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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Zurich American Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)		
<b>Project Name/Number:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152		

## Filing at a Glance

Company:	Zurich American Insurance Company
Product Name:	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	03/14/2014
SERFF Tr Num:	ZURC-129447606
SERFF Status:	Pending Industry Response
State Tr Num:	
State Status:	
Co Tr Num:	CW AH 37152
Implementation	03/14/2014
Date Requested:	
Author(s):	Diana Crown
Reviewer(s):	Donghan Xu (primary), Alula Selassie
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

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## General Information

Project Name: Lifestyle Voluntary Benefits - Personal Accident Status of Filing in Domicile: Authorized Policy (GPA)

Project Number: CW AH 37152

Date Approved in Domicile: 02/26/2014

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: Association, Employer, Trust

Overall Rate Impact:

Filing Status Changed: 04/07/2014

State Status Changed:

Deemer Date:

Created By: Diana Crown

Submitted By: Diana Crown

Corresponding Filing Tracking Number: ZURC-129447607

### Filing Description:

Attached for your review is our actuarial memorandum and rate manual for this new product which will be submitted after approval of this Rate filing.

This is a new Group Accident Insurance product, which will be marketed to:

1. all size employer groups ranging from five (5) employees to any size employer group thereafter; and
2. bona fide associations, trust groups and unions.

At this time, Zurich is not in the process of contracting with any associations, trusts or unions with respect to this new product.

All forms are new and are not intended to replace any other forms currently in use.

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Please note that we will be attaching previously filed form U-GU-1147-A (01/14) to both the application and the enrollment form for this product. This form contains the District of Columbia's required fraud warning language. It was submitted via SERFF filing ZURC-129145000 and approved for use in the District of Columbia effective 9/4/2013.

## Company and Contact

### Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com

**State:** District of Columbia **Filing Company:** Zurich American Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)  
**Project Name/Number:** Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152

1400 American Lane 847-706-2621 [Phone]  
Schaumburg, IL 60196

### Filing Company Information

Zurich American Insurance  
Company  
1400 American Lane  
Schaumburg, IL 60102  
(847) 605-6000 ext. [Phone]

CoCode: 16535  
Group Code: 212  
Group Name:  
FEIN Number: 36-4233459

State of Domicile: New York  
Company Type:  
State ID Number:

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### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Zurich American Insurance Company
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Zurich American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

ZURC-129447606

State Tracking #:

Company Tracking #:

CW AH 37152

State: District of Columbia

Filing Company:

Zurich American Insurance Company

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

Product Name: Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)

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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 Manual	U-GPA-100-A, U-GPA-200-A, U-GPA-201-A, U-GPA-202-A, U-GPA-203-A, U-GPA-204-A, U-GPA-205-A, U-GPA-206-A, U-GPA-207-A, U-GPA-208-A, U-GPA-209-A, U-GPA-210-A, U-GPA-211-A, U-GPA-212-A, U-GPA-213-A, U-GPA-214-A, U-GPA-215-A, U-GPA-216-A, U-GPA-217-A, U-GPA-218-A, U-GPA-219-A, U-GPA-220-A, U-GPA-221-A, U-GPA-222-A, U-GPA-223-A, U-GPA-224-A, U-GPA-225-A, U-GPA-226-A, U-GPA-227-A, U-GPA-228-A, U-GPA-229-A, U-GPA-230-A, U-GPA-231-A, U-GPA-232-A, U-GPA-233-A, U-GPA-234-A, U-GPA-235-A, U-GPA-236-A, U-GPA-237-A, U-GPA-238-A, U-GPA-239-A, U-GPA-240-A.	New		ZNA07.GPA-100.50%LR.Rates.Final.20140313.pdf,

Zurich American Insurance Company

Group Personal Accident Policy U-GPA-100-A  
Accelerated Payment Benefit Rider Form U-GPA-200-A  
Accident Dental Expense Benefit Rider Form U-GPA-201-A  
After School Care Benefit Rider Form U-GPA-202-A  
Carjacking Benefit Rider Form U-GPA-203-A  
COBRA Benefit Rider Form U-GPA-204-A  
Common Disaster Benefit Rider Form U-GPA-205-A  
Commutation Benefit Rider Form U-GPA-206-A  
Complications of Pregnancy Benefit Rider Form U-GPA-207-A  
Continuation of Insurance Benefit Rider Form U-GPA-208-A  
Day Care Benefit Rider Form U-GPA-209-A  
Elder Care Benefit Rider Form U-GPA-210-A  
Emergency Transportation Benefit Rider Form U-GPA-211-A  
Emergency Treatment Benefit Rider Form U-GPA-212-A  
Escalator Clause Option Benefit Rider Form U-GPA-213-A  
Exposure and Disappearance Benefit Rider Form U-GPA-214-A  
Felony Victim Benefit Rider Form U-GPA-215-A  
Funeral [and] [Executor] Expense Benefit Rider Form U-GPA-216-A  
Hearing Aid or Prosthetic Appliance Benefit U-GPA-217-A  
Higher Education Benefit Rider Form U-GPA-218-A  
Hijacking or Skyjacking Benefit Rider Form U-GPA-219-A  
Home Alteration and Vehicle Modification Benefit Rider Form U-GPA-220-A  
Natural Disaster Benefit Rider Form U-GPA-221-A  
Occupational Hepatitis Accident Benefit Rider Form U-GPA-222-A  
Occupational HIV Accident Benefit Rider Form U-GPA-223-A  
Out of Country Accident Protection Benefit Rider Form U-GPA-224-A  
Outpatient Physician's Treatment Benefit Rider Form U-GPA-225-A  
On-Premises Terrorism Benefit [H-2 Only] Rider Form U-GPA-226-A  
Parent Care Benefit Rider Form U-GPA-227-A  
Rehabilitation Benefit Rider Form U-GPA-228-A  
Reserve Corps/National Guard Unit Benefit Rider Form U-GPA-229-A  
Seat Belt[Air Bag] Benefit Rider Form U-GPA-230-A  
Spouse[Domestic Partner] Retraining Benefit Rider Form U-GPA-231-A  
Student [Tuition] [and] [Expense] Reimbursement Benefit Rider Form U-GPA-232-A  
Surviving Spouse[Domestic Partner] Benefit Rider Form U-GPA-233-A  
Terrorism Benefit Rider Form U-GPA-234-A  
Therapeutic Counseling Benefit Rider Form U-GPA-235-A  
Traumatic Brain Injury Benefit Rider Form U-GPA-236-A  
Travel Assistance Benefit Rider Form U-GPA-237-A  
Travel Reimbursement Benefit Rider Form U-GPA-238-A  
Waiver of Premium Option Benefit Rider Form U-GPA-239-A  
Wellness Benefit Rider Form U-GPA-240-A

Rating Structure

Zurich American Insurance Company

Premium Calculations Per Person

- (1) Accident Medical Expense Benefit - Primary Claim Cost
- (2) Accident Medical Expense Benefit - Excess Integrated Claim Cost
- (3) Accident Medical Expense Benefit - Excess Corridor Claim Cost
- (4) Accident Medical Expense Benefit - Coordination of Benefits Claim Cost
- (5) Accident Medical Expense Benefit - Indemnity Claim Cost
- (6) In-Hospital Indemnity Benefit Claim Cost
- (7) In-Hospital Scheduled Benefit Claim Cost
- (8) Accidental Death Benefit Claim Cost
- (9) Accidental Dismemberment, Loss of Use, and Plegia Benefit Claim Cost
- (10) Accidental Dismemberment, Loss of Use, and Plegia Benefit for Eligible Dependent Children Claim Cost
- (11) Common Carrier Benefit Claim Cost
- (12) Coma Benefit Claim Cost
- (13) Critical Burn Benefit Claim Cost
- (14) Permanent and Total Disability Benefit Claim Cost
- (15) Accident Weekly Indemnity Benefit Claim Cost
- (16) Accelerated Payment Benefit Rider Claim Cost
- (17) Accidental Dental Expense Benefit Rider Claim Cost
- (18) After School Care Benefit Rider Claim Cost
- (19) Carjacking Benefit Rider Claim Cost
- (20) COBRA Benefit Rider Claim Cost
- (21) Common Disaster Benefit Rider Claim Cost
- (22) Commutation Benefit Rider Claim Cost
- (23) Complications of Pregnancy Benefit Rider Claim Cost
- (24) Continuation of Insurance Benefit Rider Adjustment Factor
- (25) Day Care Benefit Rider Claim Cost
- (26) Elder Care Benefit Rider Claim Cost
- (27) Emergency Transportation Benefit Rider Claim Cost
- (28) Emergency Treatment Benefit Rider Claim Cost
- (29) Escalator Clause Option Benefit Rider Adjustment Factor
- (30) Exposure and Disappearance Benefit Rider Claim Cost
- (31) Felony Victim Benefit Rider Claim Cost
- (32) Funeral [and] [Executor] Expense Benefit Claim Cost
- (33) Hearing Aid or Prosthetic Appliance Benefit Claim Cost
- (34) Higher Education Benefit Rider Claim Cost
- (35) Hijacking or Skyjacking Benefit Rider Claim Cost
- (36) Home Alteration and Vehicle Modification Benefit Rider Claim Cost
- (37) Natural Disaster Benefit Rider Claim Cost
- (38) Occupational Hepatitis Benefit Claim Cost
- (39) Occupational HIV Accident Benefit Claim Cost
- (40) On-Premises Terrorism Benefit Rider Claim Cost
- (41) Outpatient Physician's Treatment Benefit Rider Claim Cost
- (42) Parent Care Benefit Rider Claim Cost
- (43) Rehabilitation Benefit Rider Claim Cost
- (44) Reserve Corps/National Guard Unit Benefit Rider Claim Cost
- (45) Seat Belt/[Air Bag] Benefit Rider Claim Cost
- (46) Spouse/[Domestic Partner] Retraining Benefit Rider Claim Cost
- (47) Student [Tuition] [and] [Expenses] Reimbursement Benefit Rider Claim Cost
- (48) Surviving Spouse/[Domestic Partner] Benefit Rider Claim Cost
- (49) Terrorism Benefit Rider Claim Cost
- (50) Therapeutic Counseling Benefit Rider Claim Cost
- (51) Traumatic Brain Injury Benefit Rider Claim Cost
- (52) Travel Reimbursement Benefit Rider Claim Cost
- (53) Travel Assistance Plan Benefit Rider Claim Cost
- (54) Waiver of Premium Option Benefit Rider Adjustment Factor
- (55) Wellness Benefit Rider Claim Cost

Zurich American Insurance Company

(56) Total Annual Claim Cost Per Person [Sum of (1) to (23)] + [Sum of (25) to (28)] +  
[Sum of (30) to (53)] + (55)

(57) Total Annual Claim Cost Per Person (56) x (24) x (29) x (54)

\*Escalator Clause Adjustment Factor only applies to benefits dependent on Principal Sum.

