Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Ohio National Life Assurance Corporation	0.000%	%				%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	CAT Rates - A State	FORM 11DCT-1	New		CAT Rates - A State.pdf

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.04	2.53	2.27	2.19
26	3.10	2.58	2.32	2.24
27	3.20	2.66	2.40	2.32
28	3.33	2.77	2.51	2.44
29	3.48	2.90	2.64	2.57
30	3.64	3.03	2.78	2.70
31	3.80	3.16	2.91	2.84
32	3.94	3.28	3.04	2.97
33	4.06	3.39	3.14	3.07
34	4.15	3.46	3.21	3.15
35	4.20	3.50	3.25	3.18
36	4.30	3.59	3.31	3.22
37	4.55	3.80	3.46	3.32
38	4.91	4.10	3.68	3.46
39	5.35	4.46	3.94	3.63
40	5.82	4.85	4.22	3.81
41	6.30	5.25	4.50	4.00
42	6.74	5.62	4.77	4.17
43	7.12	5.94	5.00	4.32
44	7.39	6.17	5.16	4.44
45	7.53	6.28	5.25	4.50
46	7.81	6.52	5.46	4.69
47	8.49	7.08	5.95	5.15
48	9.47	7.89	6.66	5.81
49	10.64	8.86	7.52	6.61
50	11.91	9.92	8.45	7.47
51	13.18	10.98	9.38	8.34
52	14.36	11.96	10.24	9.14
53	15.35	12.79	10.96	9.81
54	16.04	13.36	11.47	10.29
55	16.34	13.62	11.70	10.50
56	16.79	14.10	12.14	10.92
57	17.66	15.05	13.01	11.75
58	18.66	16.15	14.02	12.71
59	19.49	17.06	14.86	13.51
60	19.87	17.47	15.23	13.86

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.43	2.03	1.76	1.64
26	2.50	2.09	1.81	1.68
27	2.63	2.20	1.91	1.76
28	2.81	2.34	2.04	1.86
29	3.02	2.52	2.20	1.99
30	3.24	2.70	2.37	2.12
31	3.46	2.89	2.53	2.25
32	3.67	3.06	2.69	2.36
33	3.84	3.20	2.82	2.46
34	3.96	3.30	2.91	2.54
35	4.02	3.35	2.95	2.57
36	4.12	3.43	3.02	2.63
37	4.36	3.63	3.17	2.76
38	4.70	3.91	3.39	2.96
39	5.11	4.25	3.65	3.20
40	5.55	4.62	3.94	3.45
41	6.00	5.00	4.23	3.71
42	6.41	5.34	4.50	3.95
43	6.76	5.63	4.73	4.15
44	7.01	5.84	4.89	4.30
45	7.13	5.94	4.97	4.37
46	7.33	6.11	5.12	4.50
47	7.81	6.50	5.46	4.80
48	8.49	7.07	5.96	5.24
49	9.31	7.76	6.55	5.76
50	10.21	8.50	7.20	6.33
51	11.10	9.24	7.85	6.90
52	11.92	9.93	8.45	7.43
53	12.61	10.50	8.96	7.87
54	13.10	10.91	9.31	8.18
55	13.31	11.09	9.47	8.32
56	13.65	11.47	9.82	8.63
57	14.31	12.22	10.51	9.27
58	15.08	13.10	11.32	10.00
59	15.71	13.83	12.00	10.62
60	16.01	14.16	12.30	10.89

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.81	2.34	2.13	2.02
26	2.87	2.39	2.18	2.07
27	2.98	2.48	2.26	2.15
28	3.13	2.60	2.37	2.27
29	3.30	2.74	2.50	2.40
30	3.48	2.89	2.64	2.54
31	3.66	3.04	2.78	2.68
32	3.82	3.18	2.90	2.81
33	3.96	3.29	3.00	2.92
34	4.05	3.37	3.08	3.00
35	4.10	3.41	3.11	3.03
36	4.17	3.46	3.15	3.07
37	4.32	3.59	3.24	3.16
38	4.54	3.78	3.37	3.29
39	4.80	4.00	3.52	3.45
40	5.09	4.23	3.69	3.62
41	5.37	4.48	3.86	3.79
42	5.64	4.70	4.02	3.95
43	5.87	4.89	4.15	4.09
44	6.03	5.02	4.25	4.18
45	6.11	5.09	4.30	4.23
46	6.26	5.21	4.40	4.32
47	6.61	5.50	4.63	4.52
48	7.11	5.92	4.97	4.81
49	7.72	6.43	5.37	5.17
50	8.38	6.97	5.81	5.55
51	9.03	7.52	6.25	5.93
52	9.64	8.03	6.66	6.29
53	10.15	8.45	7.00	6.59
54	10.51	8.75	7.24	6.80
55	10.66	8.88	7.35	6.90
56	10.87	9.13	7.58	7.16
57	11.26	9.63	8.04	7.71
58	11.71	10.20	8.57	8.34
59	12.09	10.68	9.02	8.87
60	12.26	10.90	9.22	9.11

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.31	1.93	1.65	1.43
26	2.36	1.97	1.70	1.47
27	2.46	2.06	1.79	1.54
28	2.59	2.16	1.92	1.64
29	2.74	2.29	2.06	1.75
30	2.90	2.42	2.22	1.87
31	3.06	2.55	2.37	1.99
32	3.21	2.68	2.52	2.10
33	3.34	2.78	2.64	2.19
34	3.43	2.85	2.72	2.26
35	3.47	2.89	2.76	2.29
36	3.55	2.96	2.81	2.33
37	3.75	3.12	2.91	2.42
38	4.03	3.36	3.07	2.55
39	4.37	3.64	3.25	2.70
40	4.74	3.95	3.45	2.87
41	5.11	4.26	3.65	3.04
42	5.45	4.54	3.84	3.20
43	5.74	4.78	4.00	3.33
44	5.95	4.95	4.11	3.43
45	6.04	5.03	4.16	3.47
46	6.16	5.13	4.24	3.54
47	6.44	5.36	4.43	3.69
48	6.83	5.69	4.71	3.91
49	7.30	6.08	5.04	4.17
50	7.82	6.51	5.40	4.46
51	8.33	6.94	5.76	4.74
52	8.81	7.33	6.09	5.01
53	9.20	7.66	6.37	5.23
54	9.48	7.90	6.57	5.39
55	9.60	8.00	6.66	5.46
56	9.77	8.22	6.86	5.64
57	10.10	8.66	7.27	6.00
58	10.48	9.16	7.75	6.42
59	10.79	9.59	8.15	6.77
60	10.94	9.78	8.33	6.93

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.61	2.18	2.02	1.91
26	2.66	2.22	2.06	1.95
27	2.76	2.30	2.13	2.02
28	2.88	2.41	2.22	2.11
29	3.03	2.53	2.32	2.22
30	3.18	2.65	2.43	2.34
31	3.33	2.78	2.53	2.45
32	3.47	2.89	2.63	2.55
33	3.59	2.99	2.71	2.64
34	3.67	3.06	2.77	2.70
35	3.71	3.09	2.80	2.73
36	3.77	3.14	2.84	2.77
37	3.93	3.27	2.93	2.86
38	4.14	3.45	3.06	2.99
39	4.41	3.67	3.22	3.15
40	4.69	3.91	3.40	3.33
41	4.98	4.15	3.57	3.50
42	5.24	4.37	3.73	3.66
43	5.46	4.55	3.87	3.80
44	5.62	4.69	3.96	3.89
45	5.70	4.75	4.01	3.94
46	5.83	4.85	4.09	4.02
47	6.12	5.10	4.28	4.20
48	6.54	5.45	4.55	4.46
49	7.05	5.87	4.87	4.77
50	7.60	6.33	5.22	5.11
51	8.15	6.79	5.57	5.45
52	8.66	7.21	5.90	5.77
53	9.08	7.56	6.17	6.03
54	9.37	7.81	6.37	6.22
55	9.50	7.92	6.45	6.30
56	9.59	8.08	6.61	6.45
57	9.72	8.38	6.91	6.76
58	9.86	8.73	7.27	7.12
59	9.98	9.02	7.57	7.42
60	10.05	9.15	7.70	7.55

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.30	1.91	1.60	1.36
26	2.35	1.95	1.65	1.40
27	2.45	2.03	1.74	1.47
28	2.57	2.14	1.87	1.57
29	2.72	2.26	2.02	1.68
30	2.87	2.39	2.18	1.80
31	3.03	2.52	2.33	1.92
32	3.17	2.64	2.48	2.03
33	3.29	2.74	2.60	2.13
34	3.37	2.81	2.68	2.19
35	3.41	2.84	2.72	2.22
36	3.47	2.89	2.76	2.26
37	3.62	3.02	2.84	2.34
38	3.84	3.20	2.97	2.46
39	4.10	3.41	3.11	2.60
40	4.38	3.65	3.27	2.76
41	4.66	3.88	3.43	2.91
42	4.92	4.10	3.58	3.05
43	5.14	4.28	3.70	3.17
44	5.30	4.41	3.79	3.26
45	5.37	4.47	3.83	3.30
46	5.47	4.56	3.90	3.36
47	5.71	4.75	4.06	3.49
48	6.05	5.04	4.29	3.68
49	6.46	5.38	4.56	3.91
50	6.91	5.75	4.86	4.15
51	7.35	6.12	5.16	4.40
52	7.76	6.46	5.43	4.63
53	8.10	6.75	5.66	4.82
54	8.34	6.95	5.83	4.96
55	8.44	7.04	5.90	5.02
56	8.51	7.18	6.04	5.15
57	8.61	7.44	6.32	5.43
58	8.73	7.74	6.64	5.74
59	8.83	8.00	6.91	6.01
60	8.89	8.12	7.04	6.13

