

State: District of Columbia **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Compass Accident
Project Name/Number: Compass Accident/

Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: Compass Accident
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 06/11/2012
SERFF Tr Num: MNNP-128272629
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: RL-ACC2-POL-12 RATES
Implementation: On Approval
Date Requested:
Author(s): Dawn Olson
Reviewer(s): Darniece Shirley (primary), Carolyn King
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** ReliaStar Life Insurance Company
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General Information

Project Name: Compass Accident Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 06/15/2012
 State Status Changed: Deemer Date:
 Created By: Dawn Olson Submitted By: Dawn Olson
 Corresponding Filing Tracking Number: MNNP-128272630

Filing Description:

We are submitting the rates for our new Group Accident Policy which is being filed concurrently under SERFF Tracking #MNNP-128272630.

Company and Contact

Filing Contact Information

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 Minneapolis, MN 55440-0020

Filing Company Information

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota
 P.O. Box 20 Group Code: 229 Company Type:
 Minneapolis, MN 55440-0020 Group Name: State ID Number:
 (612) 372-5246 ext. [Phone] FEIN Number: 41-0451140

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
ReliaStar Life Insurance Company	\$0.00		

State: District of Columbia

Filing Company: ReliaStar Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		Rate Exhibits A-B	RL-ACC2-POL-12	New		ExhibitsA-B_CompassAccident.pdf

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit A - Group Ratemaking Methodology

The rating methodology will be to 1) start with a table set of rates for each benefit module and rider being offered to the group, 2) apply factors to adjust for any group specific changes to benefit or product features, 3) apply factors to adjust for any group specific risk characteristics, and 4) divide by the commission and expense loads. The following more completely describes the process:

1) Start with a table set of rates for each benefit module and rider being offered to the group

Table rates (Exhibit B) vary by benefit, insured entity, and attained age as follows:

<u>Benefit</u>	<u>Attained Age Band</u>
Base Accident Benefits	0-19
Accidental Death and Dismemberment Rider	20-24
Wellness Benefit Rider	25-29
Catastrophic Accident Rider	30-34
Off Job Accident Disability Income Rider	35-39
Sickness Hospital Confinement Rider	40-44
	45-49
	50-54
<u>Insured Entity</u>	55-59
Employee/Member	60-64
Spouse	65-69
Children	70+

For groups which will require a single rate for all ages, a census will be applied to produce an aggregate age set of table rates.

2) Apply factors to adjust for any group specific changes to benefit or product features

The following factors will be applied:

Benefit Waiting Period Adjustment only applies to Sickness Hospital Confinement and Wellness
A factor to change or eliminate the waiting period before benefits are payable.
Range 0.90-1.10 Varies by Benefit, Waiting Period

Age Specific Benefit Reduction only applies to Catastrophic Accident
A factor to adjust for the application of a benefit reduction at a specific, older age.
Range 0.80-1.00 Varies by Age, Benefit, Reduction Percent

Underlying Rate Age Structure
A factor to increase rates if issue age rates are desired rather than attained age rates.
Range 1.00-5.00 Varies by Age, Benefit

Benefit or Product Change Factor
A factor to adjust for any additional changes in benefits or product features (as allowed by the policy form language).
Range 0.70-1.50 Varies by Age, Benefit

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit A - Group Ratemaking Methodology

3) Apply factors to adjust for any group specific risk characteristics

The following factors may be applied:

Industry Adjustment

A factor to adjust for the risk associated with specific industries.

<u>Range</u>	<u>Varies by</u>
0.90-1.10	Benefit, Industry

Employer Paid Adjustment

A factor to account for the level of selection/anti-selection resulting from differing levels of employee/group sponsor participation in premiums.

<u>Range</u>	<u>Varies by</u>
0.80-1.40	Benefit, Employer/Group Sponsor Premium Payment Percentage

Group Size/Participation Adjustment

A factor to account for the level of selection/anti-selection expected due to different group sizes and participation.

<u>Range</u>	<u>Varies by</u>
0.60-1.50	Benefit, Group Size, Participation Percent

Tobacco Usage Factor

only applies to Sickness Hospital Confinement Rider

A factor to account for the increased risk of some benefits incurred by tobacco users.

<u>Range</u>	<u>Varies by</u>
0.85-2.00	Benefit, Tobacco Usage

Spousal Adjustment Factor

A factor to adjust for the increased health-related risk exhibited by non-screened spouses.

