

**State:** District of Columbia **Filing Company:** Colonial Life & Accident Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Group Accident 1.0  
**Project Name/Number:** Group Accident 1.0/Group Accident 1.0

## Filing at a Glance

Company: Colonial Life & Accident Insurance Company  
 Product Name: Group Accident 1.0  
 State: District of Columbia  
 TOI: H02G Group Health - Accident Only  
 Sub-TOI: H02G.000 Health - Accident Only  
 Filing Type: Rate  
 Date Submitted: 09/18/2012  
 SERFF Tr Num: UNUM-128600342  
 SERFF Status: Assigned  
 State Tr Num:  
 State Status:  
 Co Tr Num: GACC1.0-RATES  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Cathy Brooks, Angela Parker, Lauren Sease, Annette Smith, Tyra Marshall, Jessica Reece, Pam Childers, Amy Rish  
 Reviewer(s): Darniece Shirley (primary), Carolyn King  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
 State Filing Description:

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## General Information

Project Name: Group Accident 1.0	Status of Filing in Domicile: Pending
Project Number: Group Accident 1.0	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: Small and Large
Group Market Type: Employer, Association	Overall Rate Impact:
Filing Status Changed: 09/21/2012	
State Status Changed:	Deemer Date:
Created By: Jessica Reece	Submitted By: Angela Parker
Corresponding Filing Tracking Number: UNUM-128598950	
Forms	

### Filing Description:

The forms will be offered and marketed as supplemental insurance and not as a substitute for hospital or medical expense insurance or major medical insurance. Benefits provided are not intended to cover all medical expenses. There is no coordination of benefits. Please note all benefits are indemnity based. The level of benefits is not based on the amount of expenses incurred.

The group policy provides benefits for accidents and is designed to be sold as either off job or on job/off job coverage for the named insured. Benefits are also available for spouse and dependent children.

Coverage will be marketed in employer/employee and association or union groups by licensed Colonial Life & Accident Insurance Company agents and through relationships with insurance brokers.

## Company and Contact

### Filing Contact Information

Jessica Reece, Contract Consultant	jebblack@coloniallife.com
1200 Colonial Life Boulevard	800-845-7330 [Phone] 86286 [Ext]
Columbia, SC 29202	

### Filing Company Information

Colonial Life & Accident Insurance Company	CoCode: 62049	State of Domicile: South Carolina
1200 Colonial Life Boulevard	Group Code: 565	Company Type:
Post Office Box 1365	Group Name:	State ID Number:
Columbia, SC 29202	FEIN Number: 57-0144607	
(803) 798-7000 ext. [Phone]		

## Filing Fees

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

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Company	Amount	Date Processed	Transaction #
Colonial Life & Accident Insurance Company	\$0.00		

SERFF Tracking #:

UNUM-128600342

State Tracking #:

Company Tracking #:

GACC1.0-RATES

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
Actuarial Memorandum GACC1.0-DC.pdf			
Actuarial Memorandum GACC1.0-DC Appendix 1 (Rates).pdf			

**COLONIAL LIFE & ACCIDENT**  
**INSURANCE COMPANY**

**ACTUARIAL MEMORANDUM**

for

**Policy Form GACC1.0-P-DC, R-GACC1.0-HS-DC, R-GACC1.0-SHC-DC**

**Scope & Purpose**

To the extent that any material or information contained in this Actuarial Memorandum is required by law or regulation in this state to accompany this filing, then the purpose of this memorandum is to comply with those requirements. Any material contained in this memorandum that is not required by law or regulation is included for the purpose of supplying the regulator with information relevant to this filing. This Actuarial Memorandum is not intended to be used for any purpose other than described above.

**Marketing Method**

This policy will be marketed primarily at the worksite.

**Underwriting**

All coverage will be issued on a guaranteed issue basis.

**Benefit Description**

This policy provides benefits for accident emergency and follow-up treatment, accidental death and dismemberment, catastrophic accident, fractures and dislocations, hospital admission and confinement, surgery, health screening, and other specific loss benefits. Coverage is available as on/off job coverage or off-job only coverage.

Detailed descriptions of the benefits are contained in the certificate form.

**Renewability Clause**

The group policy is optionally renewable.

### **Gross Premium**

Sample monthly gross premiums are shown in Appendix 1. Based on the assumed distribution of sales, the average annual premium is \$330.86. Premiums may be adjusted based on experience.

In group business it is often necessary to provide for special features with respect to benefits offered in any given policy or set of policies. Whenever a particular group requires special features, the initial premium rates to be charged will be computed on an actuarially consistent basis used for determining the premium rates then on file.

### **Anticipated Loss Ratio**

The anticipated loss ratio for this form exceeds 45%.

### **Actuarial Certification**

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state, and the premiums are reasonable in relation to the benefits provided. I hereby certify in my opinion that the rates submitted with this filing are not excessive, inadequate or unfairly discriminatory.