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.04	2.53	2.27	2.19
26	3.10	2.58	2.32	2.24
27	3.20	2.66	2.40	2.32
28	3.33	2.77	2.51	2.44
29	3.48	2.90	2.64	2.57
30	3.64	3.03	2.78	2.70
31	3.80	3.16	2.91	2.84
32	3.94	3.28	3.04	2.97
33	4.06	3.39	3.14	3.07
34	4.15	3.46	3.21	3.15
35	4.20	3.50	3.25	3.18
36	4.30	3.59	3.31	3.22
37	4.55	3.80	3.46	3.32
38	4.91	4.10	3.68	3.46
39	5.35	4.46	3.94	3.63
40	5.82	4.85	4.22	3.81
41	6.30	5.25	4.50	4.00
42	6.74	5.62	4.77	4.17
43	7.12	5.94	5.00	4.32
44	7.39	6.17	5.16	4.44
45	7.53	6.28	5.25	4.50
46	7.81	6.52	5.46	4.69
47	8.49	7.08	5.95	5.15
48	9.47	7.89	6.66	5.81
49	10.64	8.86	7.52	6.61
50	11.91	9.92	8.45	7.47
51	13.18	10.98	9.38	8.34
52	14.36	11.96	10.24	9.14
53	15.35	12.79	10.96	9.81
54	16.04	13.36	11.47	10.29
55	16.34	13.62	11.70	10.50
56	16.79	14.10	12.14	10.92
57	17.66	15.05	13.01	11.75
58	18.66	16.15	14.02	12.71
59	19.49	17.06	14.86	13.51
60	19.87	17.47	15.23	13.86

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.43	2.03	1.76	1.64
26	2.50	2.09	1.81	1.68
27	2.63	2.20	1.91	1.76
28	2.81	2.34	2.04	1.86
29	3.02	2.52	2.20	1.99
30	3.24	2.70	2.37	2.12
31	3.46	2.89	2.53	2.25
32	3.67	3.06	2.69	2.36
33	3.84	3.20	2.82	2.46
34	3.96	3.30	2.91	2.54
35	4.02	3.35	2.95	2.57
36	4.12	3.43	3.02	2.63
37	4.36	3.63	3.17	2.76
38	4.70	3.91	3.39	2.96
39	5.11	4.25	3.65	3.20
40	5.55	4.62	3.94	3.45
41	6.00	5.00	4.23	3.71
42	6.41	5.34	4.50	3.95
43	6.76	5.63	4.73	4.15
44	7.01	5.84	4.89	4.30
45	7.13	5.94	4.97	4.37
46	7.33	6.11	5.12	4.50
47	7.81	6.50	5.46	4.80
48	8.49	7.07	5.96	5.24
49	9.31	7.76	6.55	5.76
50	10.21	8.50	7.20	6.33
51	11.10	9.24	7.85	6.90
52	11.92	9.93	8.45	7.43
53	12.61	10.50	8.96	7.87
54	13.10	10.91	9.31	8.18
55	13.31	11.09	9.47	8.32
56	13.65	11.47	9.82	8.63
57	14.31	12.22	10.51	9.27
58	15.08	13.10	11.32	10.00
59	15.71	13.83	12.00	10.62
60	16.01	14.16	12.30	10.89

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.81	2.34	2.13	2.02
26	2.87	2.39	2.18	2.07
27	2.98	2.48	2.26	2.15
28	3.13	2.60	2.37	2.27
29	3.30	2.74	2.50	2.40
30	3.48	2.89	2.64	2.54
31	3.66	3.04	2.78	2.68
32	3.82	3.18	2.90	2.81
33	3.96	3.29	3.00	2.92
34	4.05	3.37	3.08	3.00
35	4.10	3.41	3.11	3.03
36	4.17	3.46	3.15	3.07
37	4.32	3.59	3.24	3.16
38	4.54	3.78	3.37	3.29
39	4.80	4.00	3.52	3.45
40	5.09	4.23	3.69	3.62
41	5.37	4.48	3.86	3.79
42	5.64	4.70	4.02	3.95
43	5.87	4.89	4.15	4.09
44	6.03	5.02	4.25	4.18
45	6.11	5.09	4.30	4.23
46	6.26	5.21	4.40	4.32
47	6.61	5.50	4.63	4.52
48	7.11	5.92	4.97	4.81
49	7.72	6.43	5.37	5.17
50	8.38	6.97	5.81	5.55
51	9.03	7.52	6.25	5.93
52	9.64	8.03	6.66	6.29
53	10.15	8.45	7.00	6.59
54	10.51	8.75	7.24	6.80
55	10.66	8.88	7.35	6.90
56	10.87	9.13	7.58	7.16
57	11.26	9.63	8.04	7.71
58	11.71	10.20	8.57	8.34
59	12.09	10.68	9.02	8.87
60	12.26	10.90	9.22	9.11

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.31	1.93	1.65	1.43
26	2.36	1.97	1.70	1.47
27	2.46	2.06	1.79	1.54
28	2.59	2.16	1.92	1.64
29	2.74	2.29	2.06	1.75
30	2.90	2.42	2.22	1.87
31	3.06	2.55	2.37	1.99
32	3.21	2.68	2.52	2.10
33	3.34	2.78	2.64	2.19
34	3.43	2.85	2.72	2.26
35	3.47	2.89	2.76	2.29
36	3.55	2.96	2.81	2.33
37	3.75	3.12	2.91	2.42
38	4.03	3.36	3.07	2.55
39	4.37	3.64	3.25	2.70
40	4.74	3.95	3.45	2.87
41	5.11	4.26	3.65	3.04
42	5.45	4.54	3.84	3.20
43	5.74	4.78	4.00	3.33
44	5.95	4.95	4.11	3.43
45	6.04	5.03	4.16	3.47
46	6.16	5.13	4.24	3.54
47	6.44	5.36	4.43	3.69
48	6.83	5.69	4.71	3.91
49	7.30	6.08	5.04	4.17
50	7.82	6.51	5.40	4.46
51	8.33	6.94	5.76	4.74
52	8.81	7.33	6.09	5.01
53	9.20	7.66	6.37	5.23
54	9.48	7.90	6.57	5.39
55	9.60	8.00	6.66	5.46
56	9.77	8.22	6.86	5.64
57	10.10	8.66	7.27	6.00
58	10.48	9.16	7.75	6.42
59	10.79	9.59	8.15	6.77
60	10.94	9.78	8.33	6.93

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.61	2.18	2.02	1.91
26	2.66	2.22	2.06	1.95
27	2.76	2.30	2.13	2.02
28	2.88	2.41	2.22	2.11
29	3.03	2.53	2.32	2.22
30	3.18	2.65	2.43	2.34
31	3.33	2.78	2.53	2.45
32	3.47	2.89	2.63	2.55
33	3.59	2.99	2.71	2.64
34	3.67	3.06	2.77	2.70
35	3.71	3.09	2.80	2.73
36	3.77	3.14	2.84	2.77
37	3.93	3.27	2.93	2.86
38	4.14	3.45	3.06	2.99
39	4.41	3.67	3.22	3.15
40	4.69	3.91	3.40	3.33
41	4.98	4.15	3.57	3.50
42	5.24	4.37	3.73	3.66
43	5.46	4.55	3.87	3.80
44	5.62	4.69	3.96	3.89
45	5.70	4.75	4.01	3.94
46	5.83	4.85	4.09	4.02
47	6.12	5.10	4.28	4.20
48	6.54	5.45	4.55	4.46
49	7.05	5.87	4.87	4.77
50	7.60	6.33	5.22	5.11
51	8.15	6.79	5.57	5.45
52	8.66	7.21	5.90	5.77
53	9.08	7.56	6.17	6.03
54	9.37	7.81	6.37	6.22
55	9.50	7.92	6.45	6.30
56	9.59	8.08	6.61	6.45
57	9.72	8.38	6.91	6.76
58	9.86	8.73	7.27	7.12
59	9.98	9.02	7.57	7.42
60	10.05	9.15	7.70	7.55

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.30	1.91	1.60	1.36
26	2.35	1.95	1.65	1.40
27	2.45	2.03	1.74	1.47
28	2.57	2.14	1.87	1.57
29	2.72	2.26	2.02	1.68
30	2.87	2.39	2.18	1.80
31	3.03	2.52	2.33	1.92
32	3.17	2.64	2.48	2.03
33	3.29	2.74	2.60	2.13
34	3.37	2.81	2.68	2.19
35	3.41	2.84	2.72	2.22
36	3.47	2.89	2.76	2.26
37	3.62	3.02	2.84	2.34
38	3.84	3.20	2.97	2.46
39	4.10	3.41	3.11	2.60
40	4.38	3.65	3.27	2.76
41	4.66	3.88	3.43	2.91
42	4.92	4.10	3.58	3.05
43	5.14	4.28	3.70	3.17
44	5.30	4.41	3.79	3.26
45	5.37	4.47	3.83	3.30
46	5.47	4.56	3.90	3.36
47	5.71	4.75	4.06	3.49
48	6.05	5.04	4.29	3.68
49	6.46	5.38	4.56	3.91
50	6.91	5.75	4.86	4.15
51	7.35	6.12	5.16	4.40
52	7.76	6.46	5.43	4.63
53	8.10	6.75	5.66	4.82
54	8.34	6.95	5.83	4.96
55	8.44	7.04	5.90	5.02
56	8.51	7.18	6.04	5.15
57	8.61	7.44	6.32	5.43
58	8.73	7.74	6.64	5.74
59	8.83	8.00	6.91	6.01
60	8.89	8.12	7.04	6.13