<u>Range</u>	<u>Varies by</u>
1.00-1.20	Insured Entity, Benefit

Experience Factor

A factor to adjust for the previous experience of the group.

<u>Range</u>	<u>Varies by</u>
0.70-1.30	Group Size, Benefit, Experience

Gender Adjustment Factor

A factor to provide for deviations from the assumed gender mix.

<u>Range</u>	<u>Varies by</u>
1.00-1.50	Benefit, Age

Takeover Factor

A factor to provide for the potential additional risk associated with taking over an already existing group.

<u>Range</u>	<u>Varies by</u>
1.00-1.50	Group Size, Participation Percent

Portability Factor

A factor to allow for portability of benefits.

<u>Range</u>	<u>Varies by</u>
1.00-1.35	Benefit

Rate Guarantee Factor

A factor to provide for guarantee of rate levels

<u>Range</u>	<u>Varies by</u>
0.90-1.20	Number of years guaranteed

Case Underwriting Factor

A discretionary factor to be used by the underwriter to account for risk characteristics not otherwise accounted for.

<u>Range</u>	<u>Varies by</u>
0.85-1.15	Benefit

4) Divide by the commission and expense loads

The last step is to divide the result of the above by one minus the commission load and the expense load.

$$\text{Gross Premium} = \frac{\text{Adjusted Table Rate (result of above)}}{(1 - \text{commission load\%} - \text{expense load\%})}$$

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit B - Sample Table Rates

Attained Age	Base Accident Benefits - Employee or Spouse					Catastrophic Accident - Employee or Spouse			
	Ultra	High	Medium	Low	Lowest		High	Medium	Low
0-19	120.90	87.80	74.40	61.00	46.10		1.45	1.20	0.95
20-24	118.90	86.00	72.90	59.80	45.20		1.55	1.30	1.05
25-29	115.20	83.40	70.70	58.00	43.80		1.70	1.40	1.10
30-34	105.40	76.30	64.70	53.10	40.10		1.75	1.45	1.15
35-39	95.50	69.10	58.60	48.10	36.30		1.80	1.50	1.20
40-44	91.10	66.00	55.90	45.80	34.70		1.85	1.55	1.25
45-49	88.80	64.30	54.50	44.70	33.80		1.90	1.60	1.30
50-54	88.50	64.10	54.30	44.50	33.70		1.90	1.60	1.30
55-59	92.30	66.80	56.60	46.40	35.10		1.90	1.60	1.30
60-64	100.30	72.60	61.50	50.40	38.10		2.00	1.65	1.30
65-69	111.50	80.70	68.40	56.10	42.40		2.00	1.65	1.30
70+	179.30	129.80	110.00	90.20	68.20		2.70	2.25	1.80
Children	302.03	218.60	185.30	151.90	114.87		3.00	2.50	2.00

Attained Age	AD&D Rider - Employee					AD&D Rider - Spouse				
	Ultra	High	Medium	Low	Lowest	Ultra	High	Medium	Low	Lowest
0-19	21.40	10.75	9.00	7.25	5.40	8.90	4.55	3.80	3.05	2.30
20-24	22.80	11.55	9.60	7.65	5.80	9.40	4.85	4.00	3.25	2.40
25-29	19.95	10.10	8.45	6.80	5.10	8.35	4.30	3.55	2.90	2.20
30-34	17.55	8.90	7.45	6.00	4.50	7.35	3.80	3.15	2.60	1.90
35-39	19.75	10.00	8.35	6.70	5.00	8.25	4.20	3.55	2.90	2.10
40-44	21.65	11.00	9.15	7.30	5.50	8.95	4.60	3.85	3.10	2.30
45-49	22.15	11.20	9.35	7.50	5.60	9.15	4.70	3.95	3.20	2.40
50-54	19.75	10.00	8.35	6.70	5.00	8.25	4.20	3.55	2.90	2.10
55-59	17.65	9.00	7.50	6.00	4.55	7.45	3.90	3.20	2.60	1.95
60-64	19.15	9.70	8.10	6.50	4.85	8.05	4.20	3.50	2.80	2.05
65-69	22.45	11.40	9.50	7.60	5.75	9.35	4.90	4.00	3.20	2.45
70+	66.20	33.35	27.75	22.15	16.65	26.90	13.65	11.35	9.05	6.85
Children	8.40	4.25	3.60	2.85	2.10					

