. Benefits are paid one time for each critical condition except as paid under the Second Occurrence Critical Condition benefit. The insured must satisfy the waiting period specified in the policy prior to becoming eligible to receive benefits. All possible covered benefit triggers are listed below and may or may not be included in an insured's policy. A complete description of the benefits and qualifying triggers can be found in the policy form.

#### Category One – Cancer / Tumors

- Benign Brain Tumor
- Skin Cancer
- Type 1 Cancer
- Type 2 Cancer

#### Category Two – Heart and Circulatory

- Coronary Artery By-Pass Surgery
- Heart Attack
- Heart Valve Repair/Replacement Surgery
- Ruptured Aneurysm
- Stroke

#### Category Three – Paralysis and Other Loss of Use

- Blindness Both Eyes

- Blindness Either Eye
- Coma
- Loss of Hands and Feet
- Loss of Speech or Hearing
- Severe Burn or Severely Burned
- Paralysis (Offered as Endorsement)

#### Category Four – Transplants

- Major Organ Transplant
- Total Loss of Kidney Function (Renal Failure)

The Second Occurrence Critical Condition Benefit Endorsement will pay a second occurrence critical condition benefit amount as specified in the policy if an insured is diagnosed with a critical condition for which a benefit was previously paid under the policy. The second date of diagnosis must be more than the number of months specified in the policy after the first date of diagnosis for the initial critical condition and the insured must not receive treatment for the prior diagnosis during this period.

The Accidental Loss of Life Benefit Endorsement will pay the benefit amount specified in the policy if a covered accident causes an insured's loss of life. The accident must occur while an insured is covered under this policy and the covered loss must occur within one year after the accident.

#### 3. Renewability

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

#### 4. Applicability

This filing is for a new product. There are no policies currently in force.

#### 5. Morbidity

The morbidity assumptions for these forms were developed using the following sources:

#### Category 1 – Cancers/Tumors

##### *Benign Brain Tumor*

- SEER Cancer Statistics Review 1975-2010

##### *Skin Cancer*

- SEER Cancer Statistics Review 1975-2010
- American Cancer Society – Skin Cancer: Basal and Squamous Cell
- Skin Cancer Foundation – Skin Cancer Facts
- JAMA Dermatology – Incidence Estimate of Nonmelanoma Skin Cancer in the United States, 2006



### *Type 1 Cancer*

- SEER Cancer Statistics Review 1975-2010
- New Malignancies Among Cancer Survivors: SEER Cancer Registries, 1973-2000
- Thin Melanomas: Predictive Lethal Characteristics From a 30-Year Clinical Experience
- Medifocus Health, Bladder Cancer Statistics
- Advanced Therapy of Prostate Disease
- UpToDate - Staging and prognosis of chronic lymphocytic leukemia

### *Type 2 Cancer*

- SEER Cancer Statistics Review 1975-2010
- Thin Melanomas: Predictive Lethal Characteristics From a 30-Year Clinical Experience
- Medifocus Health, Bladder Cancer Statistics
- Advanced Therapy of Prostate Disease
- UpToDate - Staging and prognosis of chronic lymphocytic leukemia
- Northern California Cancer Center, Cancer Incidence and Mortality in the Greater Bay Area
- SEER Cancer Statistics Review 1975-2006 – Area Adjustments

## *Category 2 – Heart and Circulatory*

### *Coronary Artery Bypass Surgery*

- Heart Disease and Stroke Statistics – 2011 Update
- The Healthcare Effectiveness Data and Information Set (HEDIS)
- US Statistical Abstract

### *Heart Attack*

- Heart Disease and Stroke Statistics – 2011 Update
- Morbidity & Mortality: 2007 Chart Book on Cardiovascular, Lung, and Blood Diseases
- US Statistical Abstract

### *Heart Valve Repair / Replacement Surgery*

- Heart Disease and Stroke Statistics – 2007 Update
- The Healthcare Effectiveness Data and Information Set (HEDIS)
- US Statistical Abstract