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.33	2.78	2.48	2.43
26	3.41	2.85	2.53	2.48
27	3.56	2.97	2.63	2.58
28	3.76	3.14	2.76	2.71
29	3.99	3.33	2.91	2.86
30	4.24	3.53	3.07	3.03
31	4.48	3.74	3.23	3.18
32	4.71	3.92	3.38	3.33
33	4.90	4.08	3.50	3.45
34	5.03	4.20	3.59	3.54
35	5.10	4.25	3.63	3.58
36	5.22	4.35	3.71	3.64
37	5.50	4.59	3.90	3.77
38	5.91	4.93	4.17	3.96
39	6.40	5.33	4.49	4.20
40	6.93	5.78	4.85	4.45
41	7.47	6.23	5.20	4.70
42	7.97	6.64	5.54	4.94
43	8.39	7.00	5.82	5.15
44	8.70	7.25	6.03	5.30
45	8.85	7.38	6.13	5.38
46	9.16	7.64	6.36	5.60
47	9.89	8.24	6.90	6.13
48	10.94	9.12	7.68	6.89
49	12.21	10.17	8.62	7.81
50	13.58	11.31	9.64	8.81
51	14.95	12.45	10.66	9.81
52	16.22	13.51	11.60	10.73
53	17.29	14.40	12.39	11.51
54	18.03	15.02	12.95	12.06
55	18.36	15.30	13.20	12.30
56	18.87	15.84	13.69	12.79
57	19.84	16.90	14.68	13.76
58	20.97	18.13	15.81	14.89
59	21.90	19.16	16.76	15.82
60	22.33	19.62	17.18	16.24

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.91	2.43	2.07	1.91
26	3.00	2.50	2.13	1.96
27	3.17	2.65	2.24	2.05
28	3.40	2.84	2.40	2.17
29	3.67	3.07	2.58	2.32
30	3.97	3.31	2.78	2.47
31	4.26	3.55	2.97	2.62
32	4.52	3.77	3.15	2.76
33	4.75	3.96	3.30	2.88
34	4.91	4.09	3.40	2.96
35	4.98	4.15	3.45	3.00
36	5.09	4.24	3.52	3.06
37	5.34	4.45	3.68	3.19
38	5.69	4.74	3.91	3.38
39	6.12	5.10	4.19	3.61
40	6.59	5.49	4.50	3.86
41	7.06	5.88	4.80	4.11
42	7.50	6.24	5.09	4.34
43	7.86	6.55	5.33	4.54
44	8.13	6.77	5.50	4.69
45	8.26	6.88	5.59	4.76
46	8.50	7.08	5.77	4.92
47	9.09	7.57	6.21	5.30
48	9.92	8.26	6.85	5.84
49	10.92	9.10	7.61	6.50
50	12.01	10.00	8.43	7.21
51	13.10	10.91	9.26	7.92
52	14.11	11.75	10.02	8.58
53	14.95	12.45	10.67	9.13
54	15.54	12.95	11.12	9.53
55	15.80	13.17	11.32	9.70
56	16.21	13.62	11.74	10.07
57	16.99	14.52	12.57	10.81
58	17.90	15.56	13.53	11.67
59	18.65	16.43	14.34	12.38
60	19.00	16.81	14.70	12.70

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.21	2.68	2.41	2.36
26	3.28	2.74	2.46	2.41
27	3.42	2.85	2.55	2.49
28	3.60	3.00	2.66	2.60
29	3.81	3.18	2.80	2.72
30	4.03	3.36	2.94	2.86
31	4.25	3.54	3.08	2.99
32	4.45	3.71	3.21	3.11
33	4.62	3.85	3.32	3.21
34	4.74	3.95	3.39	3.28
35	4.80	4.00	3.43	3.31
36	4.89	4.07	3.48	3.36
37	5.09	4.24	3.60	3.46
38	5.38	4.48	3.77	3.62
39	5.72	4.77	3.98	3.81
40	6.10	5.08	4.20	4.01
41	6.48	5.40	4.42	4.21
42	6.83	5.69	4.63	4.40
43	7.13	5.94	4.81	4.56
44	7.34	6.12	4.94	4.67
45	7.44	6.20	5.00	4.73
46	7.61	6.34	5.12	4.83
47	8.00	6.66	5.40	5.07
48	8.56	7.13	5.81	5.40
49	9.23	7.69	6.30	5.81
50	9.96	8.29	6.84	6.25
51	10.69	8.90	7.37	6.69
52	11.36	9.46	7.86	7.10
53	11.92	9.93	8.28	7.45
54	12.32	10.26	8.57	7.69
55	12.49	10.41	8.70	7.80
56	12.73	10.70	8.97	8.06
57	13.19	11.28	9.51	8.59
58	13.72	11.96	10.14	9.21
59	14.16	12.52	10.67	9.72
60	14.37	12.77	10.91	9.95

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.58	2.15	1.93	1.65
26	2.65	2.21	1.98	1.70
27	2.79	2.33	2.09	1.78
28	2.98	2.48	2.22	1.90
29	3.20	2.66	2.38	2.03
30	3.43	2.86	2.56	2.17
31	3.66	3.05	2.73	2.32
32	3.88	3.23	2.88	2.45
33	4.05	3.38	3.02	2.56
34	4.18	3.48	3.11	2.64
35	4.24	3.53	3.15	2.67
36	4.32	3.60	3.20	2.71
37	4.51	3.76	3.31	2.80
38	4.78	3.98	3.48	2.93
39	5.10	4.25	3.67	3.09
40	5.46	4.55	3.89	3.26
41	5.81	4.84	4.10	3.43
42	6.14	5.11	4.30	3.59
43	6.42	5.35	4.47	3.72
44	6.62	5.51	4.59	3.82
45	6.71	5.59	4.65	3.87
46	6.87	5.72	4.76	3.97
47	7.24	6.03	5.03	4.19
48	7.77	6.47	5.42	4.52
49	8.41	7.00	5.89	4.91
50	9.10	7.58	6.39	5.34
51	9.80	8.16	6.90	5.77
52	10.44	8.69	7.37	6.17
53	10.97	9.14	7.76	6.50
54	11.35	9.45	8.04	6.74
55	11.51	9.59	8.16	6.84
56	11.72	9.85	8.41	7.06
57	12.11	10.38	8.92	7.52
58	12.56	10.99	9.50	8.04
59	12.94	11.50	9.99	8.48
60	13.12	11.73	10.21	8.68

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.87	2.39	2.18	2.13
26	2.94	2.45	2.22	2.17
27	3.07	2.56	2.30	2.25
28	3.25	2.70	2.39	2.34
29	3.45	2.87	2.51	2.45
30	3.67	3.05	2.62	2.57
31	3.88	3.23	2.74	2.68
32	4.08	3.40	2.85	2.79
33	4.25	3.54	2.94	2.88
34	4.37	3.64	3.00	2.94
35	4.42	3.68	3.03	2.97
36	4.49	3.74	3.07	3.01
37	4.66	3.88	3.17	3.10
38	4.90	4.08	3.32	3.23
39	5.19	4.33	3.49	3.38
40	5.51	4.59	3.68	3.55
41	5.82	4.86	3.87	3.72
42	6.12	5.10	4.04	3.88
43	6.37	5.31	4.19	4.01
44	6.55	5.46	4.30	4.11
45	6.63	5.53	4.35	4.16
46	6.78	5.65	4.45	4.26
47	7.13	5.94	4.69	4.49
48	7.63	6.36	5.04	4.83
49	8.24	6.86	5.46	5.23
50	8.89	7.41	5.92	5.67
51	9.55	7.95	6.37	6.11
52	10.15	8.46	6.79	6.51
53	10.66	8.88	7.14	6.85
54	11.01	9.17	7.39	7.09
55	11.16	9.30	7.50	7.20
56	11.26	9.49	7.68	7.40
57	11.42	9.84	8.04	7.80
58	11.58	10.25	8.45	8.25
59	11.73	10.59	8.80	8.64
60	11.81	10.75	8.96	8.81

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.56	2.13	1.85	1.59
26	2.63	2.19	1.90	1.63
27	2.75	2.29	2.00	1.72
28	2.92	2.43	2.13	1.83
29	3.11	2.59	2.28	1.96
30	3.32	2.77	2.44	2.11
31	3.53	2.94	2.60	2.25
32	3.72	3.10	2.75	2.37
33	3.88	3.23	2.87	2.48
34	3.99	3.33	2.96	2.56
35	4.04	3.37	3.00	2.59
36	4.11	3.43	3.04	2.62
37	4.28	3.57	3.14	2.70
38	4.52	3.77	3.28	2.82
39	4.81	4.01	3.45	2.95
40	5.13	4.28	3.63	3.10
41	5.44	4.54	3.81	3.24
42	5.74	4.78	3.98	3.38
43	5.98	4.99	4.12	3.50
44	6.16	5.13	4.22	3.58
45	6.24	5.20	4.27	3.62
46	6.36	5.30	4.35	3.69
47	6.64	5.53	4.55	3.87
48	7.04	5.86	4.83	4.12
49	7.52	6.26	5.17	4.42
50	8.04	6.69	5.54	4.75
51	8.56	7.12	5.91	5.08
52	9.03	7.52	6.25	5.39
53	9.43	7.85	6.54	5.64
54	9.71	8.09	6.74	5.82
55	9.83	8.19	6.83	5.90
56	9.91	8.35	6.99	6.06
57	10.03	8.66	7.32	6.38
58	10.17	9.01	7.69	6.75
59	10.28	9.30	8.00	7.06
60	10.35	9.44	8.15	7.20