Off Job Accident DI Rider
 12 month Benefit Period*
 Employee

Attained Age	Per \$100 Monthly Benefit
0-19	9.80
20-24	9.88
25-29	10.08
30-34	10.20
35-39	10.28
40-44	10.36
45-49	10.60
50-54	11.24
55-59	12.44
60-64	13.96
65-69	14.72
70+	14.72
Children	NA

*DI Benefit Adjustment

Range
0.70-2.0

Varies by
Benefit Period, Age

Sickness Hospital Confinement Rider
 30 Day Benefit Period**
 Employee or Spouse

Attained Age	Per \$10 Daily Benefit
0-19	1.87
20-24	2.15
25-29	2.49
30-34	2.87
35-39	3.30
40-44	3.80
45-49	4.38
50-54	5.05
55-59	6.07
60-64	7.50
65-69	9.27
70+	15.59
Children	1.72

**Hospital Benefit Adjustment

Range
1.0-1.2

Varies by
Benefit Period, Age

	Wellness Benefit Rider*
Employee	1.50
Spouse	1.50
Children	1.50

*per \$5 of benefit

SERFF Tracking #:

MNNP-128272629

State Tracking #:

Company Tracking #:

RL-ACC2-POL-12 RATES

State: District of Columbia

Filing Company: ReliaStar Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Compass Accident

Project Name/Number: Compass Accident/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
ActuarialMemo_CompassAccident.pdf			

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders

1. SCOPE AND PURPOSE OF FILING

The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purposes.

2. DESCRIPTION OF BENEFITS

The following is intended to be a general description of the benefits provided by this policy. The policy pays an indemnity benefit upon the occurrence of any of the following events. For a detailed description of the benefits, limitations, and exclusions please refer to the policy form.

The Base Certificate will initially be offered at 5 levels of benefits, labeled here as ULTRA, HIGH, MEDIUM, LOW, and LOWEST, as follows:

ACCIDENT HOSPITAL CARE

<u>Surgery - Open Abdominal, Thoracic</u>	<u>ULTRA</u> \$2,500	<u>HIGH</u> \$1,200	<u>MEDIUM</u> \$1,000	<u>LOW</u> \$800	<u>LOWEST</u> \$600
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<u>Surgery - Exploratory or Without Repair</u>	<u>ULTRA</u> \$250	<u>HIGH</u> \$120	<u>MEDIUM</u> \$100	<u>LOW</u> \$80	<u>LOWEST</u> \$60
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<u>Blood, Plasma, Platelets</u>	<u>ULTRA</u> \$400	<u>HIGH</u> \$360	<u>MEDIUM</u> \$300	<u>LOW</u> \$240	<u>LOWEST</u> \$180
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<u>Hospital Admission</u>	<u>ULTRA</u> \$1,400	<u>HIGH</u> \$1,000	<u>MEDIUM</u> \$900	<u>LOW</u> \$800	<u>LOWEST</u> \$600
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<u>Hospital Confinement</u>	<u>ULTRA</u> \$300	<u>HIGH</u> \$250	<u>MEDIUM</u> \$225	<u>LOW</u> \$200	<u>LOWEST</u> \$150
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<u>Critical Care Unit Confinement</u>	<u>ULTRA</u> \$600	<u>HIGH</u> \$500	<u>MEDIUM</u> \$450	<u>LOW</u> \$400	<u>LOWEST</u> \$300
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This benefit is optional at the Employer level.

<u>Rehabilitation Facility Confinement</u>	<u>ULTRA</u> \$175	<u>HIGH</u> \$150	<u>MEDIUM</u> \$125	<u>LOW</u> \$100	<u>LOWEST</u> \$75
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This benefit is optional at the Employer level.

<u>Coma</u>	<u>ULTRA</u> \$7,000	<u>HIGH</u> \$6,000	<u>MEDIUM</u> \$5,000	<u>LOW</u> \$4,000	<u>LOWEST</u> \$3,000
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<u>Transportation</u>	<u>ULTRA</u> \$400	<u>HIGH</u> \$360	<u>MEDIUM</u> \$300	<u>LOW</u> \$240	<u>LOWEST</u> \$180
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<u>Lodging</u>	<u>ULTRA</u> \$150	<u>HIGH</u> \$120	<u>MEDIUM</u> \$100	<u>LOW</u> \$80	<u>LOWEST</u> \$60
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<u>Family Care</u>	<u>ULTRA</u> \$30	<u>HIGH</u> \$25	<u>MEDIUM</u> \$20	<u>LOW</u> \$15	<u>LOWEST</u> \$10
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This benefit is optional at the Employer level.