(58) Out of Country Accident Protection

Out of Country	Factor
US Coverage Only	1.00
US and Non-US Coverage	1.00
Non-US Coverage Only	0.65

Total Annual Claim Cost Per Person (57) x Out of Country Adjustment Factor

(59) Total Annual Claim Cost Per Person (58) x Applicable Hazard Adjustment Factor  
See "Hazard Factors" for guidance on applying these adjustments.

(60) Contributory/Non-Contributory Adjustment

Contributory/Non-Contributory Adjustment	Factor
Contributory	1.00
Non-Contributory	0.90

Total Annual Claim Cost Per Person (59) x Contributory/Non-Contributory Adjustment Factor

(61) Removal of General Exclusions (60) x Applicable Exclusion Removal Adjustment Factor  
See "General Exclusions" for guidance on applying these adjustments.

(62) Total Annual Claim Cost Per Person (61) x Other Adjustment Factors  
See "Other Adjustments" for guidance on applying these adjustments

(63) Total Annual Premium Per Person (62) / (Target Loss Ratio of 50%)

(64) Premium Classes

Premiums will vary by family composition. The family composition classes could be any of the following: "Employee", "Spouse/Domestic Partner", "Dependent Children", "Employee & Children", "Spouse/Domestic Partner & Children" "Employee & Dependents". Premiums are calculated separately for the employee, spouse/domestic partner, and child(ren) using the appropriate principle sum and then added together to determine the total premium based on the family composition. For family compositions with children, the following assumptions are used:

Premium Tier	Assumed # of Children
Employee & Children	1.65
Employee & Dependents	2.03

Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions.

Zurich American Insurance Company  
Hazard Adjustment Factors

Hazard Category	Factor
24 Hour Accident Protection	1.00
Full Occupational Protection	0.15
Full Non-Occupational Protection	0.85

Full Occupational Protection and Full Non-Occupational Protection adjustments are only applied to the Employee claim costs.

Industry Class Adjustment Factors

Industry Class	Rate Factor
A (education, healthcare, finance, retail trade, information, government)	0.95
B (manufacturing, professional business services, wholesale trade, utilities)	1.00
C (construction, transportation, warehousing)	1.25
D (mining, forestry, agriculture, fishing, hunting)	1.60

Industry Class Adjustment Factors are only applied to the Employee claim costs for any Hazard.

Zurich American Insurance Company  
Removal of General Exclusions Adjustment Factors

Removal of General Exclusion	Factor
1. Suicide, Intentional self-inflicted injury	1.267
5. Participation in crime, felony, assault, etc.	1.003
7. Being legally intoxicated	1.052
8. Being under influence of controlled substance	1.009

Zurich American Insurance Company  
Other Adjustment Factors

Risk	Adjustment
Age/Gender	Up to $\pm$ 40%
Loss Experience	Up to $\pm$ 25%
Underwriting Risk Assessment	Up to $\pm$ 20%
Known Risk Concentration	Up to + 25%
Area Factor*	Up to $\pm$ 25%

\*Area factor does not apply to accident medical expense benefits.

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accident Medical Expense Benefit  
Nationwide Annual Claim Costs

Accident Medical Expense - Primary Coverage

Maximum Benefit	Deductible									
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000
10,000	156.25	152.90	148.17	141.11	134.88	129.25	104.22	79.38	64.02	53.43
12,500	173.17	169.67	164.74	157.39	150.86	144.90	118.27	91.40	74.47	62.67
15,000	187.21	183.63	178.57	171.01	164.19	158.05	130.28	101.85	83.71	70.92
20,000	209.68	205.96	200.72	192.83	185.77	179.39	149.97	119.34	99.38	85.05
25,000	227.17	223.36	217.98	209.87	202.59	195.99	165.64	133.47	112.14	96.68
50,000	278.90	274.93	269.30	260.77	253.08	246.06	213.32	177.71	153.29	135.21
75,000	306.00	301.97	296.27	287.62	279.80	272.66	239.17	202.22	176.77	157.55
100,000	323.45	319.39	313.65	304.92	297.02	289.81	255.86	218.34	192.32	172.58

Accident Medical Expense - Excess Integrated

Maximum Benefit	Deductible									
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000
10,000	70.25	69.43	68.25	66.52	64.97	63.57	57.04	49.65	44.24	39.92
12,500	73.44	72.62	71.44	69.71	68.16	66.76	60.23	52.84	47.43	43.11
15,000	75.90	75.08	73.90	72.17	70.62	69.22	62.69	55.30	49.89	45.57
20,000	79.51	78.69	77.51	75.78	74.23	72.83	66.30	58.91	53.50	49.18
25,000	82.02	81.20	80.02	78.29	76.74	75.34	68.81	61.42	56.01	51.69
50,000	88.03	87.21	86.02	84.30	82.74	81.34	74.81	67.43	62.02	57.69
75,000	90.40	89.58	88.39	86.67	85.11	83.71	77.18	69.80	64.39	60.06
100,000	91.62	90.80	89.62	87.89	86.33	84.93	78.40	71.02	65.61	61.28

Accident Medical Expense - Excess Corridor

Maximum Benefit	Deductible									
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000
10,000	70.25	66.30	60.68	52.15	45.62	40.97	26.42	16.73	12.03	9.26
12,500	73.44	69.44	63.77	55.17	48.56	43.83	28.88	18.70	13.67	10.60
15,000	75.90	71.88	66.18	57.52	50.86	46.08	30.85	20.35	15.01	11.77
20,000	79.51	75.46	69.71	60.98	54.25	49.39	33.83	22.86	17.14	13.62
25,000	82.02	77.96	72.20	63.46	56.68	51.78	35.96	24.71	18.75	15.02
50,000	88.03	83.93	78.12	69.29	62.45	57.50	41.34	29.49	23.11	18.94
75,000	90.40	86.30	80.48	71.63	64.77	59.80	43.54	31.54	24.99	20.71
100,000	91.62	87.52	81.69	72.83	65.97	60.99	44.68	32.61	26.02	21.69

Accident Medical Expense with Coordination of Benefits

Maximum Benefit	Deductible									
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000
10,000	70.25	69.43	68.25	66.52	64.97	63.57	57.04	49.65	44.24	39.92
12,500	73.44	72.62	71.44	69.71	68.16	66.76	60.23	52.84	47.43	43.11
15,000	75.90	75.08	73.90	72.17	70.62	69.22	62.69	55.30	49.89	45.57
20,000	79.51	78.69	77.51	75.78	74.23	72.83	66.30	58.91	53.50	49.18
25,000	82.02	81.20	80.02	78.29	76.74	75.34	68.81	61.42	56.01	51.69
50,000	88.03	87.21	86.02	84.30	82.74	81.34	74.81	67.43	62.02	57.69
75,000	90.40	89.58	88.39	86.67	85.11	83.71	77.18	69.80	64.39	60.06
100,000	91.62	90.80	89.62	87.89	86.33	84.93	78.40	71.02	65.61	61.28

Benefit Limitations Adjustment

Benefit Limitations	Factor
Include Accidental Dental - \$10,000 Max	1.000
Include Accidental Dental - \$1,000 Max	0.991
Exclude Accidental Dental	0.990
Include Covered Accident Pregnancy Medical Expense - Max \$10,000	1.000
Include Covered Accident Pregnancy Medical Expense - Max \$1,000	0.999
Exclude Pregnancy	0.998
Include Custodial Services - Max \$10,000	1.000
Include Custodial Services - Max \$1,000	0.986
Exclude Custodial Services	0.984

First Treatment/Service within 30, 90, 180, 365 Days of Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	1.000	1.020	1.050

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accident Medical Expense Benefit  
Nationwide Annual Claim Costs

Medical Expenses Incurred within 4, 26, 52, 104 Weeks of Accident

Time for Medical Expense to Occur	4 Weeks	26 Weeks	52 Weeks	104 Weeks
Adjustment Factor	0.910	0.950	1.000	1.150

Medical Emergency Care within 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours
Adjustment Factor	0.985	0.990	0.995	1.000

Removal of Exclusion Adjustments

Removal of Exclusion #	Description	Adjustment Factor
10	Hernia	1.005
12	Medical Repatriation	1.008
13	Psychiatric counseling	1.035
17	Repetitive Motion Injuries	1.020
18	Legal Intoxication	1.051
19	Illegal Drugs	1.009
20	Osgood-Schlatter's	1.001

Accident Medical Expense Benefit =

[National Annual Claim Cost for Covered Accident Medical Expense Plan Design]

x [Benefit Limitations Adjustment]

x [First Treatment/Service Adjustment]

x [Medical Expense Incurred Adjustment]

x [Medical Emergency Care Adjustment]

x [Removal of Exclusion Adjustments]

x [(1 + Trend)^(Year - 2013)]

Where Trend = 4%

Accident Medical Expense  
U.S. State Area Factors

<u>State</u>	<u>ST</u>	<u>Area Factor</u>
Alabama	AL	0.979
Alaska	AK	1.204
Arizona	AZ	1.061
Arkansas	AR	0.864
California	CA	1.160
Colorado	CO	0.947
Connecticut	CT	0.989
Delaware	DE	0.944
District of Columbia	DC	0.858
Florida	FL	1.130
Georgia	GA	0.911
Hawaii	HI	0.783
Idaho	ID	0.773
Illinois	IL	1.059
Indiana	IN	0.929
Iowa	IA	0.828
Kansas	KS	0.873
Kentucky	KY	0.887
Louisiana	LA	1.011
Maine	ME	0.752
Maryland	MD	0.837
Massachusetts	MA	0.928
Michigan	MI	0.863
Minnesota	MN	0.926
Mississippi	MS	0.943
Missouri	MO	0.946
Montana	MT	0.690
Nebraska	NE	0.899
Nevada	NV	1.161
New Hampshire	NH	0.831
New Jersey	NJ	1.378
New Mexico	NM	0.890
New York	NY	1.053
North Carolina	NC	0.842
North Dakota	ND	0.750
Ohio	OH	0.918
Oklahoma	OK	0.962
Oregon	OR	0.791
Pennsylvania	PA	1.100
Rhode Island	RI	0.902
South Carolina	SC	0.989
South Dakota	SD	0.834
Tennessee	TN	0.971
Texas	TX	1.026
Utah	UT	0.768
Vermont	VT	0.783
Virginia	VA	0.865
Washington	WA	0.866
West Virginia	WV	0.834
Wisconsin	WI	0.990
Wyoming	WY	0.838