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CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.33	2.78	2.48	2.43
26	3.41	2.85	2.53	2.48
27	3.56	2.97	2.63	2.58
28	3.76	3.14	2.76	2.71
29	3.99	3.33	2.91	2.86
30	4.24	3.53	3.07	3.03
31	4.48	3.74	3.23	3.18
32	4.71	3.92	3.38	3.33
33	4.90	4.08	3.50	3.45
34	5.03	4.20	3.59	3.54
35	5.10	4.25	3.63	3.58
36	5.22	4.35	3.71	3.64
37	5.50	4.59	3.90	3.77
38	5.91	4.93	4.17	3.96
39	6.40	5.33	4.49	4.20
40	6.93	5.78	4.85	4.45
41	7.47	6.23	5.20	4.70
42	7.97	6.64	5.54	4.94
43	8.39	7.00	5.82	5.15
44	8.70	7.25	6.03	5.30
45	8.85	7.38	6.13	5.38
46	9.16	7.64	6.36	5.60
47	9.89	8.24	6.90	6.13
48	10.94	9.12	7.68	6.89
49	12.21	10.17	8.62	7.81
50	13.58	11.31	9.64	8.81
51	14.95	12.45	10.66	9.81
52	16.22	13.51	11.60	10.73
53	17.29	14.40	12.39	11.51
54	18.03	15.02	12.95	12.06
55	18.36	15.30	13.20	12.30
56	18.87	15.84	13.69	12.79
57	19.84	16.90	14.68	13.76
58	20.97	18.13	15.81	14.89
59	21.90	19.16	16.76	15.82
60	22.33	19.62	17.18	16.24

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.91	2.43	2.07	1.91
26	3.00	2.50	2.13	1.96
27	3.17	2.65	2.24	2.05
28	3.40	2.84	2.40	2.17
29	3.67	3.07	2.58	2.32
30	3.97	3.31	2.78	2.47
31	4.26	3.55	2.97	2.62
32	4.52	3.77	3.15	2.76
33	4.75	3.96	3.30	2.88
34	4.91	4.09	3.40	2.96
35	4.98	4.15	3.45	3.00
36	5.09	4.24	3.52	3.06
37	5.34	4.45	3.68	3.19
38	5.69	4.74	3.91	3.38
39	6.12	5.10	4.19	3.61
40	6.59	5.49	4.50	3.86
41	7.06	5.88	4.80	4.11
42	7.50	6.24	5.09	4.34
43	7.86	6.55	5.33	4.54
44	8.13	6.77	5.50	4.69
45	8.26	6.88	5.59	4.76
46	8.50	7.08	5.77	4.92
47	9.09	7.57	6.21	5.30
48	9.92	8.26	6.85	5.84
49	10.92	9.10	7.61	6.50
50	12.01	10.00	8.43	7.21
51	13.10	10.91	9.26	7.92
52	14.11	11.75	10.02	8.58
53	14.95	12.45	10.67	9.13
54	15.54	12.95	11.12	9.53
55	15.80	13.17	11.32	9.70
56	16.21	13.62	11.74	10.07
57	16.99	14.52	12.57	10.81
58	17.90	15.56	13.53	11.67
59	18.65	16.43	14.34	12.38
60	19.00	16.81	14.70	12.70

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CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.21	2.68	2.41	2.36
26	3.28	2.74	2.46	2.41
27	3.42	2.85	2.55	2.49
28	3.60	3.00	2.66	2.60
29	3.81	3.18	2.80	2.72
30	4.03	3.36	2.94	2.86
31	4.25	3.54	3.08	2.99
32	4.45	3.71	3.21	3.11
33	4.62	3.85	3.32	3.21
34	4.74	3.95	3.39	3.28
35	4.80	4.00	3.43	3.31
36	4.89	4.07	3.48	3.36
37	5.09	4.24	3.60	3.46
38	5.38	4.48	3.77	3.62
39	5.72	4.77	3.98	3.81
40	6.10	5.08	4.20	4.01
41	6.48	5.40	4.42	4.21
42	6.83	5.69	4.63	4.40
43	7.13	5.94	4.81	4.56
44	7.34	6.12	4.94	4.67
45	7.44	6.20	5.00	4.73
46	7.61	6.34	5.12	4.83
47	8.00	6.66	5.40	5.07
48	8.56	7.13	5.81	5.40
49	9.23	7.69	6.30	5.81
50	9.96	8.29	6.84	6.25
51	10.69	8.90	7.37	6.69
52	11.36	9.46	7.86	7.10
53	11.92	9.93	8.28	7.45
54	12.32	10.26	8.57	7.69
55	12.49	10.41	8.70	7.80
56	12.73	10.70	8.97	8.06
57	13.19	11.28	9.51	8.59
58	13.72	11.96	10.14	9.21
59	14.16	12.52	10.67	9.72
60	14.37	12.77	10.91	9.95

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.58	2.15	1.93	1.65
26	2.65	2.21	1.98	1.70
27	2.79	2.33	2.09	1.78
28	2.98	2.48	2.22	1.90
29	3.20	2.66	2.38	2.03
30	3.43	2.86	2.56	2.17
31	3.66	3.05	2.73	2.32
32	3.88	3.23	2.88	2.45
33	4.05	3.38	3.02	2.56
34	4.18	3.48	3.11	2.64
35	4.24	3.53	3.15	2.67
36	4.32	3.60	3.20	2.71
37	4.51	3.76	3.31	2.80
38	4.78	3.98	3.48	2.93
39	5.10	4.25	3.67	3.09
40	5.46	4.55	3.89	3.26
41	5.81	4.84	4.10	3.43
42	6.14	5.11	4.30	3.59
43	6.42	5.35	4.47	3.72
44	6.62	5.51	4.59	3.82
45	6.71	5.59	4.65	3.87
46	6.87	5.72	4.76	3.97
47	7.24	6.03	5.03	4.19
48	7.77	6.47	5.42	4.52
49	8.41	7.00	5.89	4.91
50	9.10	7.58	6.39	5.34
51	9.80	8.16	6.90	5.77
52	10.44	8.69	7.37	6.17
53	10.97	9.14	7.76	6.50
54	11.35	9.45	8.04	6.74
55	11.51	9.59	8.16	6.84
56	11.72	9.85	8.41	7.06
57	12.11	10.38	8.92	7.52
58	12.56	10.99	9.50	8.04
59	12.94	11.50	9.99	8.48
60	13.12	11.73	10.21	8.68

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.87	2.39	2.18	2.13
26	2.94	2.45	2.22	2.17
27	3.07	2.56	2.30	2.25
28	3.25	2.70	2.39	2.34
29	3.45	2.87	2.51	2.45
30	3.67	3.05	2.62	2.57
31	3.88	3.23	2.74	2.68
32	4.08	3.40	2.85	2.79
33	4.25	3.54	2.94	2.88
34	4.37	3.64	3.00	2.94
35	4.42	3.68	3.03	2.97
36	4.49	3.74	3.07	3.01
37	4.66	3.88	3.17	3.10
38	4.90	4.08	3.32	3.23
39	5.19	4.33	3.49	3.38
40	5.51	4.59	3.68	3.55
41	5.82	4.86	3.87	3.72
42	6.12	5.10	4.04	3.88
43	6.37	5.31	4.19	4.01
44	6.55	5.46	4.30	4.11
45	6.63	5.53	4.35	4.16
46	6.78	5.65	4.45	4.26
47	7.13	5.94	4.69	4.49
48	7.63	6.36	5.04	4.83
49	8.24	6.86	5.46	5.23
50	8.89	7.41	5.92	5.67
51	9.55	7.95	6.37	6.11
52	10.15	8.46	6.79	6.51
53	10.66	8.88	7.14	6.85
54	11.01	9.17	7.39	7.09
55	11.16	9.30	7.50	7.20
56	11.26	9.49	7.68	7.40
57	11.42	9.84	8.04	7.80
58	11.58	10.25	8.45	8.25
59	11.73	10.59	8.80	8.64
60	11.81	10.75	8.96	8.81

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.56	2.13	1.85	1.59
26	2.63	2.19	1.90	1.63
27	2.75	2.29	2.00	1.72
28	2.92	2.43	2.13	1.83
29	3.11	2.59	2.28	1.96
30	3.32	2.77	2.44	2.11
31	3.53	2.94	2.60	2.25
32	3.72	3.10	2.75	2.37
33	3.88	3.23	2.87	2.48
34	3.99	3.33	2.96	2.56
35	4.04	3.37	3.00	2.59
36	4.11	3.43	3.04	2.62
37	4.28	3.57	3.14	2.70
38	4.52	3.77	3.28	2.82
39	4.81	4.01	3.45	2.95
40	5.13	4.28	3.63	3.10
41	5.44	4.54	3.81	3.24
42	5.74	4.78	3.98	3.38
43	5.98	4.99	4.12	3.50
44	6.16	5.13	4.22	3.58
45	6.24	5.20	4.27	3.62
46	6.36	5.30	4.35	3.69
47	6.64	5.53	4.55	3.87
48	7.04	5.86	4.83	4.12
49	7.52	6.26	5.17	4.42
50	8.04	6.69	5.54	4.75
51	8.56	7.12	5.91	5.08
52	9.03	7.52	6.25	5.39
53	9.43	7.85	6.54	5.64
54	9.71	8.09	6.74	5.82
55	9.83	8.19	6.83	5.90
56	9.91	8.35	6.99	6.06
57	10.03	8.66	7.32	6.38
58	10.17	9.01	7.69	6.75
59	10.28	9.30	8.00	7.06
60	10.35	9.44	8.15	7.20