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Daniel E. Paffumi, FSA, MAAA  
Associate Actuary

August 21, 2012

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
**Policy Form GACC1.0-P-DC, R-GACC1.0-HS-DC, R-GACC1.0-SHC-DC**  
**Sample Monthly Rates**

**Sample Monthly Rates**

Coverage is Available as On/Off Job or Off-Job Only

<b>Base Plan Sample Monthly Rates</b>	<b>Named Insured</b>	<b>Named Insured and Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
<b>On/Off Job Coverage</b>	\$3.14	\$5.10	\$5.77	\$7.73
<b>Off Job Only Coverage</b>	\$2.39	\$3.85	\$4.61	\$6.07

<b>Base Plan Benefits</b>	<b>Benefit Amounts</b>
Accident Emergency Treatment	\$25
Accident Follow-Up Doctor Visit (2 visits per covered accident)	\$25
Accidental Death	
Named Insured and Spouse	\$5,000
Dependent Child(ren)	\$1,000
Accidental Death - Common Carrier	
Named Insured and Spouse	\$20,000
Dependent Child(ren)	\$4,000
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	Schedule A (1 unit)
Air Ambulance	\$100
Ambulance	\$50
Appliance	\$25
Blood/Plasma/Platelets	\$50
Burn	
2nd degree; at least 36% of body	\$250
3rd degree; at least 9, but less than 18 square inches	\$500
3rd degree; at least 18, but less than 35 square inches	\$1,000
3rd degree; at least 35 square inches	\$3,000
Burn - Skin Graft	25% of Burn benefit
Catastrophic Accident	
Named Insured and Spouse	\$5,000
Dependent Child(ren)	\$2,500
Coma	\$2,500
Concussion	\$25
Dislocation (Separated Joint)	Schedule B (1 unit)
Emergency Dental Work	
Dental Crown, Denture, or Implant	\$75
Dental Extraction	\$25
Eye Injury	\$50
Fracture (Broken Bone)	Schedule C (1 unit)
Hospital Admission	\$250
Hospital Confinement (Per Day)	\$25
Hospital Intensive Care Unit Admission	\$250
Hospital Intensive Care Unit Confinement (Per Day)	\$50
Knee Cartilage - Torn	\$250
Laceration	
Less than 2 inches long and repaired by stitches	\$75
At least 2 inches long but less than 6 inches long and repaired by stitches	\$300
At least 6 inches long and repaired by stitches	\$600
Laceration with no repair	\$25
Lodging (Per Night)	\$50
Medical Imaging Study	\$50
Occupational or Physical Therapy (Per Day)	\$5
Pain Management	\$50
Prosthetic Device / Artificial Limb	
One	\$250
More than one	\$500
Rehabilitation Unit Confinement (Per Day)	\$25
Ruptured Disc with Surgical Repair	\$100
Surgery - Cranial, Open Abdominal and Thoracic / Hernia	
Cranial, Open Abdominal and Thoracic surgery	\$500
Hernia with surgical repair	\$50
Surgery - Exploratory and Arthroscopic	\$25
Tendon / Ligament / Rotator Cuff	
One with surgical repair	\$100
Two or more with surgical repair	\$150
Transportation (Per Trip)	\$100
X-Ray	\$10

<b>Rider Plans' Sample Monthly Rates</b>	<b>Named Insured</b>	<b>Named Insured and Spouse</b>	<b>One-Parent Family</b>	<b>Two-Parent Family</b>
Health Screening	\$1.25	\$1.90	\$1.25	\$1.90
Hospital Confinement due to Covered Sickness	\$3.00	\$6.00	\$5.00	\$8.00

<b>Rider Plans' Benefits</b>	<b>Benefit Amounts</b>
Health Screening	\$25
Hospital Confinement due to Covered Sickness (Per Day)	\$100

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
**Policy Form GACC1.0-P-DC, R-GACC1.0-HS-DC, R-GACC1.0-SHC-DC**  
**Schedule A, B and C Benefits (per unit)**

**Schedule A: Accidental Dismemberment Benefits**

Description	Named Insured	Spouse	Dependant Child(ren)
Loss of one finger or one toe	\$150	\$150	\$150
Loss of two or more fingers, or, two or more toes, or, any combination of two or more fingers or toes	\$300	\$300	\$300
Loss of one hand, or one foot, or, the sight of one eye	\$1,500	\$1,500	\$1,500
Loss of both hands, or, both feet or the sight of both eyes, or, any combination of two or more hands, feet or sight of an eye	\$3,000	\$3,000	\$3,000

**Schedule B: Dislocation Benefit Schedule**

Description	Closed Reduction	Open Reduction
Hip	\$200	\$400
Knee (except Patella)	\$100	\$200
Ankle - Bone or Bones of the Foot (other than Toes)	\$80	\$160
Collarbone (Sternoclavicular)	\$50	\$100
Lower Jaw	\$30	\$60
Shoulder (Glenohumeral)	\$30	\$60
Elbow	\$30	\$60
Wrist	\$30	\$60
Bone or Bones of the Hand (other than Fingers)	\$30	\$60
Collarbone (Acromioclavicular and separation)	\$10	\$20
One Toe or Finger	\$10	\$20

**Schedule C: Fractures Benefit Schedule**

Description	Closed Reduction	Open Reduction
Skull, Depressed Skull fracture (except bones of face or nose)	\$250	\$500
Skull, Simple Non-depressed Skull fracture (except bones of face or nose)	\$100	\$200
Hip, Thigh (Femur)	\$150	\$300
Vertebrae, Body of (excluding Vertebral Processes)	\$75	\$150
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$75	\$150
Leg (Tibia and/or Fibula)	\$75	\$150
Bones of the Face or Nose (except Mandible or Maxilla)	\$35	\$70
Upper Jaw, Maxilla (except Alveolar Process)	\$35	\$70
Upper Arm between Elbow and Shoulder (Humerous)	\$35	\$70
Lower Jaw, Mandible (except Alveolar Process)	\$30	\$60
Shoulder Blade (Scapula), Collarbone, (Clavicle, Sternum)	\$30	\$60
Vertebral Process	\$30	\$60
Forearm (Radius and/or Ulna), Hand, Wrist (except Fingers)	\$30	\$60
Kneecap (Patella)	\$30	\$60
Foot (except Toes)	\$30	\$60
Ankle	\$30	\$60
Rib	\$25	\$50
Coccyx	\$20	\$40
Finger, Toe	\$10	\$20