FOLLOW-UP CARE

<u>Medical Equipment</u>	<u>ULTRA</u> \$250	<u>HIGH</u> \$120	<u>MEDIUM</u> \$100	<u>LOW</u> \$40	<u>LOWEST</u> \$30
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<u>Physical Therapy</u>	<u>ULTRA</u> \$50	<u>HIGH</u> \$30	<u>MEDIUM</u> \$25	<u>LOW</u> \$20	<u>LOWEST</u> \$15
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<u>Prosthetic Device</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
One device:	\$1,200	\$600	\$500	\$400	\$300
Two or more devices:	\$2,400	\$1,200	\$1,000	\$800	\$600

EMERGENCY CARE (optional at the Employer level)

<u>Initial Doctor Visit</u>	<u>ULTRA</u> \$80	<u>HIGH</u> \$60	<u>MEDIUM</u> \$50	<u>LOW</u> \$40	<u>LOWEST</u> \$40
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<u>Emergency Room Treatment</u>	<u>ULTRA</u> \$300	<u>HIGH</u> \$180	<u>MEDIUM</u> \$150	<u>LOW</u> \$120	<u>LOWEST</u> \$120
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<u>Ambulance</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Ground Transport:	\$200	\$120	\$100	\$80	\$80
Air Transport:	\$1,000	\$600	\$500	\$400	\$400

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders

<u>Follow-up Doctor Treatment</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$80	\$60	\$50	\$40	\$40
<u>COMMON INJURIES</u>						
<u>Burns 2nd degree</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$1,250	\$900	\$750	\$600	\$450
	2nd degree burns covering at least 36% of the body.					
<u>Burns 3rd degree, 9-35"</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$2,500	\$1,800	\$1,500	\$1,200	\$900
	3rd degree burns covering at least 9 but less than 35 square inches of the body.					
<u>Burns 3rd degree, 35"+</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$18,000	\$12,000	\$10,000	\$8,000	\$6,000
	3rd degree burns covering 35 or more square inches of the body.					
<u>Skin Grafts</u>	25% of the Burn Benefit					
<u>Emergency Dental Work while Hospital Confined</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Crown:	\$250	\$180	\$150	\$120	\$90
	Extraction:	\$125	\$60	\$50	\$40	\$30
<u>Eye Injury</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Surgery	\$300	\$240	\$200	\$160	\$120
	Removal of Foreign Object	\$75	\$60	\$50	\$40	\$30
<u>Torn Knee Cartilage</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Surgical Repair:	\$750	\$600	\$500	\$400	\$300
	Exploratory Surgery/Cartilage Shaved:	\$150	\$120	\$100	\$80	\$60
<u>Lacerations (total of all lacerations)</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Treated, no sutures:	\$60	\$30	\$25	\$20	\$15
	Sutures up to 2":	\$120	\$60	\$50	\$40	\$30
	Sutures 2" to 6":	\$480	\$240	\$200	\$160	\$120
	Sutures over 6":	\$960	\$480	\$400	\$320	\$240
<u>Ruptured Disk, surgical repair</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$600	\$480	\$400	\$320	\$240
<u>Tendon/Ligament/Rotator Cuff</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Arthroscopic Surgery, No Repair:	\$200	\$120	\$100	\$80	\$60
	1 Surgical Repair:	\$600	\$480	\$400	\$320	\$240
	2 or more Surgical Repairs:	\$900	\$720	\$600	\$480	\$360
<u>Concussion</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
		\$250	\$120	\$100	\$80	\$60
<u>Paralysis</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Quadriplegia:	\$15,000	\$12,000	\$10,000	\$8,000	\$6,000
	Paraplegia:	\$7,500	\$6,000	\$5,000	\$4,000	\$3,000
<u>Dislocations</u>						
<u>Open Reductions</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Hip Joint:	\$5,000	\$4,800	\$4,000	\$3,200	\$2,400
	Knee:	\$3,000	\$2,400	\$2,000	\$1,600	\$1,200
	Ankle or Foot Bones (other than toes):	\$2,400	\$1,920	\$1,600	\$1,280	\$960
	Shoulder:	\$1,000	\$720	\$600	\$480	\$360
	Elbow:	\$1,000	\$720	\$600	\$480	\$360
	Wrist:	\$1,000	\$720	\$600	\$480	\$360
	Toe or Finger:	\$300	\$240	\$200	\$160	\$120
	Hand Bones (other than Fingers):	\$1,000	\$720	\$600	\$480	\$360
	Lower Jaw:	\$1,000	\$720	\$600	\$480	\$360
	Collarbone:	\$1,000	\$720	\$600	\$480	\$360
<u>Closed Reductions</u>		<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
	Hip Joint:	\$2,500	\$2,400	\$2,000	\$1,600	\$1,200
	Knee:	\$1,500	\$1,200	\$1,000	\$800	\$600
	Ankle or Foot Bones (other than toes):	\$1,200	\$960	\$800	\$640	\$480
	Shoulder:	\$500	\$360	\$300	\$240	\$180
	Elbow:	\$500	\$360	\$300	\$240	\$180
	Wrist:	\$500	\$360	\$300	\$240	\$180
	Toe or Finger:	\$150	\$120	\$100	\$80	\$60
	Hand Bones (other than Fingers):	\$500	\$360	\$300	\$240	\$180
	Lower Jaw:	\$500	\$360	\$300	\$240	\$180
	Collarbone:	\$500	\$360	\$300	\$240	\$180
	Partial Dislocations:	-----25% of the Closed Reduction Amount-----				