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.48	4.56	3.92	3.65
26	5.61	4.67	4.00	3.73
27	5.84	4.86	4.13	3.88
28	6.14	5.11	4.31	4.09
29	6.50	5.41	4.51	4.32
30	6.88	5.73	4.73	4.57
31	7.26	6.04	4.95	4.81
32	7.60	6.33	5.14	5.04
33	7.89	6.57	5.31	5.23
34	8.10	6.75	5.43	5.36
35	8.20	6.83	5.49	5.42
36	8.36	6.97	5.61	5.50
37	8.75	7.29	5.91	5.69
38	9.30	7.75	6.33	5.96
39	9.96	8.30	6.83	6.28
40	10.68	8.90	7.38	6.63
41	11.40	9.50	7.94	6.99
42	12.08	10.07	8.46	7.33
43	12.65	10.54	8.89	7.61
44	13.07	10.89	9.21	7.83
45	13.27	11.06	9.36	7.94
46	13.67	11.40	9.65	8.25
47	14.64	12.20	10.32	9.00
48	16.02	13.34	11.30	10.08
49	17.68	14.73	12.47	11.37
50	19.48	16.23	13.75	12.79
51	21.29	17.73	15.02	14.20
52	22.97	19.13	16.21	15.52
53	24.37	20.30	17.21	16.62
54	25.37	21.14	17.92	17.40
55	25.82	21.52	18.24	17.76
56	26.91	22.58	19.18	18.73
57	29.13	24.79	21.13	20.73
58	31.71	27.36	23.40	23.06
59	33.87	29.50	25.29	25.01
60	34.82	30.43	26.11	25.85

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.64	3.86	3.34	2.82
26	4.75	3.96	3.42	2.89
27	4.97	4.13	3.56	3.03
28	5.25	4.37	3.76	3.22
29	5.58	4.64	3.98	3.44
30	5.93	4.94	4.22	3.67
31	6.28	5.23	4.46	3.90
32	6.60	5.50	4.67	4.11
33	6.87	5.72	4.86	4.29
34	7.06	5.88	4.99	4.41
35	7.15	5.96	5.05	4.47
36	7.30	6.08	5.16	4.55
37	7.64	6.37	5.40	4.75
38	8.14	6.79	5.76	5.03
39	8.74	7.29	6.18	5.37
40	9.39	7.83	6.65	5.74
41	10.05	8.37	7.12	6.12
42	10.66	8.88	7.55	6.46
43	11.17	9.31	7.92	6.76
44	11.54	9.62	8.19	6.97
45	11.72	9.77	8.32	7.08
46	12.05	10.04	8.58	7.31
47	12.83	10.69	9.20	7.85
48	13.94	11.62	10.09	8.62
49	15.28	12.73	11.17	9.56
50	16.74	13.94	12.33	10.58
51	18.20	15.16	13.51	11.60
52	19.56	16.29	14.59	12.55
53	20.69	17.24	15.50	13.34
54	21.50	17.91	16.15	13.91
55	21.86	18.22	16.45	14.17
56	22.75	19.12	17.30	14.92
57	24.56	20.99	19.06	16.48
58	26.67	23.16	21.12	18.30
59	28.43	24.97	22.83	19.82
60	29.21	25.77	23.58	20.48

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.27	4.39	3.85	3.51
26	5.38	4.48	3.92	3.59
27	5.58	4.65	4.05	3.73
28	5.84	4.87	4.21	3.93
29	6.14	5.12	4.39	4.15
30	6.46	5.39	4.59	4.39
31	6.78	5.65	4.79	4.62
32	7.07	5.89	4.96	4.84
33	7.32	6.10	5.11	5.02
34	7.49	6.24	5.22	5.14
35	7.57	6.31	5.27	5.20
36	7.69	6.41	5.36	5.27
37	7.97	6.64	5.56	5.42
38	8.37	6.98	5.84	5.65
39	8.85	7.38	6.19	5.91
40	9.37	7.81	6.57	6.20
41	9.90	8.25	6.95	6.49
42	10.38	8.66	7.30	6.76
43	10.80	9.00	7.59	6.99
44	11.09	9.24	7.81	7.15
45	11.23	9.36	7.91	7.23
46	11.46	9.56	8.09	7.35
47	12.02	10.02	8.51	7.63
48	12.81	10.67	9.12	8.03
49	13.77	11.47	9.85	8.51
50	14.80	12.33	10.65	9.03
51	15.84	13.19	11.44	9.55
52	16.80	13.99	12.18	10.04
53	17.61	14.67	12.80	10.45
54	18.18	15.14	13.24	10.74
55	18.43	15.36	13.44	10.88
56	18.97	15.94	13.98	11.35
57	20.05	17.14	15.11	12.34
58	21.31	18.53	16.42	13.49
59	22.36	19.70	17.52	14.45
60	22.83	20.21	18.00	14.88

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.44	3.70	3.06	2.74
26	4.55	3.79	3.13	2.80
27	4.74	3.95	3.25	2.90
28	5.01	4.17	3.42	3.04
29	5.31	4.43	3.61	3.19
30	5.64	4.70	3.81	3.36
31	5.96	4.97	4.01	3.53
32	6.26	5.22	4.19	3.68
33	6.50	5.43	4.35	3.81
34	6.68	5.57	4.46	3.90
35	6.76	5.64	4.51	3.94
36	6.87	5.74	4.59	4.01
37	7.14	5.96	4.79	4.16
38	7.52	6.27	5.07	4.39
39	7.98	6.65	5.41	4.65
40	8.47	7.06	5.78	4.95
41	8.97	7.48	6.15	5.24
42	9.43	7.86	6.49	5.51
43	9.82	8.18	6.78	5.74
44	10.09	8.41	6.98	5.90
45	10.22	8.52	7.08	5.98
46	10.41	8.68	7.23	6.10
47	10.85	9.04	7.59	6.38
48	11.49	9.57	8.10	6.79
49	12.25	10.20	8.72	7.28
50	13.08	10.89	9.39	7.81
51	13.90	11.58	10.06	8.34
52	14.67	12.22	10.68	8.83
53	15.31	12.75	11.20	9.25
54	15.77	13.13	11.57	9.54
55	15.97	13.31	11.74	9.68
56	16.42	13.82	12.23	10.10
57	17.32	14.87	13.24	10.99
58	18.37	16.10	14.41	12.03
59	19.25	17.13	15.39	12.89
60	19.64	17.58	15.83	13.27

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.59	3.83	3.28	2.92
26	4.71	3.93	3.35	2.99
27	4.92	4.11	3.48	3.13
28	5.21	4.35	3.66	3.31
29	5.55	4.62	3.86	3.53
30	5.90	4.92	4.08	3.75
31	6.26	5.22	4.29	3.98
32	6.59	5.49	4.49	4.19
33	6.86	5.72	4.65	4.36
34	7.05	5.88	4.77	4.48
35	7.14	5.95	4.82	4.54
36	7.26	6.05	4.90	4.62
37	7.54	6.28	5.10	4.79
38	7.93	6.61	5.38	5.04
39	8.40	7.00	5.72	5.34
40	8.92	7.43	6.08	5.67
41	9.43	7.86	6.45	5.99
42	9.91	8.25	6.79	6.29
43	10.31	8.59	7.08	6.55
44	10.59	8.82	7.28	6.72
45	10.72	8.93	7.37	6.80
46	10.88	9.07	7.49	6.87
47	11.26	9.38	7.77	7.04
48	11.80	9.82	8.16	7.27
49	12.44	10.36	8.63	7.55
50	13.14	10.94	9.15	7.86
51	13.84	11.52	9.66	8.16
52	14.48	12.05	10.13	8.44
53	15.02	12.50	10.53	8.68
54	15.39	12.82	10.81	8.85
55	15.55	12.96	10.94	8.93
56	15.69	13.24	11.22	9.19
57	15.92	13.79	11.79	9.74
58	16.19	14.42	12.46	10.38
59	16.42	14.96	13.01	10.93
60	16.54	15.21	13.27	11.17

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.07	3.40	2.91	2.46
26	4.18	3.49	2.98	2.52
27	4.37	3.65	3.10	2.63
28	4.64	3.87	3.26	2.77
29	4.95	4.13	3.45	2.94
30	5.27	4.40	3.65	3.12
31	5.60	4.68	3.85	3.30
32	5.90	4.93	4.04	3.46
33	6.15	5.14	4.19	3.60
34	6.33	5.28	4.30	3.70
35	6.41	5.35	4.35	3.74
36	6.51	5.44	4.42	3.80
37	6.75	5.63	4.59	3.94
38	7.09	5.92	4.83	4.13
39	7.50	6.26	5.12	4.36
40	7.95	6.63	5.44	4.62
41	8.39	7.00	5.75	4.87
42	8.81	7.34	6.04	5.11
43	9.16	7.63	6.29	5.31
44	9.40	7.83	6.47	5.45
45	9.52	7.93	6.55	5.52
46	9.70	8.08	6.68	5.63
47	10.11	8.42	7.00	5.88
48	10.69	8.90	7.45	6.25
49	11.40	9.49	8.00	6.68
50	12.16	10.12	8.59	7.16
51	12.93	10.76	9.18	7.64
52	13.63	11.35	9.72	8.08
53	14.22	11.84	10.18	8.45
54	14.63	12.19	10.51	8.71
55	14.81	12.34	10.65	8.83
56	14.96	12.63	10.96	9.12
57	15.22	13.22	11.58	9.73
58	15.51	13.89	12.30	10.43
59	15.76	14.46	12.90	11.02
60	15.89	14.72	13.18	11.28