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A

Accident Medical Expense - Indemnity Benefit  
Annual Claim Costs

Enhanced Emergency Treatment

Benefit	Unit	Annual Claim Cost Per Unit
Enhanced Emergency Treatment	\$500	\$115.52

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Enhanced Emergency Treatment Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Enhanced Emergency Treatment Benefit ÷ Unit]

X-Rays Related to an Accident

Benefit	Unit	Annual Claim Cost per Unit
X-rays Related to Accident Benefit	\$50	\$1.10

X-Rays Related to an Accident Benefit = [Annual Claim Cost Per Unit] x [X-Rays Related to an Accident ÷ Unit]

Emergency Room Follow Up Treatment

Maximum Days Per Accident	Annual Claim Costs per \$100 benefit
1	\$4.56
2	\$7.65
3	\$9.93
4	\$11.80
5	\$13.06
6	\$13.95
7	\$14.70
8	\$15.22
9	\$15.58
10	\$15.91

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050

Emergency Room Follow Up Treatment = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Incurral Period Adjustment Factor] x [Emergency Room Follow Up Treatment ÷ Unit]

Accident Hospitalization

Benefit	Unit	Annual Claim Cost Per Unit
Hospital Confinement	\$1,000	\$11.54
Hospital ICU*	\$500	\$0.66

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050

\*ICU Benefit is in addition to the Hospital Confinement Benefit

Accident Hospitalization Benefit = [Annual Claim Cost Per Unit] x [Incurral Period Adjustment Factor] x [Accident Hospitalization Benefit ÷ Unit]

Dislocations

Joint Area	Open Reduction Unit	Closed Reduction Unit	Open Annual Claim Cost per Unit	Closed Annual Claim Cost per Unit
Hip	\$100	\$100	\$0.0091	\$0.1205
Knee	\$100	\$100	\$0.0015	\$0.0193
Shoulder	\$100	\$100	\$0.0009	\$0.0113
Collar Bone (Sternoclavicular)	\$100	\$100	\$0.0004	\$0.0056
Collar Bone (Acromioclavicular and separation)	\$100	\$100	\$0.0004	\$0.0056
Ankle or Foot	\$100	\$100	\$0.0029	\$0.0387
Lower Jaw	\$100	\$100	\$0.0009	\$0.0118
Wrist	\$100	\$100	\$0.0004	\$0.0059
Elbow	\$100	\$100	\$0.0004	\$0.0059
Toe	\$100	\$100	\$0.0012	\$0.0153
Bone or Bones of the Hand	\$100	\$100	\$0.0009	\$0.0118
Finger	\$100	\$100	\$0.0012	\$0.0153

Dislocations Benefit = [Annual Claim Cost Per Unit] x [Dislocations Benefit ÷ Unit]

Burns

Body Surface Area	Unit	Annual Claim Cost for 2nd Degree Burns	Unit	Annual Claim Cost for 3rd Degree Burns
Less than 50 square centimeters	\$100	\$0.0005	\$500	\$0.0016
More than 50 but less than 100 square centimeters	\$250	\$0.0013	\$1,000	\$0.0033
More than 100 but less than 150 square centimeters	\$375	\$0.0020	\$1,500	\$0.0049
More than 150 but less than 200 square centimeters	\$500	\$0.0026	\$2,000	\$0.0066
More than 200 but less than 250 square centimeters	\$625	\$0.0033	\$2,500	\$0.0082
More than 250 but less than 300 square centimeters	\$750	\$0.0040	\$3,000	\$0.0100

Emergency Treatment within 12, 24, 48, 72, 96, 120 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours	120 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050	1.0100

Burns Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Burns Benefit ÷ Unit]

Skin Grafts

Body Surface Area	Percentage of Burn Benefit	Annual Claim Cost for 2nd Degree Burns	Annual Claim Cost for 3rd Degree Burns
Less than 50 square centimeters	50%	\$0.0003	\$0.0008
More than 50 but less than 100 square centimeters	50%	\$0.0007	\$0.0016
More than 100 but less than 150 square centimeters	50%	\$0.0010	\$0.0025
More than 150 but less than 200 square centimeters	50%	\$0.0013	\$0.0033
More than 200 but less than 250 square centimeters	50%	\$0.0016	\$0.0041
More than 250 but less than 300 square centimeters	50%	\$0.0019	\$0.0050

Skin Grafts Benefit = [Annual Claim Cost Per Unit] x [Skin Grafts ÷ Unit]

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Group Personal Accident Insurance Policy U-GPA-100-A

Accident Medical Expense - Indemnity Benefit  
Annual Claim Costs

Eye Injury

Benefit	Unit	Annual Claim Cost per Unit
Surgical Repair	\$250	\$0.08
Removal of Foreign Body	\$100	\$0.03

Eye Injury Benefit = [Annual Claim Cost Per Unit] x [Eye Injury ÷ Unit]

Lacerations

Benefit	Unit	Annual Claim Cost per Unit
Not requiring sutures and treated by a Physician	\$25	\$0.02
Less than 5 centimeters in length	\$50	\$0.06
At least 5 centimeters but not more than 15 centimeters	\$100	\$0.19
Over 15 centimeters	\$200	\$0.75

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Lacerations Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Lacerations Benefit ÷ Unit]

Fractures

Fracture Area	Open Reduction Unit	Closed Reduction Unit	Open Annual Claim Cost per Unit	Closed Annual Claim Cost per Unit
Hip	\$6,600	\$4,000	\$0.5540	\$5.5790
Leg	\$3,600	\$2,200	\$0.8145	\$8.2710
Hand (Excluding Fingers)	\$2,300	\$1,400	\$0.2890	\$2.9232
Foot (Excluding Heel/Toes)	\$2,300	\$1,400	\$0.1120	\$1.1328
Wrist	\$2,300	\$1,400	\$0.2852	\$2.8851
Kneecap	\$2,600	\$1,600	\$0.1617	\$1.6533
Lower Jaw	\$1,300	\$800	\$0.0059	\$0.0599
Shoulder	\$3,600	\$2,200	\$0.0096	\$0.0974
Vertebrae (Body of)	\$500	\$280	\$0.0194	\$0.1802
Pelvis (Excluding Coccyx)	\$6,600	\$4,000	\$0.0609	\$0.6130
Sternum	\$2,000	\$1,000	\$0.0045	\$0.0375
Upper Jaw	\$2,000	\$1,000	\$0.0082	\$0.0681
Upper Arm	\$3,600	\$2,200	\$0.6285	\$6.3822
Face (Excluding Nose)	\$1,000	\$600	\$0.0072	\$0.0715
Rib	\$500	\$280	\$0.0114	\$0.1058
Nose	\$1,000	\$600	\$0.0043	\$0.0429
Heel	\$1,000	\$600	\$0.0466	\$0.4651
Finger	\$500	\$280	\$0.1238	\$1.1521
Coccyx	\$500	\$280	\$0.0022	\$0.0200
Toe	\$500	\$280	\$0.0886	\$0.8242
Vertebral Processes	\$1,000	\$600	\$0.0387	\$0.3862
Skull - Depressed	\$6,300	\$3,800	\$0.0478	\$0.4788
Skull - Simple	\$3,100	\$1,900	\$0.0216	\$0.2200

Fractures Benefit = [Annual Claim Cost Per Unit] x [Fractures ÷ Unit]

Concussion

Benefit	Unit	Annual Claim Cost per Unit
Concussion Benefit	\$75	\$0.19

Concussion Benefit = [Annual Claim Cost Per Unit] x [Concussion Benefit ÷ Unit]

Emergency Dental Procedure

Benefit	Unit	Annual Claim Cost per Unit
Broken tooth repaired with crown	\$400	\$6.72
Broken tooth resulting in extraction	\$100	\$1.08

Emergency Dental Procedure Benefit = [Annual Claim Cost Per Unit] x [Emergency Dental Procedure Benefit ÷ Unit]

Specified Surgical Procedures Arising From a Covered Accident

Benefit	Unit	Annual Claim Cost per Unit
Arthroscopy without surgical repair	\$500	\$0.28
Open abdominal (including exploratory laparotomy)	\$1,000	\$0.22
Cranial	\$1,000	\$0.19
Hernia	\$500	\$0.34
Thoracic Surgery	\$1,000	\$0.62
Repair of:	\$500	\$0.38
Tendons and/or ligaments		
Torn rotator cuffs		
Ruptured discs		
Torn knee cartilages		

Adjustment Factor for Different Incurred Periods Following Accident

Time for Medical Expense to Occur	1 Year	2 Years	3 Years	4 Years	5 Years
Adjustment Factor	1.000	1.150	1.200	1.250	1.300

Specified Surgical Procedures Benefit = [Annual Claim Cost Per Unit] x [Incurred Period Adjustment Factor] x [Specified Surgical Procedures Benefit ÷ Unit]

Non-Specified Surgical Procedures Arising From a Covered Accident

Benefit	Unit	Annual Claim Cost per Unit
Miscellaneous Surgery with General Anesthesia	\$500	\$24.94
Other Miscellaneous Surgery with conscious sedation	\$250	\$4.16

Adjustment Factor for Different Incurred Periods Following Accident

Time for Medical Expense to Occur	1 Year	2 Years	3 Years	4 Years	5 Years
Adjustment Factor	1.000	1.150	1.200	1.250	1.300

Non-Specified Surgical Procedures Benefit = [Annual Claim Cost Per Unit] x [Incurred Period Adjustment Factor] x [Non-Specified Surgical Procedures Benefit ÷ Unit]

Accident Medical Expense - Indemnity Benefit  
Annual Claim Costs

Diagnostic Testing & Exams

Maximum Payments Per Year	Annual Claim Cost per \$50 benefit
1	\$1.76
2	\$2.71
3	\$3.39
4	\$3.94
5	\$4.38
6	\$4.77
7	\$5.13
8	\$5.42
9	\$5.65
10	\$5.81

Diagnostic Testing & Exams Benefit = [Annual Claim Cost Per Unit] x [Diagnostic Testing & Exams Benefit ÷ Unit]