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
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Group Accident Policy and Riders

Fractures

<u>Open Fractures</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Hip:	\$5,000	\$3,600	\$3,000	\$2,400	\$1,800
Leg:	\$2,500	\$1,920	\$1,600	\$1,280	\$960
Ankle:	\$1,000	\$720	\$600	\$480	\$360
Kneecap:	\$1,000	\$720	\$600	\$480	\$360
Foot (excluding toes/heel):	\$1,000	\$720	\$600	\$480	\$360
Upper Arm:	\$1,100	\$840	\$700	\$560	\$420
Forearm, Hand, Wrist (except fingers):	\$1,000	\$720	\$600	\$480	\$360
Toe or Finger:	\$200	\$120	\$100	\$80	\$60
Vertebral Body:	\$2,400	\$1,920	\$1,600	\$1,280	\$960
Vertebral Processes:	\$1,000	\$720	\$600	\$480	\$360
Pelvis (except coccyx):	\$2,400	\$1,920	\$1,600	\$1,280	\$960
Coccyx:	\$700	\$480	\$400	\$320	\$240
Bones of Face (except nose):	\$1,100	\$840	\$700	\$560	\$420
Nose:	\$300	\$240	\$200	\$160	\$120
Upper Jaw:	\$1,100	\$840	\$700	\$560	\$420
Lower Jaw:	\$1,000	\$720	\$600	\$480	\$360
Collarbone:	\$1,000	\$720	\$600	\$480	\$360
Ribs or rib:	\$900	\$600	\$500	\$400	\$300
Skull - Simple (except face bones):	\$3,000	\$2,400	\$2,000	\$1,600	\$1,200
Skull - Depressed (except face bones):	\$10,000	\$6,000	\$5,000	\$4,000	\$3,000
Sternum:	\$1,000	\$720	\$600	\$480	\$360
Shoulder Blade:	\$1,000	\$720	\$600	\$480	\$360
<u>Closed Fractures</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Hip:	\$2,500	\$1,800	\$1,500	\$1,200	\$900
Leg:	\$1,250	\$960	\$800	\$640	\$480
Ankle:	\$500	\$360	\$300	\$240	\$180
Kneecap:	\$500	\$360	\$300	\$240	\$180
Foot (excluding toes/heel):	\$500	\$360	\$300	\$240	\$180
Upper Arm:	\$550	\$420	\$350	\$280	\$210
Forearm, Hand, Wrist (except fingers):	\$500	\$360	\$300	\$240	\$180
Toe or Finger:	\$100	\$60	\$50	\$40	\$30
Vertebral Body:	\$1,200	\$960	\$800	\$640	\$480
Vertebral Processes:	\$500	\$360	\$300	\$240	\$180
Pelvis (except coccyx):	\$1,200	\$960	\$800	\$640	\$480
Coccyx:	\$350	\$240	\$200	\$160	\$120
Bones of Face (except nose):	\$550	\$420	\$350	\$280	\$210
Nose:	\$150	\$120	\$100	\$80	\$60
Upper Jaw:	\$550	\$420	\$350	\$280	\$210
Lower Jaw:	\$500	\$360	\$300	\$240	\$180
Collarbone:	\$500	\$360	\$300	\$240	\$180
Ribs or rib:	\$450	\$300	\$250	\$200	\$150
Skull - Simple (except face bones):	\$1,500	\$1,200	\$1,000	\$800	\$600
Skull - Depressed (except face bones):	\$5,000	\$3,000	\$2,500	\$2,000	\$1,500
Sternum:	\$500	\$360	\$300	\$240	\$180
Shoulder Blade:	\$500	\$360	\$300	\$240	\$180
Chip Fractures:	-----25% of the Closed Reduction Amount-----				