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CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.48	4.56	3.92	3.65
26	5.61	4.67	4.00	3.73
27	5.84	4.86	4.13	3.88
28	6.14	5.11	4.31	4.09
29	6.50	5.41	4.51	4.32
30	6.88	5.73	4.73	4.57
31	7.26	6.04	4.95	4.81
32	7.60	6.33	5.14	5.04
33	7.89	6.57	5.31	5.23
34	8.10	6.75	5.43	5.36
35	8.20	6.83	5.49	5.42
36	8.36	6.97	5.61	5.50
37	8.75	7.29	5.91	5.69
38	9.30	7.75	6.33	5.96
39	9.96	8.30	6.83	6.28
40	10.68	8.90	7.38	6.63
41	11.40	9.50	7.94	6.99
42	12.08	10.07	8.46	7.33
43	12.65	10.54	8.89	7.61
44	13.07	10.89	9.21	7.83
45	13.27	11.06	9.36	7.94
46	13.67	11.40	9.65	8.25
47	14.64	12.20	10.32	9.00
48	16.02	13.34	11.30	10.08
49	17.68	14.73	12.47	11.37
50	19.48	16.23	13.75	12.79
51	21.29	17.73	15.02	14.20
52	22.97	19.13	16.21	15.52
53	24.37	20.30	17.21	16.62
54	25.37	21.14	17.92	17.40
55	25.82	21.52	18.24	17.76
56	26.91	22.58	19.18	18.73
57	29.13	24.79	21.13	20.73
58	31.71	27.36	23.40	23.06
59	33.87	29.50	25.29	25.01
60	34.82	30.43	26.11	25.85

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.64	3.86	3.34	2.82
26	4.75	3.96	3.42	2.89
27	4.97	4.13	3.56	3.03
28	5.25	4.37	3.76	3.22
29	5.58	4.64	3.98	3.44
30	5.93	4.94	4.22	3.67
31	6.28	5.23	4.46	3.90
32	6.60	5.50	4.67	4.11
33	6.87	5.72	4.86	4.29
34	7.06	5.88	4.99	4.41
35	7.15	5.96	5.05	4.47
36	7.30	6.08	5.16	4.55
37	7.64	6.37	5.40	4.75
38	8.14	6.79	5.76	5.03
39	8.74	7.29	6.18	5.37
40	9.39	7.83	6.65	5.74
41	10.05	8.37	7.12	6.12
42	10.66	8.88	7.55	6.46
43	11.17	9.31	7.92	6.76
44	11.54	9.62	8.19	6.97
45	11.72	9.77	8.32	7.08
46	12.05	10.04	8.58	7.31
47	12.83	10.69	9.20	7.85
48	13.94	11.62	10.09	8.62
49	15.28	12.73	11.17	9.56
50	16.74	13.94	12.33	10.58
51	18.20	15.16	13.51	11.60
52	19.56	16.29	14.59	12.55
53	20.69	17.24	15.50	13.34
54	21.50	17.91	16.15	13.91
55	21.86	18.22	16.45	14.17
56	22.75	19.12	17.30	14.92
57	24.56	20.99	19.06	16.48
58	26.67	23.16	21.12	18.30
59	28.43	24.97	22.83	19.82
60	29.21	25.77	23.58	20.48

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.27	4.39	3.85	3.51
26	5.38	4.48	3.92	3.59
27	5.58	4.65	4.05	3.73
28	5.84	4.87	4.21	3.93
29	6.14	5.12	4.39	4.15
30	6.46	5.39	4.59	4.39
31	6.78	5.65	4.79	4.62
32	7.07	5.89	4.96	4.84
33	7.32	6.10	5.11	5.02
34	7.49	6.24	5.22	5.14
35	7.57	6.31	5.27	5.20
36	7.69	6.41	5.36	5.27
37	7.97	6.64	5.56	5.42
38	8.37	6.98	5.84	5.65
39	8.85	7.38	6.19	5.91
40	9.37	7.81	6.57	6.20
41	9.90	8.25	6.95	6.49
42	10.38	8.66	7.30	6.76
43	10.80	9.00	7.59	6.99
44	11.09	9.24	7.81	7.15
45	11.23	9.36	7.91	7.23
46	11.46	9.56	8.09	7.35
47	12.02	10.02	8.51	7.63
48	12.81	10.67	9.12	8.03
49	13.77	11.47	9.85	8.51
50	14.80	12.33	10.65	9.03
51	15.84	13.19	11.44	9.55
52	16.80	13.99	12.18	10.04
53	17.61	14.67	12.80	10.45
54	18.18	15.14	13.24	10.74
55	18.43	15.36	13.44	10.88
56	18.97	15.94	13.98	11.35
57	20.05	17.14	15.11	12.34
58	21.31	18.53	16.42	13.49
59	22.36	19.70	17.52	14.45
60	22.83	20.21	18.00	14.88

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.44	3.70	3.06	2.74
26	4.55	3.79	3.13	2.80
27	4.74	3.95	3.25	2.90
28	5.01	4.17	3.42	3.04
29	5.31	4.43	3.61	3.19
30	5.64	4.70	3.81	3.36
31	5.96	4.97	4.01	3.53
32	6.26	5.22	4.19	3.68
33	6.50	5.43	4.35	3.81
34	6.68	5.57	4.46	3.90
35	6.76	5.64	4.51	3.94
36	6.87	5.74	4.59	4.01
37	7.14	5.96	4.79	4.16
38	7.52	6.27	5.07	4.39
39	7.98	6.65	5.41	4.65
40	8.47	7.06	5.78	4.95
41	8.97	7.48	6.15	5.24
42	9.43	7.86	6.49	5.51
43	9.82	8.18	6.78	5.74
44	10.09	8.41	6.98	5.90
45	10.22	8.52	7.08	5.98
46	10.41	8.68	7.23	6.10
47	10.85	9.04	7.59	6.38
48	11.49	9.57	8.10	6.79
49	12.25	10.20	8.72	7.28
50	13.08	10.89	9.39	7.81
51	13.90	11.58	10.06	8.34
52	14.67	12.22	10.68	8.83
53	15.31	12.75	11.20	9.25
54	15.77	13.13	11.57	9.54
55	15.97	13.31	11.74	9.68
56	16.42	13.82	12.23	10.10
57	17.32	14.87	13.24	10.99
58	18.37	16.10	14.41	12.03
59	19.25	17.13	15.39	12.89
60	19.64	17.58	15.83	13.27

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.59	3.83	3.28	2.92
26	4.71	3.93	3.35	2.99
27	4.92	4.11	3.48	3.13
28	5.21	4.35	3.66	3.31
29	5.55	4.62	3.86	3.53
30	5.90	4.92	4.08	3.75
31	6.26	5.22	4.29	3.98
32	6.59	5.49	4.49	4.19
33	6.86	5.72	4.65	4.36
34	7.05	5.88	4.77	4.48
35	7.14	5.95	4.82	4.54
36	7.26	6.05	4.90	4.62
37	7.54	6.28	5.10	4.79
38	7.93	6.61	5.38	5.04
39	8.40	7.00	5.72	5.34
40	8.92	7.43	6.08	5.67
41	9.43	7.86	6.45	5.99
42	9.91	8.25	6.79	6.29
43	10.31	8.59	7.08	6.55
44	10.59	8.82	7.28	6.72
45	10.72	8.93	7.37	6.80
46	10.88	9.07	7.49	6.87
47	11.26	9.38	7.77	7.04
48	11.80	9.82	8.16	7.27
49	12.44	10.36	8.63	7.55
50	13.14	10.94	9.15	7.86
51	13.84	11.52	9.66	8.16
52	14.48	12.05	10.13	8.44
53	15.02	12.50	10.53	8.68
54	15.39	12.82	10.81	8.85
55	15.55	12.96	10.94	8.93
56	15.69	13.24	11.22	9.19
57	15.92	13.79	11.79	9.74
58	16.19	14.42	12.46	10.38
59	16.42	14.96	13.01	10.93
60	16.54	15.21	13.27	11.17

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.07	3.40	2.91	2.46
26	4.18	3.49	2.98	2.52
27	4.37	3.65	3.10	2.63
28	4.64	3.87	3.26	2.77
29	4.95	4.13	3.45	2.94
30	5.27	4.40	3.65	3.12
31	5.60	4.68	3.85	3.30
32	5.90	4.93	4.04	3.46
33	6.15	5.14	4.19	3.60
34	6.33	5.28	4.30	3.70
35	6.41	5.35	4.35	3.74
36	6.51	5.44	4.42	3.80
37	6.75	5.63	4.59	3.94
38	7.09	5.92	4.83	4.13
39	7.50	6.26	5.12	4.36
40	7.95	6.63	5.44	4.62
41	8.39	7.00	5.75	4.87
42	8.81	7.34	6.04	5.11
43	9.16	7.63	6.29	5.31
44	9.40	7.83	6.47	5.45
45	9.52	7.93	6.55	5.52
46	9.70	8.08	6.68	5.63
47	10.11	8.42	7.00	5.88
48	10.69	8.90	7.45	6.25
49	11.40	9.49	8.00	6.68
50	12.16	10.12	8.59	7.16
51	12.93	10.76	9.18	7.64
52	13.63	11.35	9.72	8.08
53	14.22	11.84	10.18	8.45
54	14.63	12.19	10.51	8.71
55	14.81	12.34	10.65	8.83
56	14.96	12.63	10.96	9.12
57	15.22	13.22	11.58	9.73
58	15.51	13.89	12.30	10.43
59	15.76	14.46	12.90	11.02
60	15.89	14.72	13.18	11.28

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	7.59	6.32	5.59	5.44
26	7.78	6.47	5.69	5.54
27	8.11	6.76	5.87	5.71
28	8.57	7.14	6.10	5.92
29	9.10	7.58	6.36	6.17
30	9.66	8.05	6.64	6.43
31	10.22	8.52	6.92	6.69
32	10.74	8.95	7.18	6.93
33	11.17	9.31	7.40	7.13
34	11.49	9.57	7.56	7.28
35	11.64	9.70	7.64	7.35
36	11.93	9.94	7.85	7.49
37	12.61	10.51	8.35	7.82
38	13.59	11.33	9.07	8.30
39	14.78	12.31	9.93	8.87
40	16.06	13.39	10.88	9.49
41	17.36	14.46	11.83	10.12
42	18.56	15.46	12.71	10.71
43	19.57	16.31	13.46	11.21
44	20.30	16.91	14.00	11.58
45	20.64	17.20	14.26	11.76
46	21.22	17.68	14.73	12.17
47	22.57	18.81	15.85	13.14
48	24.52	20.43	17.46	14.53
49	26.86	22.38	19.39	16.21
50	29.41	24.49	21.49	18.04
51	31.96	26.61	23.60	19.87
52	34.32	28.58	25.56	21.57
53	36.30	30.24	27.20	23.00
54	37.71	31.42	28.37	24.01
55	38.35	31.96	28.90	24.48
56	40.03	33.59	30.42	25.83
57	43.51	36.99	33.58	28.63
58	47.54	40.94	37.25	31.90
59	50.91	44.25	40.31	34.62
60	52.39	45.68	41.64	35.80