### *Ruptured Aneurysm*

- The Brain Aneurysm Foundations
- eMedicine: Abdominal Aortic Aneurysm, Rupture
- US Statistical Abstract

### *Stroke*

- Framingham Heart Study – 30 year follow-up
- Heart Disease and Stroke Statistics – 2011 Update

### Category 3 – Paralysis and Other Loss of Use

#### *Paralysis*

- Prevalence of Selected Impairments: United States – 1977
- US Statistical Abstract
- National Spinal Cord Injury Association Resource Center
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010

#### *Blindness (One eye & Both Eyes)*

- Vital and Health Statistics: Prevalence of Selected Chronic Conditions: United States, 1990-92
- Eye Injuries: Recent Data and Trends in the United States

#### *Coma*

- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths

#### *Loss of Hands and Feet*

- NCHS Series 10, No. 134, "Prevalence of Selected Impairments, United States – 1977"

#### *Loss of Speech or Hearing*

- Vital and Health Statistics: Prevalence of Selected Chronic Conditions: United States, 1990-92
- Americans with Disabilities, 1994-1995

#### *Severe Burn or Severely Burned*

- CDC, National Center for Injury Prevention and Control, 2005 WISQARS
- The American Burn Association, National Burn Repository, 2011
- Milliman Health Cost Guidelines™

### Category 4 – Transplants

#### *Major Organ Transplant*

- Milliman Research Report: 2011 US Organ and Tissue Transplant Cost Estimates and Discussion
- Milliman Research Report: 2002 US Organ and Tissue Transplant Cost Estimates and Discussion
- US Statistical Abstract

#### *Total Loss of Kidney Function (Renal Failure)*

- 2011 USRDS Annual Data Report: A Incidence of Reported End-Stage Renal Disease (ESRD)

6. Mortality

The National Safety Council "Injury Facts" was used in developing the accidental death mortality rates.

7. Persistency

No lapse has been assumed.

8. Expenses

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

9. Marketing Method

This plan of insurance is marketed to eligible groups through agent/broker solicitation or direct response solicitation.

10. Underwriting

The plan will be offered on a guaranteed issue or simplified issue basis. For face amounts above the guaranteed issue limit, a simplified issue underwriting application will be used. The simplified issue questions are designed to determine eligibility for coverage on an accept/reject basis.

11. Premium Classes

Premium rates may be presented on an attained age or attained age banded basis. Premium rates may also vary based on the covered critical conditions, gender (male, female, unisex), and tobacco status (non-tobacco, tobacco, uni-tobacco). Other rating variables are detailed in the rate manual. Rates may be quoted as rates per primary insured only, primary insured + spouse, primary insured + child(ren), and family.

12. Issue Age Range

Coverage will be issued up to the age limit shown in the form.

13. Area Factors

There are no area factors for this form. The rates will be the same throughout the state.

14. Average Annual Premium

The average annual premium is expected to be \$443.

15. Premium Modalization Rules

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

Mode	Factor
Annual	1.0000
Semi-Annual	0.5000
Quarterly	0.2500
Monthly	0.0833

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

No active life reserves will be held for this coverage.

18. Trend Assumptions

There were no trend assumptions used in developing the rates for the benefits included in these forms.

19. Minimum Loss Ratio

The minimum loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 50%. The anticipated loss ratio is calculated by taking the expected incurred claims divided by the earned premium.

21. Experience - Past and Future

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

22. Lifetime Loss Ratio

Because this is a new form with no prior experience, the lifetime loss ratio is assumed to be 50%.

23. History of Rate Adjustments

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

24. Number of Policyholders

As these are new forms, there are no policyholders.

25. 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.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Federal 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.

27. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. Milliman has been retained by Federal Insurance Company to determine rates for this policy. As a consulting actuary with Milliman, I have written this actuarial memorandum to describe the rates intended to be used for the health benefits included in this product.

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

- (I) This rate filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance;
- (II) Complies with all applicable Actuarial Standards of Practice; and
- (III) The benefits provided are reasonable in relation to the proposed premiums. 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 for new sales going forward.



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