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

<u>Accidental Death</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Common Carrier:	\$120,000	\$60,000	\$50,000	\$40,000	\$30,000
Other Accident:	\$60,000	\$30,000	\$25,000	\$20,000	\$15,000

The benefit for a covered Spouse is generally 40% of the above and the benefit for a covered Child is generally 20% of the above amounts.

<u>Accidental Dismemberment</u>	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Both hands, both feet, or sight in both eyes:	\$25,000	\$18,000	\$15,000	\$12,000	\$9,000
One hand or one foot, and sight of one eye:	\$25,000	\$18,000	\$15,000	\$12,000	\$9,000
One hand and one foot:	\$25,000	\$18,000	\$15,000	\$12,000	\$9,000
One hand or one foot or the sight of one eye:	\$12,000	\$9,000	\$7,500	\$6,000	\$4,500
Two or more fingers or toes:	\$2,500	\$1,800	\$1,500	\$1,200	\$900
One finger or toe:	\$1,200	\$900	\$750	\$600	\$450

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders

WELLNESS BENEFIT RIDER

Pays a flat indemnity benefit (e.g. \$50 or \$75) if the covered person has a health screening test. Optional at Employer level: a Consecutive Wellness Benefit increasing the benefit (e.g. to \$75 or \$100) if the same covered person has a health screening test two calendar years in a row. The Child amount is 50% of the Employee amount.

CATASTROPHIC ACCIDENT RIDER

	<u>ULTRA</u>	<u>HIGH</u>	<u>MEDIUM</u>	<u>LOW</u>	<u>LOWEST</u>
Catastrophic Accident Benefit	\$200,000	\$120,000	\$100,000	\$80,000	N/A
Home Modification Benefit	\$7,500	\$5,000	\$2,500	\$1,250	N/A
Vehicle Modification Benefit	\$7,500	\$5,000	\$2,500	\$1,250	N/A

SICKNESS HOSPITAL CONFINEMENT RIDER

Per \$10 of daily confinement, benefit period [30-90 days]

OFF JOB ACCIDENT DISABILITY INCOME RIDER

Per \$100 of monthly benefit, benefit period [6-24 months], partial DI paid at 50%

3. RENEWABILITY CLAUSE

This policy is conditionally renewable. Premiums may be changed on the policy anniversary date and any premium due date thereafter, subject to the required prior notification. The policy may be canceled at the discretion of the Company or the Policyholder, subject to prior notification.

4. MARKETING METHOD

This policy will be marketed to employer groups by general agents and brokers.

5. UNDERWRITING

This policy will be underwritten on a guaranteed issue basis subject to minimum participation requirements. Maximum purchase amount will vary by underwriting type.

6. PREMIUM RATES

This product will be available to eligible employees/members, spouses and children on an employer/group sponsor or employee/member paid basis. Premiums may vary either by benefit amount chosen, and age of the employee/member. Rates can be calculated on an issue age, attained age or composite age basis. Composite rates will be determined by either a.) a census of employees/members by age and gender of the employee/member population, or b.) if a census is not available a composite rate will be available based on conservative distribution assumptions. Additional factors may be applied based on group characteristics and plan design.

Table premium rates are developed using claim costs based on Wakely Actuarial Services, Inc. Claim Cost Guidelines. The table premiums will be adjusted to reflect commissions, premium taxes, administrative expenses, and profit and contingency margins. The table premium load will be limited such that the loss ratio is floored at the minimum requirement.

The rating methodology and manual are attached in Exhibit A. The Company may adjust premiums to account for prior experience of a group or other group characteristics. Renewal rates will be based upon the experience of the group (or pooled groups when experience is not credible).