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.14	5.11	4.39	3.93
26	6.29	5.24	4.49	4.01
27	6.57	5.47	4.67	4.15
28	6.94	5.78	4.91	4.34
29	7.37	6.13	5.19	4.56
30	7.83	6.52	5.49	4.79
31	8.28	6.90	5.79	5.02
32	8.70	7.25	6.06	5.23
33	9.06	7.55	6.29	5.40
34	9.31	7.76	6.46	5.53
35	9.43	7.86	6.54	5.59
36	9.64	8.04	6.69	5.69
37	10.15	8.46	7.05	5.94
38	10.87	9.06	7.57	6.29
39	11.74	9.79	8.18	6.71
40	12.69	10.58	8.86	7.17
41	13.64	11.37	9.54	7.64
42	14.52	12.10	10.16	8.07
43	15.26	12.72	10.69	8.44
44	15.79	13.16	11.07	8.71
45	16.04	13.37	11.25	8.84
46	16.42	13.69	11.53	9.12
47	17.32	14.44	12.19	9.80
48	18.61	15.51	13.13	10.77
49	20.16	16.79	14.26	11.95
50	21.84	18.19	15.49	13.22
51	23.53	19.59	16.72	14.50
52	25.09	20.90	17.87	15.68
53	26.41	21.99	18.83	16.68
54	27.34	22.77	19.52	17.39
55	27.77	23.14	19.84	17.72
56	29.01	24.36	20.92	18.71
57	31.58	26.94	23.18	20.77
58	34.57	29.94	25.82	23.17
59	37.07	32.44	28.03	25.17
60	38.17	33.53	28.99	26.04

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	7.32	6.10	5.53	5.29
26	7.49	6.24	5.63	5.38
27	7.80	6.50	5.80	5.52
28	8.21	6.84	6.03	5.71
29	8.68	7.23	6.28	5.92
30	9.19	7.65	6.56	6.15
31	9.69	8.07	6.82	6.37
32	10.15	8.45	7.07	6.57
33	10.54	8.77	7.28	6.74
34	10.81	9.00	7.43	6.85
35	10.94	9.11	7.50	6.91
36	11.14	9.27	7.64	6.99
37	11.59	9.66	7.98	7.18
38	12.25	10.20	8.46	7.45
39	13.04	10.86	9.05	7.78
40	13.89	11.57	9.68	8.13
41	14.75	12.29	10.31	8.49
42	15.55	12.96	10.90	8.82
43	16.22	13.52	11.40	9.11
44	16.70	13.92	11.75	9.31
45	16.93	14.11	11.91	9.41
46	17.30	14.42	12.13	9.61
47	18.18	15.15	12.66	10.09
48	19.44	16.20	13.40	10.77
49	20.96	17.46	14.30	11.59
50	22.61	18.82	15.27	12.49
51	24.25	20.20	16.25	13.38
52	25.78	21.47	17.15	14.21
53	27.06	22.53	17.91	14.91
54	27.96	23.29	18.45	15.41
55	28.36	23.63	18.70	15.64
56	29.20	24.52	19.44	16.31
57	30.90	26.35	20.97	17.70
58	32.86	28.47	22.76	19.33
59	34.50	30.25	24.26	20.68
60	35.24	31.03	24.92	21.28

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.10	5.08	4.31	3.70
26	6.23	5.19	4.40	3.77
27	6.46	5.38	4.56	3.90
28	6.77	5.64	4.77	4.08
29	7.13	5.94	5.01	4.27
30	7.51	6.25	5.26	4.48
31	7.88	6.56	5.51	4.69
32	8.22	6.85	5.74	4.88
33	8.51	7.09	5.94	5.04
34	8.72	7.26	6.08	5.15
35	8.81	7.34	6.14	5.20
36	8.95	7.45	6.24	5.28
37	9.26	7.72	6.46	5.45
38	9.72	8.10	6.79	5.70
39	10.26	8.55	7.18	6.00
40	10.86	9.05	7.60	6.33
41	11.45	9.55	8.02	6.66
42	12.01	10.01	8.42	6.97
43	12.48	10.40	8.75	7.23
44	12.82	10.68	8.99	7.41
45	12.98	10.82	9.10	7.50
46	13.28	11.07	9.29	7.66
47	14.00	11.67	9.73	8.02
48	15.03	12.52	10.36	8.55
49	16.27	13.55	11.12	9.19
50	17.61	14.67	11.94	9.88
51	18.96	15.79	12.77	10.57
52	20.20	16.83	13.54	11.22
53	21.24	17.70	14.18	11.76
54	21.98	18.32	14.64	12.14
55	22.31	18.60	14.85	12.32
56	22.99	19.33	15.47	12.86
57	24.36	20.84	16.75	13.98
58	25.95	22.60	18.25	15.30
59	27.27	24.07	19.50	16.39
60	27.87	24.72	20.05	16.87

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.54	5.45	4.79	4.26
26	6.71	5.59	4.91	4.35
27	7.02	5.85	5.12	4.52
28	7.43	6.20	5.41	4.73
29	7.92	6.60	5.75	4.98
30	8.44	7.04	6.11	5.25
31	8.95	7.46	6.46	5.51
32	9.43	7.86	6.79	5.76
33	9.82	8.19	7.06	5.96
34	10.10	8.42	7.26	6.10
35	10.23	8.53	7.35	6.17
36	10.40	8.68	7.49	6.27
37	10.81	9.01	7.80	6.50
38	11.39	9.50	8.26	6.83
39	12.09	10.08	8.80	7.23
40	12.84	10.71	9.39	7.66
41	13.60	11.34	9.98	8.09
42	14.30	11.93	10.53	8.50
43	14.90	12.42	10.99	8.83
44	15.32	12.77	11.32	9.08
45	15.52	12.94	11.47	9.19
46	15.84	13.21	11.67	9.37
47	16.60	13.84	12.12	9.79
48	17.69	14.74	12.77	10.39
49	19.00	15.82	13.55	11.11
50	20.41	17.00	14.39	11.89
51	21.83	18.17	15.24	12.67
52	23.13	19.26	16.02	13.39
53	24.22	20.17	16.67	14.00
54	24.98	20.80	17.14	14.43
55	25.30	21.08	17.34	14.62
56	25.52	21.47	17.73	15.02
57	25.84	22.22	18.51	15.82
58	26.20	23.08	19.41	16.75
59	26.51	23.80	20.17	17.54
60	26.68	24.14	20.52	17.89

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.91	4.93	4.16	3.47
26	6.03	5.03	4.24	3.54
27	6.24	5.20	4.38	3.66
28	6.51	5.43	4.56	3.82
29	6.83	5.69	4.77	4.01
30	7.17	5.97	4.99	4.21
31	7.50	6.25	5.21	4.40
32	7.80	6.50	5.41	4.58
33	8.06	6.71	5.58	4.73
34	8.24	6.86	5.69	4.83
35	8.32	6.93	5.75	4.88
36	8.44	7.03	5.84	4.95
37	8.72	7.26	6.04	5.11
38	9.12	7.60	6.33	5.33
39	9.61	8.00	6.67	5.61
40	10.13	8.44	7.05	5.90
41	10.66	8.88	7.43	6.20
42	11.15	9.29	7.78	6.48
43	11.56	9.63	8.08	6.71
44	11.86	9.88	8.29	6.88
45	12.00	10.00	8.39	6.96
46	12.25	10.21	8.56	7.10
47	12.85	10.71	8.95	7.44
48	13.71	11.42	9.52	7.92
49	14.74	12.27	10.20	8.51
50	15.85	13.20	10.94	9.14
51	16.97	14.12	11.68	9.77
52	18.00	14.98	12.37	10.36
53	18.86	15.70	12.94	10.85
54	19.46	16.20	13.34	11.20
55	19.71	16.42	13.52	11.35
56	19.89	16.75	13.85	11.68
57	20.16	17.37	14.51	12.34
58	20.47	18.09	15.27	13.10
59	20.73	18.69	15.91	13.74
60	20.87	18.97	16.20	14.03

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Actuarial Justification

Comments:

Attachments:

CAT Rider ACT MEMO.pdf

Exhibit 1 - CAT Rider.pdf

OHIO NATIONAL LIFE ASSURANCE CORPORATION

Actuarial Memorandum
Description of the basis for premiums to be used with
Rider Form 11DCT-1

I. SCOPE AND PURPOSE

This Actuarial Memorandum is a filing of new rider form 11DCT-1 and its associated rates.

II. RIDER INFORMATION

A. Description of Benefits

Rider Form 11DCT-1 is a catastrophic disability rider that provides disability benefits subject to the insured's inability to perform activities of daily living as described in the rider. Such benefits are paid for a period not to exceed the maximum benefit period when the disability meets the definition of catastrophic disability as defined in the rider.

This is an optional rider that can be attached to the base policy at the time the base policy is issued.

B. Renewability

The rider is subject to the renewability provison of the base policy which is Noncancellable and Guaranteed Renewable to the expiration date stated in the policy. (The expiration date varies depending on the benefit period.)