Pain Management Benefit

Maximum Treatments Per Accident	Annual Claim Cost Per \$100	
	Without Pregnancy	With Pregnancy
1	\$2.40	\$2.78
2	\$3.69	\$4.28
3	\$4.62	\$5.36
4	\$5.38	\$6.23
5	\$5.97	\$6.92
6	\$6.51	\$7.54
7	\$6.99	\$8.10
8	\$7.39	\$8.56
9	\$7.70	\$8.92
10	\$7.93	\$9.18

Pain Management Benefit = [Annual Claim Cost Per Unit] x [Pain Management Benefit ÷ Unit]

Physical Therapy Benefit

Maximum Treatments Per Accident	Annual Claim Cost Per \$30			
	One Treatment Per Day	Two Treatments Per Day	Three Treatments Per Day	Four Treatments Per Day
1	\$0.69	N/A	N/A	N/A
2	\$1.16	\$1.22	N/A	N/A
3	\$1.50	\$1.58	\$1.65	N/A
4	\$1.79	\$1.87	\$1.96	\$2.00
5	\$1.98	\$2.08	\$2.17	\$2.21
6	\$2.11	\$2.22	\$2.32	\$2.36
7	\$2.22	\$2.34	\$2.45	\$2.49
8	\$2.30	\$2.42	\$2.53	\$2.58
9	\$2.36	\$2.48	\$2.59	\$2.64
10	\$2.41	\$2.53	\$2.65	\$2.70
15	\$2.58	\$2.71	\$2.84	\$2.89
20	\$2.67	\$2.81	\$2.94	\$2.99
30	\$2.77	\$2.91	\$3.05	\$3.10
40	\$2.87	\$3.01	\$3.16	\$3.21
50	\$2.97	\$3.12	\$3.27	\$3.33

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050

Adjustment Factor for Different Incurral Periods Following Accident

Time for Medical Expense to Occur	1 Month	6 Months	12 Months	24 Months
Adjustment Factor	0.910	0.950	1.000	1.150

Physical Therapy Benefit = [Annual Claim Cost Per Unit] x [Incurral Period Adjustment Factors] x [Physical Therapy Benefit ÷ Unit]

Durable Medical Equipment and Prosthetic Appliance

Benefit	Unit	Annual Claim Cost per Unit
Durable Medical Equipment	\$500	\$5.12
Prosthetic Appliance	\$25	\$0.02

Durable Medical Equipment and Prosthetic Appliance Benefit = [Annual Claim Cost Per Unit] x [Durable Medical Equipment and Prosthetic Appliance Benefit ÷ Unit]

Blood, Plasma, and/or Platelets

Benefit	Unit	Annual Claim Cost per Unit
Blood, Plasma, and/or Platelets	\$300	\$1.46

Blood, Plasma, and/or Platelets Benefit = [Annual Claim Cost Per Unit] x [Blood, Plasma, and/or Platelets ÷ Unit]

Ambulance

Benefit	Unit	Annual Claim Cost per Unit
Ground Ambulance Benefit	\$250	\$1.70
Air Ambulance Benefit	\$750	\$1.02

Emergency Treatment within 12, 24, 48, 72 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000

Ambulance Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Ambulance Benefit ÷ Unit]

Transportation

Benefit	Unit	Annual Claim Cost per Unit
Transportation Benefit	\$50	\$0.20

Adjustment Factor for Transportation trips

Number of trips	3 Trips	6 Trips	9 Trips	12 Trips	20 Trips
Adjustment Factor	1.0000	1.4000	1.5000	1.6000	1.6500

Transportation Benefit = [Annual Claim Cost Per Unit] x [Emergency Treatment Adjustment Factor] x [Transportation Benefit ÷ Unit]

Accommodations During Hospital Confinement Benefit

Benefit	Unit	Annual Claim Cost per Unit
Accommodations During Hospital Confinement Benefit	\$150	\$3.64

Adjustment Factor for Maximum Nights

Number of Nights	1 Day	5 Days	10 Days	15 Days	31 Days	45 Days	60 Days	75 Days	90 Days	100 Days	180 Days	365 Days
Adjustment Factor	0.5500	0.7000	0.7500	0.8500	1.0000	1.1000	1.1500	1.1750	1.1800	1.1810	1.1815	1.1820

Accommodations During Hospital Confinement Benefit = [Annual Claim Cost Per Unit] x [Maximum Nights Adjustment Factor] x [Accommodations During Hospital Confinement Benefit ÷ Unit]