7. MINIMUM LOSS RATIO

The minimum loss ratio for this policy form is 50.0%

8. ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratio for this policy form will vary by group. This lifetime anticipated loss ratio exceeds the minimum state requirements for this type of coverage.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders

9. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully Submitted,



Benjamin M. Cohen, F.S.A., M.A.A.A.
Consulting Actuary
Wakely Actuarial Services, Inc.
May 3, 2012

Attachments:

Exhibit A - Group Ratemaking Methodology
Exhibit B - Sample Table Rates

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit A - Group Ratemaking Methodology

The rating methodology will be to 1) start with a table set of rates for each benefit module and rider being offered to the group, 2) apply factors to adjust for any group specific changes to benefit or product features, 3) apply factors to adjust for any group specific risk characteristics, and 4) divide by the commission and expense loads. The following more completely describes the process:

1) Start with a table set of rates for each benefit module and rider being offered to the group

Table rates (Exhibit B) vary by benefit, insured entity, and attained age as follows:

<u>Benefit</u>	<u>Attained Age Band</u>
Base Accident Benefits	0-19
Accidental Death and Dismemberment Rider	20-24
Wellness Benefit Rider	25-29
Catastrophic Accident Rider	30-34
Off Job Accident Disability Income Rider	35-39
Sickness Hospital Confinement Rider	40-44
	45-49
	50-54
<u>Insured Entity</u>	55-59
Employee/Member	60-64
Spouse	65-69
Children	70+

For groups which will require a single rate for all ages, a census will be applied to produce an aggregate age set of table rates.

2) Apply factors to adjust for any group specific changes to benefit or product features

The following factors will be applied:

Benefit Waiting Period Adjustment only applies to Sickness Hospital Confinement and Wellness
A factor to change or eliminate the waiting period before benefits are payable.
Range 0.90-1.10 Varies by Benefit, Waiting Period

Age Specific Benefit Reduction only applies to Catastrophic Accident
A factor to adjust for the application of a benefit reduction at a specific, older age.
Range 0.80-1.00 Varies by Age, Benefit, Reduction Percent

Underlying Rate Age Structure
A factor to increase rates if issue age rates are desired rather than attained age rates.
Range 1.00-5.00 Varies by Age, Benefit

Benefit or Product Change Factor
A factor to adjust for any additional changes in benefits or product features (as allowed by the policy form language).
Range 0.70-1.50 Varies by Age, Benefit

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit A - Group Ratemaking Methodology

3) Apply factors to adjust for any group specific risk characteristics

The following factors may be applied:

Industry Adjustment

A factor to adjust for the risk associated with specific industries.

<u>Range</u>	<u>Varies by</u>
0.90-1.10	Benefit, Industry

Employer Paid Adjustment

A factor to account for the level of selection/anti-selection resulting from differing levels of employee/group sponsor participation in premiums.

<u>Range</u>	<u>Varies by</u>
0.80-1.40	Benefit, Employer/Group Sponsor Premium Payment Percentage

Group Size/Participation Adjustment

A factor to account for the level of selection/anti-selection expected due to different group sizes and participation.

<u>Range</u>	<u>Varies by</u>
0.60-1.50	Benefit, Group Size, Participation Percent

Tobacco Usage Factor

only applies to Sickness Hospital Confinement Rider

A factor to account for the increased risk of some benefits incurred by tobacco users.

<u>Range</u>	<u>Varies by</u>
0.85-2.00	Benefit, Tobacco Usage

Spousal Adjustment Factor

A factor to adjust for the increased health-related risk exhibited by non-screened spouses.

<u>Range</u>	<u>Varies by</u>
1.00-1.20	Insured Entity, Benefit

Experience Factor

A factor to adjust for the previous experience of the group.

<u>Range</u>	<u>Varies by</u>
0.70-1.30	Group Size, Benefit, Experience

Gender Adjustment Factor

A factor to provide for deviations from the assumed gender mix.

<u>Range</u>	<u>Varies by</u>
1.00-1.50	Benefit, Age

Takeover Factor

A factor to provide for the potential additional risk associated with taking over an already existing group.

<u>Range</u>	<u>Varies by</u>
1.00-1.50	Group Size, Participation Percent

Portability Factor

A factor to allow for portability of benefits.

<u>Range</u>	<u>Varies by</u>
1.00-1.35	Benefit

Rate Guarantee Factor

A factor to provide for guarantee of rate levels

<u>Range</u>	<u>Varies by</u>
0.90-1.20	Number of years guaranteed

Case Underwriting Factor

A discretionary factor to be used by the underwriter to account for risk characteristics not otherwise accounted for.