C. Applicability

The rider is to be used for new issues only. This is not a filing for a rate revision. Therefore, no information regarding rate increases/decreases, forms subject to rate actions, rate adjustment histories, number of policyholders affected by a rate revision, past experience, or the proposed effective date of a rate revision is included in this Actuarial Memorandum.

D. Marketing

The rider is to be marketed through career agents, general agents and personal producing general agents.

E. Other Features

1. Issue Ages:
The rider is available at issue ages 18 to 60. Rates are available on an issue age basis.

2. Premium Classes:
Occupation classes 5M, 4M and 3M contain medical occupations. Occupation classes 5A, 4A, 3A and 2A contain primarily non-medical professions.

3. Underwriting:
The rider will be underwritten along with the base policy. The impact of underwriting on the policy and rider as a whole on the morbidity assumption is described in section III.A.1. below.

III. DETERMINATION OF RATES

A. Morbidity (including underwriting impact/trend assumptions):

Tabular expected claim costs are based on incidence rates derived by our consultants and based on industry experience for Long Term Care business. Adjustments were made to reflect loss ratio requirements and to be consistent with the pricing of the base policy.

Additional factors are applied to the incidence rates to reflect the use/nonuse of tobacco, claim cost differences by policy year (essentially the impact of underwriting), and waiver of premium. The factors that vary by duration that reflect underwriting and insurance trend assumptions are as follows:

Duration	Factor
1	0.80
2	1.00
3	1.30
4-5	1.20
6-10	1.10
11 & later	1.00

The base incidence rates and pricing model were supplied by Mr. Bob Beal and Mr. Dan Skwire, consultants with Milliman, Inc. Mr. Beal also assisted in the determination of some of the adjustments that were applied to the base incidence rates.

B. Persistency & Mortality:

Expected persistency rates vary by occupation class as follows:

Duration	5A,5M 4A,4M	3A,3M	2A
1	.94	.89	.87
2	.93	.90	.88
3	.93	.91	.89
4	.93	.92	.90
5	.94	.93	.91
6	.94	.93	.92
7 & later	.94	.93	.93

The impact of mortality is built into the persistency rates shown above.

C. Expenses:

Expenses are reflected in three different types of loading factors.

1. Per Unit Expenses: These expenses are covered by the base policy.

2. Per Rider Expenses: First year per rider expenses are assumed to be $35. Renewal per rider expenses are assumed to be $7.

3. Percent of Premium Expenses: Percent of premium expenses reflect commissions, including such items as production amounts and agent retention, and premium tax. Percent of premium expenses used are shown in the following chart. Premium tax is an additional 1.65% in all years.

Duration	Rate	Duration	Rate
1	79.60%	11	3.28%
2	16.35%	12	3.06%
3	16.20%	13	2.85%
4	16.06%	14	2.67%
5	15.94%	15	2.51%
6	15.83%	16	2.36%
7	15.73%	17	2.22%
8	15.64%	18	2.10%
9	15.56%	19	2.00%
10	15.49%	20 & later	1.90%

4. A charge equal to 10% of the first year commission rate is used to cover various items such as convention qualification, agent recruiting, agent benefits and FICA.

5. Claim Administration Expenses: Claim administration expenses are assumed to be 2% of claim costs.

6. Inflation is assumed to be 3% annually.

D. Interest:
Interest rates are assumed to be a level 5%.

E. Target Surplus (Contingency Margin / Risk Margin):
Surplus was targeted so as to achieve a 250% RBC Ratio. This target was achieved using the following factors, which were adjusted from the standard factors to fit the pricing model.

1. 0.51% of the total net reserves, plus
2. 5.73% of net earned premium, plus
3. 0.89% of the net claim reserves, plus
4. 0.50% of the direct earned premium.

F. Area Factors:
There are no area factors used in the determination of these rates.

G. Gross Premium Calculation:
1. Gross premium per unit rates are first calculated for the male nonsmoker and female nonsmoker classes.

2. Gross premium per unit rates for the male smoker and female smoker classes are determined by multiplying the male nonsmoker and female nonsmoker gross premium per unit rates by the factor shown on the rate schedule cover page.

3. Gross premium unisex per unit rates are calculated using an 80% male / 20% female blend for all occupation classes.

4. The initial gross premium for the step-rate premium option is determined by multiplying the issue age level premium by 87%. The ultimate gross premium is determined by multiplying the attained age level premium by 95%. The base renewal commission rate in the sixth year is 20% instead of 10% to effectively pay first year commission on the increase in premium.

H. Modal Premium and Discount Factors:

1. Modal Premium Factors

If premiums are paid other than annually, modal premium factors are used which reflect interest and persistency differences.

a) Semi-annual - .5125 times the annual rate.
b) Quarterly - .2625 times the annual rate.
c) Monthly bank draft - .0865 times the annual rate.
d) Monthly - .0900 times the annual rate.

2. Discount Factors

Two list bill discounts are available. One discount is equal to 10% and is available when there are 3 to 6 insureds that are combined on the same list bill. The other discount is equal to 15% and is available when there are more than 6 insureds that are combined on the same list bill.

An multi-life discount equal to 15% may be allowed if applicable rules are met for qualifying as an association. If this discount is applied, the base first year commission rate is reduced from 50% to 40% and the base renewal year commission rate for years 2 – 10 is reduced from 10% to 8%.

An employee discount equal to 20% is available to all applicable employees and their family members.

IV. RESERVES

A. Additional Reserves

Additional reserves will be based on the 85CIDA table. The applicable interest rate is determined by the year the policy/rider is issued and is currently 4%. Reserves will be calculated using the 2-year preliminary term method.

B. Claim Reserves & Liability

Claim reserves will be determined using the 85CIDC table. The applicable interest rate is determined by the year the claim is incurred and is currently 4%. (Factors will be applied to the reserve determined using the 85CIDC table to reflect lower than expected termination rates than are assumed in the 85CIDC table. These factors will result in a strengthening of the reserve otherwise calculated.)

Claim liabilities are determined by calculating the difference between the valuation date and the last benefit payment date and applying that difference to the monthly benefit amount.

V. AVERAGE PREMIUM AND LOSS RATIOS

A. Average Premium and Average Size

The estimated average premium per rider is a function of the benefit amount and is expected to be between $150 and $250. The estimated average monthly benefit per rider is expected to be between $1,500 and $6,000.

B. Loss Ratios

The minimum loss ratio for the rider by itself and in conjunction with the base policy is 50%. The anticipated lifetime loss ratio for this product is at least 50%. This is calculated as the ratio of the present value of expected benefits plus increase in claim reserves to the present value of expected premiums. The interest rate used is 5%.

VI. Distribution of Business

Assumptions regarding the distribution of business are as follows:

By Occupation Class
5M – 18%; 4M – 22%; 3M – 9%; 5A – 21%; 4A – 21%; 3A – 6%; 2A – 3%

By Elimination Period
60 Day – 10%; 90 Day – 80%; 180 Day – 8%; 365 Day – 2%

By Benefit period
To Age 65 – 70%; To Age 67 – 10%; To Age 70 – 15%; 5 Year – 3%; 2 Year – 2%

VII. Future Experience

An estimate of future experience is contained in Exhibit 1 (pdf titled "Exhibit 1 – CAT Rider.pdf").

VIII. ACTUARIAL CERTIFICATION

To the best of my knowledge and judgment, the rate filing for the above cited form is in compliance with applicable laws and regulations of this state and the applicable Actuarial Standards of Practice and the benefits are reasonable in relation to premiums.

It is hereby certified that this Actuarial Memorandum and its certification is recognized as a prescribed statement of actuarial opinion.

I certify that I am a member of the Society of Actuaries and a Member of the Academy of Actuaries and that I am qualified in the area of disability income insurance.

Kevin E. Hoch

Kevin E. Hoch, MAAA, ASA
IHI Product Development Coordinator

8-22-2011
Date Signed

EXHIBIT 1
EXPERIENCE SPREADSHEET FORMAT
All Occupation Classes
To Age 65, Male/Female, 90 Day EP, Ages 35 and 45

Calendar Year	PV Earned Premium	PV Paid Claims	PV Change in Claim Liability & Reserve	PV Incurred Claims	Annual Loss Ratio	Accum Loss Ratio
2011	11,315	137	3,096	3,233	28.57%	28.57%
2012	9,708	564	3,312	3,876	39.92%	33.82%
2013	8,356	978	3,808	4,786	57.27%	40.49%
2014	7,243	1,370	2,926	4,297	59.32%	44.21%
2015	6,320	1,643	2,502	4,145	65.59%	47.36%
2016	5,576	1,854	1,871	3,725	66.81%	49.59%
2017	4,942	2,005	1,589	3,594	72.72%	51.73%
2018	4,400	2,137	1,323	3,459	78.63%	53.78%
2019	3,917	2,250	1,062	3,312	84.56%	55.73%
2020	3,488	2,346	802	3,148	90.27%	57.57%
2021	3,105	2,417	339	2,757	88.77%	58.99%
2022	2,765	2,455	128	2,583	93.39%	60.33%
2023	2,463	2,489	-93	2,397	97.31%	61.57%
2024	2,194	2,519	-322	2,197	100.15%	62.68%
2025	1,954	2,542	-566	1,976	101.15%	63.65%
2026	1,741	2,558	-888	1,670	95.92%	64.36%
2027	1,551	2,555	-1,096	1,459	94.08%	64.92%
2028	1,382	2,541	-1,304	1,237	89.51%	65.34%
2029	1,231	2,517	-1,420	1,096	89.04%	65.69%
2030	1,098	2,484	-1,497	987	89.93%	66.00%

While this worksheet only includes two ages, a to age 65 benefit period, and a 90 day elimination period, this block of business is a fair representation of estimated future experience.