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A

In-Hospital Indemnity Benefit  
Annual Claim Costs per \$1,000 Monthly Benefit

Waiting Period (Days)	Benefit Period (In Months)																				
	1	2	3	4	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
0	62.2323	63.2459	63.4108	63.4636	63.4884	63.4968	63.5005	63.5073	63.5116	63.5148	63.5159	63.5169	63.5171	63.5184	63.5205	63.5216	63.5228	63.5239	63.5250	63.5262	63.5273
1	46.5621	47.4957	47.6528	47.7039	47.7280	47.7399	47.7466	47.7509	47.7541	47.7552	47.7562	47.7584	47.7595	47.7606	47.7617	47.7628	47.7639	47.7649	47.7660	47.7660	
2	34.4407	35.2944	35.4436	35.4931	35.5165	35.5283	35.5349	35.5391	35.5422	35.5432	35.5443	35.5464	35.5475	35.5486	35.5497	35.5507	35.5518	35.5529	35.5539	35.5539	
3	26.0656	26.8683	27.0117	27.0600	27.0827	27.0942	27.1007	27.1050	27.1080	27.1099	27.1100	27.1121	27.1131	27.1141	27.1151	27.1162	27.1172	27.1172	27.1183	27.1193	
4	21.0609	21.2317	21.2802	21.3023	21.3137	21.3200	21.3244	21.3272	21.3282	21.3291	21.3300	21.3311	21.3321	21.3331	21.3340	21.3350	21.3360	21.3370	21.3370	21.3380	
5	16.3405	17.0413	17.1730	17.2168	17.2403	17.2493	17.2514	17.2577	17.2620	17.2657	17.2666	17.2685	17.2695	17.2704	17.2714	17.2723	17.2733	17.2733	17.2743	17.2752	
6	13.4384	14.0832	14.2141	14.2585	14.2795	14.2904	14.2966	14.3009	14.3035	14.3045	14.3054	14.3072	14.3082	14.3091	14.3100	14.3109	14.3118	14.3128	14.3137	14.3137	
7	11.2609	11.8598	11.9798	12.0227	12.0433	12.0541	12.0601	12.0645	12.0670	12.0678	12.0687	12.0705	12.0713	12.0722	12.0731	12.0739	12.0748	12.0757	12.0766	12.0766	
8	9.5850	10.1508	10.2662	10.3081	10.3288	10.3403	10.3489	10.3552	10.3559	10.3570	10.3582	10.3593	10.3603	10.3613	10.3623	10.3633	10.3643	10.3653	10.3663	10.3673	
9	8.2678	8.8006	8.9115	8.9523	8.9720	8.9824	8.9883	8.9948	8.9989	8.9994	8.9999	9.0004	9.0009	9.0014	9.0019	9.0024	9.0029	9.0034	9.0039	9.0039	
10	7.2025	7.7023	7.8087	7.8483	7.8677	7.8779	7.8836	7.8879	7.8901	7.8909	7.8916	7.8931	7.8939	7.8946	7.8954	7.8961	7.8969	7.8976	7.8984	7.8984	
11	6.3257	6.7925	6.8943	6.9328	6.9517	6.9617	6.9717	6.9738	6.9745	6.9752	6.9766	6.9773	6.9780	6.9787	6.9794	6.9801	6.9808	6.9815	6.9822	6.9822	
12	5.5930	6.0267	6.1240	6.1615	6.1800	6.1898	6.1963	6.1996	6.2016	6.2023	6.2030	6.2044	6.2051	6.2058	6.2065	6.2072	6.2079	6.2086	6.2093	6.2093	
13	4.9579	5.3696	5.4637	5.5001	5.5182	5.5278	5.5333	5.5376	5.5394	5.5401	5.5407	5.5420	5.5427	5.5433	5.5440	5.5446	5.5453	5.5459	5.5466	5.5466	
14	4.4157	4.8052	4.8862	4.9315	4.9491	4.9586	4.9640	4.9683	4.9700	4.9706	4.9712	4.9725	4.9731	4.9737	4.9744	4.9750	4.9756	4.9762	4.9768	4.9768	
15	3.9608	4.3282	4.4161	4.4502	4.4675	4.4767	4.4820	4.4863	4.4879	4.4885	4.4891	4.4902	4.4908	4.4914	4.4920	4.4926	4.4931	4.4937	4.4943	4.4943	
16	3.5716	3.9169	4.0011	4.0347	4.0515	4.0605	4.0657	4.0701	4.0716	4.0721	4.0727	4.0737	4.0743	4.0748	4.0753	4.0759	4.0764	4.0769	4.0775	4.0775	
17	3.2323	3.5555	3.6361	3.6691	3.6855	3.6943	3.6994	3.7037	3.7052	3.7057	3.7062	3.7071	3.7076	3.7081	3.7086	3.7091	3.7096	3.7101	3.7105	3.7105	
18	2.9267	3.2343	3.3123	3.3447	3.3606	3.3693	3.3743	3.3786	3.3799	3.3804	3.3808	3.3818	3.3822	3.3827	3.3831	3.3836	3.3841	3.3845	3.3850	3.3850	
19	2.6564	2.9484	3.0239	3.0557	3.0712	3.0797	3.0846	3.0889	3.0901	3.0905	3.0909	3.0918	3.0922	3.0926	3.0930	3.0934	3.0938	3.0942	3.0946	3.0946	
20	2.4135	2.7188	2.7945	2.8265	2.8410	2.8495	2.8538	2.8579	2.8591	2.8595	2.8599	2.8608	2.8612	2.8616	2.8619	2.8623	2.8626	2.8629	2.8632	2.8632	
21	2.1935	2.4988	2.5745	2.6065	2.6210	2.6295	2.6338	2.6379	2.6391	2.6395	2.6399	2.6408	2.6412	2.6416	2.6419	2.6423	2.6426	2.6429	2.6432	2.6432	
22	1.9935	2.2988	2.3745	2.4065	2.4210	2.4295	2.4338	2.4379	2.4391	2.4395	2.4399	2.4408	2.4412	2.4416	2.4419	2.4423	2.4426	2.4429	2.4432	2.4432	
23	1.8135	2.1188	2.1945	2.2265	2.2410	2.2495	2.2538	2.2579	2.2591	2.2595	2.2599	2.2608	2.2612	2.2616	2.2619	2.2623	2.2626	2.2629	2.2632	2.2632	
24	1.6535	1.9588	2.0345	2.0665	2.0810	2.0895	2.0938	2.0979	2.0991	2.0995	2.0999	2.1008	2.1012	2.1016	2.1019	2.1023	2.1026	2.1029	2.1032	2.1032	
25	1.5135	1.8188	1.8945	1.9265	1.9410	1.9495	1.9538	1.9579	1.9591	1.9595	1.9599	1.9608	1.9612	1.9616	1.9619	1.9623	1.9626	1.9629	1.9632	1.9632	
26	1.3935	1.6988	1.7745	1.8065	1.8210	1.8295	1.8338	1.8379	1.8391	1.8395	1.8399	1.8408	1.8412	1.8416	1.8419	1.8423	1.8426	1.8429	1.8432	1.8432	
27	1.2835	1.5888	1.6645	1.6965	1.7110	1.7195	1.7238	1.7279	1.7291	1.7295	1.7299	1.7308	1.7312	1.7316	1.7319	1.7323	1.7326	1.7329	1.7332	1.7332	
28	1.1835	1.4888	1.5645	1.5965	1.6110	1.6195	1.6238	1.6279	1.6291	1.6295	1.6299	1.6308	1.6312	1.6316	1.6319	1.6323	1.6326	1.6329	1.6332	1.6332	
29	1.0935	1.3988	1.4745	1.5065	1.5210	1.5295	1.5338	1.5379	1.5391	1.5395	1.5399	1.5408	1.5412	1.5416	1.5419	1.5423	1.5426	1.5429	1.5432	1.5432	
30	1.0135	1.3188	1.3945	1.4265	1.4410	1.4495	1.4538	1.4579	1.4591	1.4595	1.4599	1.4608	1.4612	1.4616	1.4619	1.4623	1.4626	1.4629	1.4632	1.4632	
31	0.9435	1.2488	1.3245	1.3565	1.3710	1.3795	1.3838	1.3879	1.3891	1.3895	1.3899	1.3908	1.3912	1.3916	1.3919	1.3923	1.3926	1.3929	1.3932	1.3932	
32	0.8835	1.1888	1.2645	1.2965	1.3110	1.3195	1.3238	1.3279	1.3291	1.3295	1.3299	1.3308	1.3312	1.3316	1.3319	1.3323	1.3326	1.3329	1.3332	1.3332	
33	0.8335	1.1388	1.2145	1.2465	1.2610	1.2695	1.2738	1.2779	1.2791	1.2795	1.2799	1.2808	1.2812	1.2816	1.2819	1.2823	1.2826	1.2829	1.2832	1.2832	
34	0.7935	1.0988	1.1745	1.2065	1.2210	1.2295	1.2338	1.2379	1.2391	1.2395	1.2399	1.2408	1.2412	1.2416	1.2419	1.2423	1.2426	1.2429	1.2432	1.2432	
35	0.7635	1.0688	1.1445	1.1765	1.1910	1.1995	1.2038	1.2079	1.2091	1.2095	1.2099	1.2108	1.2112	1.2116	1.2119	1.2123	1.2126	1.2129	1.2132	1.2132	
36	0.7335	1.0388	1.1145	1.1465	1.1610	1.1695	1.1738	1.1779	1.1791	1.1795	1.1799	1.1808	1.1812	1.1816	1.1819	1.1823	1.1826	1.1829	1.1832	1.1832	
37	0.7035	1.0088	1.0845	1.1165	1.1310	1.1395	1.1438	1.1479	1.1491	1.1495	1.1499	1.1508	1.1512	1.1516	1.1519	1.1523	1.1526	1.1529	1.1532	1.1532	
38	0.6735	0.9788	1.0545	1.0865	1.1010	1.1095	1.1138	1.1179	1.1191	1.1195	1.1199	1.1208	1.1212	1.1216	1.1219	1.1223	1.1226	1.1229	1.1232	1.1232	
39	0.6435	0.9488	1.0245	1.0565	1.0710	1.0795	1.0838	1.0879	1.0891	1.0895	1.0899	1.0908	1.0912	1.0916	1.0919	1.0923	1.0926	1.0929	1.0932	1.0932	
40	0.6135	0.9188	0.9945	1.0265	1.0410	1.0495	1.0538	1.0579	1.0591	1.0595	1.0599	1.0608	1.0612	1.0616	1.0619	1.0623	1.0626	1.0629	1.0632	1.0632	
41	0.5835	0.8888	0.9645	0.9965	1.0110	1.0195	1.0238	1.0279	1.0291	1.0295	1.0299	1.0308	1.0312	1.0316	1.0319	1.0323	1.0326	1.0329	1.0332	1.0332	
42	0.5535	0.8588	0.9345	0.9665	0.9810	0.9895	0.9938	0.9979	0.9991	0.9995	0.9999	1.0008	1.0012	1.0016	1.0019	1.0023	1.0026	1.0029	1.0032	1.0032	
43	0.5235	0.8288	0.9045	0.9365	0.9510	0.9595	0.9638	0.9679	0.9691	0.9695	0.9699	0.9708	0.9712	0.9716	0.9719	0.9723	0.9726	0.9729	0.9732	0.9732	
44	0.4935	0.7988	0.8745	0.9065	0.9210	0.9295	0.9338	0.9379	0.9391	0.9395	0.9399	0.9408	0.9412	0.9416	0.9419	0.9423	0.9426	0.9429	0.9432	0.9432	
45	0.4635	0.7688	0.8445	0.8765	0.8910	0.8995	0.9038	0.9079	0.9091	0.9095	0.9099	0.9108	0.9112	0.9116	0.9119	0.9123	0.9126	0.9129	0.9132	0.9132	
46	0.4335	0.7388	0.8145	0.8465	0.8610	0.8695	0.8738	0.8779	0.8791	0.8795	0.8799	0.8808	0.8812	0.8816	0.8819	0.8823	0.8826	0.8829	0.8832	0.8832	
47	0.4035	0.7088	0.7845	0.8165	0.8310	0.8395	0.8438	0.8479	0.8491	0.8495	0.8499	0.8508	0.8512	0.8516	0.8519	0.8523	0.8526	0.8529	0.8532	0.8532	
48	0.3735	0.6788	0.7545	0.7865	0.8010	0.8095	0.8138	0.8179	0.8191	0.8195	0.8199	0.8208	0.8212	0.8216	0.8219	0.8223	0.8226	0.8229	0.8232	0.8232	

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accidental Death Benefit  
Annual Claim Costs

Benefit	Unit of Principle Sum	Percent of Principle Sum	Annual Claim cost per Unit
Accidental Death	\$1,000	100%	\$0.17

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	120 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.940	0.950	0.955	0.965	1.000	1.050

Accidental Death Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accidental Dismemberment, Loss of Use, Plegia Benefits  
Annual Claim Costs

Accidental Dismemberment: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
Both Hands or Both Feet	\$1,000	100%	\$0.0016
One Hand and One Foot	\$1,000	100%	\$0.0030
One Hand or One Foot plus the loss of Sight of One Eye	\$1,000	100%	\$0.0015
Sight of Both Eyes	\$1,000	100%	\$0.0037
Speech and Hearing	\$1,000	100%	\$0.0002
Speech or Hearing	\$1,000	50%	\$0.0005
One Hand; One Foot; or Sight of One Eye	\$1,000	50%	\$0.0137
Thumb and Index Finger of the same Hand	\$1,000	25%	\$0.0051
Hearing in One Ear	\$1,000	25%	\$0.0003

Loss of Use: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
4 Limbs	\$1,000	100%	\$0.0023
3 Limbs	\$1,000	75.0%	\$0.0017
2 Limbs	\$1,000	66.7%	\$0.0044
1 Limb	\$1,000	50%	\$0.0016

Plegia: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
Quadriplegia	\$1,000	100%	\$0.0023
Triplegia	\$1,000	75.0%	\$0.0017
Paraplegia	\$1,000	66.7%	\$0.0028
Hemiplegia	\$1,000	50%	\$0.0012
Uniplegia	\$1,000	25%	\$0.0008

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	120 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.940	0.950	0.955	0.965	1.000	1.050

Dismemberment/Loss of Use/Plegia Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Coverage for Dependent Children  
Annual Claim Costs

Accidental Dismemberment: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
Both Hands or Both Feet	\$1,000	50%	\$0.0008
One Hand and One Foot	\$1,000	50%	\$0.0015
One Hand or One Foot plus the loss of Sight of One Eye	\$1,000	50%	\$0.0008
Sight of Both Eyes	\$1,000	50%	\$0.0018
Speech and Hearing	\$1,000	50%	\$0.0001
Speech or Hearing	\$1,000	25%	\$0.0002
One Hand; One Foot; or Sight of One Eye	\$1,000	25%	\$0.0068
Thumb and Index Finger of the same Hand	\$1,000	12.5%	\$0.0025
Hearing in One Ear	\$1,000	12.5%	\$0.0001

Loss of Use: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
4 Limbs	\$1,000	50%	\$0.0012
3 Limbs	\$1,000	37.5%	\$0.0009
2 Limbs	\$1,000	33.3%	\$0.0022
1 Limb	\$1,000	25%	\$0.0008

Plegia: Covered Loss	Unit of Principal Sum	Percent of Principal Sum	Annual Claim Cost per Unit
Quadriplegia	\$1,000	50%	\$0.0012
Triplegia	\$1,000	37.5%	\$0.0009
Paraplegia	\$1,000	33.3%	\$0.0014
Hemiplegia	\$1,000	25%	\$0.0006
Uniplegia	\$1,000	12.5%	\$0.0004

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.940	0.950	0.955	0.965	1.000

Dismemberment/Loss of Use/Plegia Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit  
x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Common Carrier Benefit  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Common Carrier Benefit	\$1,000	\$0.00020

Common Carrier Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Coma Benefit  
Annual Claim Costs