<u>Range</u>	<u>Varies by</u>
0.85-1.15	Benefit

4) Divide by the commission and expense loads

The last step is to divide the result of the above by one minus the commission load and the expense load.

$$\text{Gross Premium} = \frac{\text{Adjusted Table Rate (result of above)}}{(1 - \text{commission load\%} - \text{expense load\%})}$$

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
ReliaStar Life Insurance Company
Group Accident Policy and Riders
Exhibit B - Sample Table Rates

Attained Age	Base Accident Benefits - Employee or Spouse					Catastrophic Accident - Employee or Spouse			
	Ultra	High	Medium	Low	Lowest		High	Medium	Low
0-19	120.90	87.80	74.40	61.00	46.10		1.45	1.20	0.95
20-24	118.90	86.00	72.90	59.80	45.20		1.55	1.30	1.05
25-29	115.20	83.40	70.70	58.00	43.80		1.70	1.40	1.10
30-34	105.40	76.30	64.70	53.10	40.10		1.75	1.45	1.15
35-39	95.50	69.10	58.60	48.10	36.30		1.80	1.50	1.20
40-44	91.10	66.00	55.90	45.80	34.70		1.85	1.55	1.25
45-49	88.80	64.30	54.50	44.70	33.80		1.90	1.60	1.30
50-54	88.50	64.10	54.30	44.50	33.70		1.90	1.60	1.30
55-59	92.30	66.80	56.60	46.40	35.10		1.90	1.60	1.30
60-64	100.30	72.60	61.50	50.40	38.10		2.00	1.65	1.30
65-69	111.50	80.70	68.40	56.10	42.40		2.00	1.65	1.30
70+	179.30	129.80	110.00	90.20	68.20		2.70	2.25	1.80
Children	302.03	218.60	185.30	151.90	114.87		3.00	2.50	2.00

Attained Age	AD&D Rider - Employee					AD&D Rider - Spouse				
	Ultra	High	Medium	Low	Lowest	Ultra	High	Medium	Low	Lowest
0-19	21.40	10.75	9.00	7.25	5.40	8.90	4.55	3.80	3.05	2.30
20-24	22.80	11.55	9.60	7.65	5.80	9.40	4.85	4.00	3.25	2.40
25-29	19.95	10.10	8.45	6.80	5.10	8.35	4.30	3.55	2.90	2.20
30-34	17.55	8.90	7.45	6.00	4.50	7.35	3.80	3.15	2.60	1.90
35-39	19.75	10.00	8.35	6.70	5.00	8.25	4.20	3.55	2.90	2.10
40-44	21.65	11.00	9.15	7.30	5.50	8.95	4.60	3.85	3.10	2.30
45-49	22.15	11.20	9.35	7.50	5.60	9.15	4.70	3.95	3.20	2.40
50-54	19.75	10.00	8.35	6.70	5.00	8.25	4.20	3.55	2.90	2.10
55-59	17.65	9.00	7.50	6.00	4.55	7.45	3.90	3.20	2.60	1.95
60-64	19.15	9.70	8.10	6.50	4.85	8.05	4.20	3.50	2.80	2.05
65-69	22.45	11.40	9.50	7.60	5.75	9.35	4.90	4.00	3.20	2.45
70+	66.20	33.35	27.75	22.15	16.65	26.90	13.65	11.35	9.05	6.85
Children	8.40	4.25	3.60	2.85	2.10					

Off Job Accident DI Rider
 12 month Benefit Period*
 Employee

Attained Age	Per \$100 Monthly Benefit
0-19	9.80
20-24	9.88
25-29	10.08
30-34	10.20
35-39	10.28
40-44	10.36
45-49	10.60
50-54	11.24
55-59	12.44
60-64	13.96
65-69	14.72
70+	14.72
Children	NA

*DI Benefit Adjustment

Range
0.70-2.0

Varies by
Benefit Period, Age

Sickness Hospital Confinement Rider
 30 Day Benefit Period**
 Employee or Spouse

Attained Age	Per \$10 Daily Benefit
0-19	1.87
20-24	2.15
25-29	2.49
30-34	2.87
35-39	3.30
40-44	3.80
45-49	4.38
50-54	5.05
55-59	6.07
60-64	7.50
65-69	9.27
70+	15.59
Children	1.72

**Hospital Benefit Adjustment

Range
1.0-1.2

Varies by
Benefit Period, Age

	Wellness Benefit Rider*
Employee	1.50
Spouse	1.50
Children	1.50

*per \$5 of benefit