Annual Claim Costs, per \$1,000 Monthly Benefit

Benefit Period (Months)	Annual Claim Cost per \$1,000	Benefit Period (Months)	Annual Claim Cost per \$1,000
1	0.3300	51	13.0880
2	0.6551	52	13.3020
3	0.9754	53	13.5148
4	1.2909	54	13.7266
5	1.6018	55	13.9373
6	1.9080	56	14.1469
7	2.2097	57	14.3555
8	2.5069	58	14.5630
9	2.7996	59	14.7695
10	3.0879	60	14.9750
11	3.3719	61	15.1796
12	3.6532	62	15.3831
13	3.9320	63	15.5857
14	4.2081	64	15.7873
15	4.4817	65	15.9880
16	4.7528	66	16.1878
17	5.0214	67	16.3865
18	5.2875	68	16.5844
19	5.5511	69	16.7813
20	5.8123	70	16.9773
21	6.0711	71	17.1723
22	6.3275	72	17.3665
23	6.5815	73	17.5599
24	6.8339	74	17.7523
25	7.0846	75	17.9440
26	7.3337	76	18.1348
27	7.5812	77	18.3248
28	7.8271	78	18.5139
29	8.0713	79	18.7022
30	8.3140	80	18.8896
31	8.5552	81	19.0763
32	8.7947	82	19.2621
33	9.0327	83	19.4471
34	9.2692	84	19.6313
35	9.5041	85	19.8148
36	9.7377	86	19.9974
37	9.9700	87	20.1792
38	10.2009	88	20.3602
39	10.4306	89	20.5405
40	10.6589	90	20.7199
41	10.8859	91	20.8986
42	11.1117	92	21.0765
43	11.3361	93	21.2536
44	11.5593	94	21.4300
45	11.7813	95	21.6056
46	12.0019	96	21.7805
47	12.2214	97	21.9546
48	12.4397	98	22.1279
49	12.6569	99	22.3006
50	12.8730	100	22.4724

Annual Claim Costs, per \$1,000 Lump Sum Benefit

Waiting Period (Months)	Annual Claim Cost per \$1,000	Waiting Period (Months)	Annual Claim Cost per \$1,000
1	0.3154	51	0.2450
2	0.3132	52	0.2444
3	0.3111	53	0.2438
4	0.3090	54	0.2431
5	0.3069	55	0.2425
6	0.3048	56	0.2419
7	0.3027	57	0.2412
8	0.3006	58	0.2406
9	0.2986	59	0.2400
10	0.2965	60	0.2394
11	0.2945	61	0.2388
12	0.2925	62	0.2383
13	0.2905	63	0.2377
14	0.2885	64	0.2372
15	0.2866	65	0.2366
16	0.2846	66	0.2361
17	0.2827	67	0.2356
18	0.2807	68	0.2350
19	0.2788	69	0.2345
20	0.2769	70	0.2340
21	0.2751	71	0.2334
22	0.2732	72	0.2329
23	0.2713	73	0.2324
24	0.2695	74	0.2320
25	0.2684	75	0.2315
26	0.2673	76	0.2311
27	0.2662	77	0.2306
28	0.2652	78	0.2302
29	0.2641	79	0.2298
30	0.2630	80	0.2293
31	0.2620	81	0.2289
32	0.2609	82	0.2284
33	0.2598	83	0.2280
34	0.2588	84	0.2275
35	0.2578	85	0.2271
36	0.2567	86	0.2267
37	0.2559	87	0.2263
38	0.2551	88	0.2258
39	0.2542	89	0.2254
40	0.2534	90	0.2250
41	0.2526	91	0.2246
42	0.2518	92	0.2241
43	0.2510	93	0.2237
44	0.2502	94	0.2233
45	0.2494	95	0.2229
46	0.2486	96	0.2224
47	0.2478	97	0.2220
48	0.2470	98	0.2216
49	0.2463	99	0.2212
50	0.2457	100	0.2208

For Monthly Benefit followed by a Lump Sum Benefit, add the Lump Sum and Monthly Benefits above.

Coma Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Critical Burn Benefit  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost
Critical Burn Benefit	\$1,000	\$0.06355

Primary

Maximum Benefit	Annual Claim Cost
\$500	\$0.03334
\$1,000	\$0.06355
\$5,000	\$0.23816
\$10,000	\$0.39264
\$25,000	\$0.70909
\$50,000	\$1.04276
\$100,000	\$1.42145
\$250,000	\$1.88058
\$500,000	\$2.15138
\$1,000,000	\$2.32963
\$1,500,000	\$2.39595
\$2,000,000	\$2.43034
\$2,500,000	\$2.44909
\$5,000,000	\$2.47723
\$10,000,000	\$2.48329
\$25,000,000	\$2.48397

Excess of Other Insurance

Maximum Benefit	Annual Claim Cost
\$500	\$0.03334
\$1,000	\$0.05878
\$5,000	\$0.16157
\$10,000	\$0.23090
\$25,000	\$0.33303
\$50,000	\$0.40208
\$100,000	\$0.45669
\$250,000	\$0.50035
\$500,000	\$0.51648
\$1,000,000	\$0.52212
\$1,500,000	\$0.52304
\$2,000,000	\$0.52333
\$2,500,000	\$0.52342
\$5,000,000	\$0.52347
\$10,000,000	\$0.52347
\$25,000,000	\$0.52347

Adjustment for Percent of Body Burned

Percent of Body Burned	Adjustment Factor
1%	13.794
10%	8.584
20%	2.187
25%	1.000
30%	0.713
40%	0.317
50%	0.160
60%	0.093
70%	0.055
80%	0.028
90%	0.018

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050	1.100

Critical Burn Claim Costs (Indemnity) =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit  
 x Adjustment Factor for Percent of Body Burned  
 x Adjustment Factor for Different Incurral Periods Following Accident

Critical Burn Claim Costs (Reimbursement) =  
 Annual Claim Cost  
 x Adjustment Factor for Percent of Body Burned  
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Permanent and Total Disability Benefit  
Annual Claim Costs

Annual Claim Costs per \$1,000 Monthly Benefit

Benefit Period (Months)	Benefit Waiting Period			
	1 Month	6 Months	12 Months	24 Months
6	16.40	3.73	2.57	2.03
12	21.66	6.30	4.77	3.93
18	25.43	8.49	6.80	5.73
24	28.68	10.51	8.70	7.44
36	34.50	14.18	12.20	10.63
48	39.68	17.50	15.39	13.59
60	44.40	20.55	18.34	16.32
72	48.76	23.37	21.07	18.86
84	52.80	25.99	23.60	21.22
96	56.56	28.42	25.96	23.40
108	60.06	30.68	28.14	25.43
120	63.30	32.76	30.16	25.68
200	66.08	33.75	30.46	28.25

Annual Claim Costs per \$1,000 Lump Sum Benefit

Benefit Waiting Period		
6 Months	12 Months	24 Months
0.96	0.52	0.37

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	1.000	1.020	1.050	1.100

Permanent and Total Disability Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Group Personal Accident Insurance Policy U-GPA-100-A  
Accident Weekly Indemnity Benefit  
Annual Claim Costs

Annual Claim Costs per \$1,000 Weekly Benefit

Benefit Waiting Period (in Days)	Benefit Period (in Weeks)				
	4	26	52	104	120
3	99.70	237.10	288.09	351.98	368.57
7	81.53	205.64	255.63	319.04	335.55
30	27.66	85.33	113.73	151.51	161.50
60	17.91	63.06	89.51	126.30	136.15
90	6.76	29.14	44.51	67.12	73.28
180	3.97	19.94	33.58	55.63	61.75
365	2.22	13.01	24.06	43.62	49.13
730	1.61	10.14	19.58	36.83	41.77

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050

Accident Weekly Indemnity Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Accelerated Payment Benefit U-GPA-200-A  
Annual Claim Costs

Benefit	Annual Claim Costs per Unit
Accelerated Payment Benefit	No Additional Cost

Zurich American Insurance Company  
Accident Dental Expense Benefit U-GPA-201-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost
Accidental Dental Expense	\$1,000	\$0.345

Maximum Benefit	Annual Claim Cost
1,000	\$0.345
2,000	\$0.443
3,000	\$0.472
4,000	\$0.480
5,000	\$0.483
6,000	\$0.485
7,000	\$0.487

First Treatment/Service within 30, 90, 180, 365 Days of Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	1.000	1.020	1.050

Medical Expenses Incurred within 4, 26, 52 Weeks of Accident

Time for Medical Expense to Occur	4 Weeks	26 Weeks	52 Weeks
Adjustment Factor	0.910	0.950	1.000

Removal of Exclusion Adjustments

Removal of Exclusion #	Description	Adjustment Factor
5	Cosmetic, Plastic, or Restorative	1.1858
6	Replacement/Repair Dental Appliances	1.0432

Accidental Dental Expense Claim Costs (Indemnity) =

Annual Claim Cost per Unit  
x Benefit Amount / Unit  
x [First Treatment/Service Adjustment]  
x [Medical Expense Incurred Adjustment]  
x [Removal of Exclusion Adjustments]

Accidental Dental Expense Claim Costs (Reimbursement) =

Annual Claim Cost per Unit  
x [First Treatment/Service Adjustment]  
x [Medical Expense Incurred Adjustment]  
x [Removal of Exclusion Adjustments]  
x [(1 + Trend)^(Year - 2013)]

Where Trend = 5%

Zurich American Insurance Company  
After School Care Benefit U-GPA-202-A  
Annual Claim Costs

Benefit	Annual Claim Cost*
After School Care Benefit	\$0.29

\*Based on \$2,000 maximum benefit.  
Prorate for other maximum benefits.

Maximum Age Adjustment

Maximum Age	Adjustment Factor
4	0.322
5	0.384
6	0.447
7	0.510
8	0.571
9	0.630
10	0.690
11	0.750
12	0.811
13	0.873
14	0.936
15	1.000

Annual claim cost is for 1 year of benefit. For other benefit durations, multiply premium by benefit duration.

After School Care Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit  
 x Adjustment Factor for Maximum Age  
 x Benefit Duration

Zurich American Insurance Company  
 Carjacking Benefit U-GPA-203-A  
 Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Carjacking Benefit	\$1,000	\$0.00005

Carjacking Claim Costs =  
     Annual Claim Cost per Unit  
 x Benefit Amount / Unit  
 x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
 COBRA Benefit U-GPA-204-A  
 Annual Claim Costs

Benefit	Unit	Annual Claim Cost
COBRA Benefit	\$1,000	\$0.17

Maximum Benefit	Annual Claim Costs
\$1,000	\$0.14
\$5,000	\$0.51
\$10,000	\$0.80
\$15,000	\$0.99
\$20,000	\$1.14
\$25,000	\$1.27
\$50,000	\$1.66
\$75,000	\$1.88
\$100,000	\$2.02

COBRA Claim Costs (Indemnity) =  
 Annual Claim Cost  
 x Benefit Amount / Unit

COBRA Claim Costs (Reimbursement) =  
 Annual Claim Cost  
 x Benefit Duration (In Years)

Zurich American Insurance Company  
Common Disaster Benefit U-GPA-205-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Common Disaster Benefit	\$1,000	\$0.04

Common Disaster Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
 Commutation Benefit U-GPA-206-A  
 Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Commutation Benefit	\$1,000	\$0.02767

Commutation Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Complications of Pregnancy Benefit U-GPA-207-A  
Annual Claim Costs

95% Coinsurance

Maximum Benefit	Deductible								
	100	250	500	750	1,000	2,500	5,000	7,500	10,000
1,000	0.326	0.308	0.283	0.262	0.244	0.174	0.119	0.090	0.072
5,000	1.028	0.990	0.934	0.885	0.841	0.653	0.478	0.376	0.307
10,000	1.489	1.444	1.376	1.316	1.262	1.020	0.780	0.631	0.527
12,500	1.649	1.602	1.531	1.468	1.411	1.155	0.897	0.732	0.617
15,000	1.782	1.734	1.661	1.596	1.537	1.272	0.997	0.821	0.696
20,000	1.996	1.946	1.871	1.802	1.741	1.459	1.164	0.971	0.832
25,000	2.160	2.108	2.031	1.962	1.899	1.607	1.298	1.094	0.946
50,000	2.645	2.592	2.511	2.438	2.371	2.059	1.718	1.486	1.311
75,000	2.900	2.845	2.763	2.688	2.620	2.301	1.950	1.706	1.523
100,000	3.062	3.007	2.924	2.849	2.780	2.458	2.101	1.852	1.663

75% Coinsurance

Maximum Benefit	Deductible								
	100	250	500	750	1,000	2,500	5,000	7,500	10,000
1,000	0.311	0.295	0.272	0.253	0.236	0.170	0.117	0.089	0.071
5,000	0.929	0.897	0.849	0.807	0.769	0.606	0.451	0.357	0.294
10,000	1.310	1.272	1.216	1.166	1.122	0.919	0.714	0.583	0.491
12,500	1.439	1.400	1.342	1.290	1.244	1.031	0.812	0.670	0.570
15,000	1.545	1.505	1.446	1.393	1.345	1.125	0.895	0.745	0.638
20,000	1.713	1.673	1.612	1.557	1.506	1.276	1.031	0.869	0.752
25,000	1.840	1.799	1.737	1.681	1.630	1.394	1.140	0.969	0.844
50,000	2.208	2.166	2.101	2.042	1.989	1.739	1.465	1.276	1.134
75,000	2.395	2.352	2.287	2.228	2.174	1.919	1.638	1.442	1.294
100,000	2.511	2.468	2.402	2.343	2.288	2.032	1.747	1.548	1.397

50% Coinsurance

Maximum Benefit	Deductible								
	100	250	500	750	1,000	2,500	5,000	7,500	10,000
1,000	0.284	0.270	0.251	0.234	0.220	0.162	0.113	0.086	0.069
5,000	0.764	0.741	0.706	0.674	0.646	0.521	0.397	0.320	0.267
10,000	1.030	1.004	0.964	0.929	0.897	0.750	0.597	0.497	0.425
12,500	1.117	1.090	1.049	1.013	0.980	0.828	0.667	0.561	0.483
15,000	1.187	1.160	1.119	1.081	1.048	0.892	0.725	0.615	0.533
20,000	1.295	1.267	1.225	1.187	1.152	0.992	0.818	0.700	0.613
25,000	1.375	1.347	1.304	1.265	1.230	1.067	0.889	0.766	0.676
50,000	1.597	1.568	1.525	1.485	1.449	1.279	1.092	0.962	0.863
75,000	1.703	1.675	1.631	1.591	1.554	1.383	1.192	1.058	0.957
100,000	1.765	1.736	1.692	1.652	1.615	1.443	1.251	1.116	1.014

Zurich American Insurance Company  
Continuation of Insurance Benefit U-GPA-208-A  
Annual Claim Costs Load Factors\*

Benefit	Load Factor
Continuation of Insurance Benefit	1.00017

\* Load factors should be multiplied by the total claim cost of all benefits covered by the continuation of insurance rider.

Zurich American Insurance Company  
Day Care Benefit U-GPA-209-A  
Annual Claim Costs

Day Care Benefit	Unit	Annual Claim Costs per Unit
Accidental Death	\$1,000	\$0.037
Accidental Dismemberment	\$1,000	\$0.005

Adjustment Factors for  
Maximum Benefit Options

Maximum Benefit	Adjustment Factor
\$1,000	1.000
\$2,000	2.000
\$3,000	3.000
\$4,000	4.000
\$5,000	5.000
\$6,000	6.000
\$7,000	7.000
\$8,000	7.980
\$9,000	8.826
\$10,000	9.672
\$11,000	9.979
\$12,000	10.078
\$13,000	10.179
\$14,000	10.281
\$15,000	10.384
\$20,000	10.488
\$25,000	10.592
\$30,000	10.698
\$35,000	10.805
\$40,000	10.913
\$45,000	11.023
\$50,000	11.133
\$55,000	11.244
\$60,000	11.357
\$65,000	11.470
\$70,000	11.585
\$75,000	11.701
\$80,000	11.818
\$85,000	11.936
\$90,000	12.055
\$95,000	12.176
\$100,000	12.298

Maximum Age Adjustment

Maximum Age	Adjustment Factor
2	0.223
3	0.296
4	0.368
5	0.440
6	0.511
7	0.584
8	0.653
9	0.722
10	0.790
11	0.859
12	0.929
13	1.000
14	1.072
15	1.145
16	1.220
17	1.296
18	1.373

Day Care Claim Costs (Indemnity) =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit  
 x Adjustment Factor for Maximum Age

Day Care Claim Costs (Reimbursement) =  
 Annual Claim Cost per Unit  
 x Adjustment Factor for Maximum Benefit  
 x Adjustment Factor for Maximum Age

Zurich American Insurance Company  
Elder Care Benefit U-GPA-210-A  
Annual Claim Costs

Elder Care Benefit	Unit	Annual Claim Cost
Accidental Death	\$1,000	\$0.011
Accidental Dismemberment	\$1,000	\$0.003

Maximum Benefit	Accidental Death Annual Claim Costs	Accidental Dismemberment Annual Claim Costs
\$1,000	\$0.011	\$0.003
\$2,000	\$0.022	\$0.005
\$3,000	\$0.033	\$0.008
\$5,000	\$0.055	\$0.013
\$10,000	\$0.111	\$0.025
\$15,000	\$0.165	\$0.038
\$20,000	\$0.220	\$0.050
\$25,000	\$0.274	\$0.063
\$30,000	\$0.327	\$0.075
\$35,000	\$0.380	\$0.087
\$40,000	\$0.430	\$0.098
\$45,000	\$0.480	\$0.110
\$50,000	\$0.527	\$0.120

Elder Care Claim Costs (Indemnity) =  
 Annual Claim Cost  
 x Benefit Amount / Unit  
 x Benefit Duration (In Years)

Elder Care Claim Costs (Reimbursement) =  
 Annual Claim Cost  
 x Benefit Duration (In Years)

Zurich American Insurance Company  
Emergency Transportation Benefit U-GPA-211-A  
Annual Claim Cost

Benefit	Unit	Annual Claim Cost per Unit
Emergency Transportation Benefit	\$500	\$4.18

Maximum Benefit	Adjustment Factor
\$500	1.000
\$1,000	1.835
\$1,500	2.494
\$2,000	3.020
\$2,500	3.445
\$3,000	3.797
\$3,500	4.075
\$4,000	4.305
\$4,500	4.496
\$5,000	4.655
\$7,500	5.148
\$10,000	5.377

Emergency Transportation within 24, 48, 72 hours of Accident

Time for Loss to Occur	24 Hours	48 Hours	72 Hours
Adjustment Factor	0.990	0.995	1.000

Maximum Emergency Transports Per Year	Adjustment Factor
1	0.709
2	1.000
3	1.131
4	1.197
5	1.233
6	1.255
7	1.268
8	1.277
9	1.283
10	1.287
11	1.290
12	1.292

Emergency Transportation Claim Costs (Indemnity) =

- Annual Claim Cost per Unit
- x Benefit Amount / Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Transports

Emergency Transportation Claim Costs (Reimbursement) =

- Annual Claim Cost per Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Transports

Zurich American Insurance Company  
Emergency Treatment Benefit U-GPA-212-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Emergency Treatment Benefit	\$500	\$32.76

Maximum Benefit	Adjustment Factor
\$100	0.201
\$500	1.000
\$1,000	1.907
\$1,500	2.656
\$2,000	3.296
\$2,500	3.830
\$3,000	4.285
\$3,500	4.678
\$4,000	5.017
\$4,500	5.293
\$5,000	5.541

Emergency Treatment within 24, 48, 72 hours of Accident

Time for Loss to Occur	24 Hours	48 Hours	72 Hours
Adjustment Factor	0.990	0.995	1.000

Maximum Emergency Treatments Per Year	Adjustment Factor
1	0.950
2	0.969
3	0.988
4	0.994
5+	1.000

Emergency Treatment Claim Costs (Indemnity) =

- Annual Claim Cost per Unit
- x Benefit Amount / Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Treatments

Emergency Treatment Claim Costs (Reimbursement) =

- Annual Unit Cost per Unit
- x Adjustment Factor for Emergency Treatment within XX hours of Accident
- x Adjustment Factor for Maximum Emergency Treatments

Zurich American Insurance Company  
Escalator Clause Option Benefit U-GPA-213-A  
Annual Claim Costs Load Factors\*

Benefit Increase	Maximum Years of Increase					
	5	6	7	8	9	10
0.5%	1.0178	1.0200	1.0219	1.0235	1.0249	1.0260
1%	1.0356	1.0400	1.0438	1.0470	1.0497	1.0520
2%	1.0712	1.0800	1.0876	1.0940	1.0994	1.1041
3%	1.1067	1.1201	1.1314	1.1410	1.1491	1.1561
4%	1.1423	1.1601	1.1751	1.1880	1.1989	1.2081
5%	1.1779	1.2001	1.2189	1.2350	1.2486	1.2601
6%	1.2135	1.2401	1.2627	1.2819	1.2983	1.3122
7%	1.2491	1.2801	1.3065	1.3289	1.3480	1.3642
8%	1.2847	1.3201	1.3503	1.3759	1.3977	1.4162
9%	1.3202	1.3602	1.3941	1.4229	1.4474	1.4682
10%	1.3558	1.4002	1.4379	1.4699	1.4971	1.5203

\*Load Factors should be multiplied by the Accident Death claim costs.

Zurich American Insurance Company  
Exposure and Disappearance Benefit U-GPA-214-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Exposure and Disappearance Benefit	\$1,000	\$0.0026

Exposure and Disappearance Claim Costs =  
     Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Felony Victim Benefit U-GPA-215-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Felony Victim Benefit	\$1,000	\$0.06

Felony Victim Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Funeral [and] [Executor] Expense Benefit U-GPA-216-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Funeral Expense Benefit	\$1,000	\$0.17

Maximum Benefit	Adjustment Factor
\$1,000	1.000
\$2,000	2.000
\$3,000	3.000
\$4,000	4.000
\$5,000	5.000
\$6,000	6.000
\$7,000	7.000
\$8,000	7.980
\$9,000	8.826
\$10,000	9.672
\$11,000	9.979
\$12,000	10.078
\$13,000	10.179
\$14,000	10.281
\$15,000	10.384
\$20,000	10.488
\$25,000	10.592
\$30,000	10.698
\$35,000	10.805
\$40,000	10.913
\$45,000	11.023
\$50,000	11.133

Funeral and Executor Claim Costs (Indemnity) =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Funeral and Executor Claim Costs (Reimbursement) =  
Annual Claim Cost per Unit  
x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company  
Hearing Aid or Prosthetic Appliance Benefit U-GPA-217-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Hearing Aid or Prosthetic Appliance Benefit	\$1,000	\$0.0220

Maximum Benefit	Annual Claim Costs
\$1,000	\$0.0220
\$2,500	\$0.0340
\$5,000	\$0.0413
\$10,000	\$0.0459
\$15,000	\$0.0474
\$20,000	\$0.0482
\$25,000	\$0.0486
\$30,000	\$0.0488
\$40,000	\$0.0491
\$50,000	\$0.0492

Hearing Aid or Prosthetic Appliance Claim Costs (Indemnity) =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Hearing Aid or Prosthetic Appliance Claim Costs (Reimbursement) =  
 Annual Claim Cost per Maximum Benefit

Zurich American Insurance Company  
Higher Education Benefit U-GPA-218-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Higher Education Benefit	\$1,000	\$0.05

No Qualified Dependent Children

Benefit	Unit	Annual Claim Cost per Unit
Higher Education Benefit	\$1,000	\$0.15

Higher Education Benefit Maximum Adjustment Factors

Annual Benefit Maximum	Factor
\$1,000	1.000
\$2,000	2.000
\$3,000	3.000
\$4,000	3.994
\$5,000	4.940
\$6,000	5.839
\$7,000	6.738
\$8,000	7.485
\$9,000	8.080
\$10,000	8.676
\$15,000	10.853
\$20,000	12.493
\$25,000	13.838
\$30,000	14.840
\$35,000	15.530
\$40,000	15.962
\$45,000	16.159
\$50,000	16.193
\$55,000	16.228
\$60,000	16.262
\$65,000	16.297
\$70,000	16.332
\$75,000	16.367
\$80,000	16.402
\$85,000	16.437
\$90,000	16.472
\$95,000	16.508
\$100,000	16.543
\$150,000	16.578
\$200,000	16.614
\$250,000	16.649
\$300,000	16.685
\$350,000	16.721
\$400,000	16.756
\$450,000	16.792
\$500,000	16.828

Higher Education Claim Costs (Indemnity) =

Annual Claim Cost per Unit  
x Benefit Amount / Unit

Higher Education Claim Costs (Reimbursement) =

Annual Claim Cost per Unit  
x Adjustment Factor for Maximum Benefit Amount

No Qualified Dependent Children Higher Education Claim Costs =

Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Hijacking or Skyjacking Benefit U-GPA-219-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Hijacking or Skyjacking Benefit	\$1,000	\$0.00001

Hijacking or Skyjacking Claim Costs =  
     Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Home Alteration and Vehicle Modification Benefit U-GPA-220-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Home Alteration and Vehicle Modification Benefit	\$1,000	\$0.05

Maximum Benefit	Annual Claim Cost
\$1,000	0.05
\$2,500	0.10
\$5,000	0.16
\$10,000	0.23
\$15,000	0.27
\$20,000	0.30
\$25,000	0.33
\$30,000	0.35
\$40,000	0.38
\$50,000	0.41

Home Alteration and Vehicle Modification Claim Costs (Indemnity) =  
Annual Claim Cost  
x Benefit Amount / Unit

Home Alteration and Vehicle Modification Claim Costs (Reimbursement) =  
Annual Claim Cost  
x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company  
Natural Disaster Benefit U-GPA-221-A  
Annual Claim Costs

Natural Disaster Benefit	Unit	Annual Claim Cost per Unit
Accidental Death	\$1,000	\$0.001262
Accidental Dismemberment	\$1,000	\$0.000432
Loss of Use	\$1,000	\$0.000104
Plegia	\$1,000	\$0.000104

Natural Disaster Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Occupational Hepatitis Accident Benefit U-GPA-222-A  
Annual Claim Costs

Annual Claim Costs, per \$1,000  
Monthly Benefit, with Hepatitis A

Benefit Period (Months)	Annual Claim Cost per \$1,000 Monthly Benefit
12	0.0522
13	0.0546
14	0.0570
15	0.0594
16	0.0617
17	0.0641
18	0.0664
19	0.0688
20	0.0711
21	0.0734
22	0.0757
23	0.0779
24	0.0802
25	0.0824
26	0.0847
27	0.0869
28	0.0891
29	0.0913
30	0.0934
31	0.0956
32	0.0977
33	0.0999
34	0.1020
35	0.1041
36	0.1062

Annual Claim Costs, per \$1,000  
Monthly Benefit, without Hepatitis A

Benefit Period (Months)	Annual Claim Cost per \$1,000 Monthly Benefit
12	0.0457
13	0.0480
14	0.0504
15	0.0527
16	0.0551
17	0.0574
18	0.0597
19	0.0620
20	0.0642
21	0.0665
22	0.0688
23	0.0710
24	0.0732
25	0.0754
26	0.0776
27	0.0798
28	0.0820
29	0.0841
30	0.0863
31	0.0884
32	0.0905
33	0.0926
34	0.0947
35	0.0968
36	0.0988

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	1.000	1.020	1.050	1.100

Occupational Hepatitis Claim Costs =

Annual Claim Cost per Unit  
x Benefit Amount / Unit  
x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Occupational HIV Accident Benefit U-GPA-223-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
HIV Occupational Accident Benefit	\$1,000	\$0.0163

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	1.000	1.020	1.050	1.100

Workers Compensation Injury Report within 24, 48, 72, 120 hours of Accident

Time for Loss to Occur	24 Hours	48 Hours	72 Hours	120 Hours
Adjustment Factor	0.990	0.995	1.000	1.020

HIV Occupational Accident Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

x Adjustment Factor for Workers Compensation Injury Report

x Benefit Period (In Months)

Zurich American Insurance Company  
 Outpatient Physician's Treatment Benefit U-GPA-225-A  
 Annual Claim Costs

Maximum Benefit	Annual Claim Cost
\$50	\$13.556
\$100	\$26.903
\$150	\$38.930
\$200	\$49.620
\$250	\$59.015
\$500	\$93.807
\$750	\$104.193
\$1,000	\$105.855
\$1,500	\$106.478
\$2,000	\$106.586
\$2,500	\$106.614
\$3,000	\$106.625
\$3,500	\$106.631
\$4,000	\$106.633
\$4,500	\$106.635
\$5,000	\$106.636

Waiting Period

Time for Loss to Occur	3 Months	6 Months	12 Months	24 Months
Adjustment Factor	1.0811	1.0000	0.9189	0.7811

Outpatient Physician's Treatment Claim Costs =  
 Annual Claim Cost per Unit  
 x Adjustment Factor for Waiting Period

Zurich American Insurance Company  
On-Premises Terrorism Benefit [H-2 Only] U-GPA-226-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost Inside US	Annual Claim Cost Outside US
Accidental Death	\$1,000	\$0.00042	\$0.00420
All Other Covered Injuries	\$1,000	\$0.00169	\$0.01690

On-Premises Terrorism Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Parent Care Benefit U-GPA-227-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Parent Care Benefit	\$1,000	\$0.011

Parent Care Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Zurich American Insurance Company  
Rehabilitation Benefit U-GPA-228-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost per Unit
Rehabilitation Benefit	\$1,000	\$0.07

Maximum Benefit	Adjustment Factor
\$1,000	1.000
\$2,500	1.576
\$5,000	1.940
\$7,500	2.095
\$10,000	2.180
\$15,000	2.271
\$20,000	2.320
\$25,000	2.354
\$30,000	2.379
\$35,000	2.400
\$40,000	2.419
\$45,000	2.435
\$50,000	2.449
\$100,000	2.535
\$250,000	2.611
\$500,000	2.633
\$1,000,000	2.638
\$2,500,000	2.640
\$5,000,000	2.641

Rehabilitation Claim Costs (Indemnity) =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Rehabilitation Claim Costs (Reimbursement) =  
Annual Claim Cost  
x Adjustment Factor for Maximum Benefit

Zurich American Insurance Company  
Reserve Corps/National Guard Unit Benefit U-GPA-229-A  
Annual Claim Costs

Reserve Corps/National Guard Unit Benefit	Unit	Annual Claim Cost per Unit
Accidental Death	\$1,000	\$0.1915
Accidental Dismemberment	\$1,000	\$0.0656
Loss of Use	\$1,000	\$0.0166
Plegia	\$1,000	\$0.0166

Reserve Corps/National Guard Unit Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
 Seat Belt[Air Bag] Benefit U-GPA-230-A  
 Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Seat Belt Benefit	\$1,000	\$0.06
Air Bag Benefit	\$1,000	\$0.10

Seat Belt/Air Bag Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
 Spouse[/Domestic Partner] Retraining Benefit U-GPA-231-A  
 Annual Claim Costs

Benefit	Unit	Annual Claim Cost
Spouse[/Domestic Partner] Retraining Benefit	\$1,000	\$0.17

Maximum Benefit	Annual Claim Costs
\$1,000	\$0.17
\$2,000	\$0.35
\$3,000	\$0.52
\$4,000	\$0.68
\$5,000	\$0.77
\$10,000	\$1.14
\$15,000	\$1.27
\$20,000	\$1.31
\$25,000	\$1.45
\$30,000	\$1.59
\$40,000	\$1.75
\$50,000	\$1.92
\$100,000	\$2.12
\$150,000	\$2.33
\$200,000	\$2.56
\$250,000	\$2.82
\$500,000	\$3.10

Completion within 12, 24, 48 Months of Death of Insured

Time for Completion	12 Months	24 Months	48 Months
Adjustment Factor	1.000	1.005	1.010

Spouse[/Domestic Partner] Retraining Benefit (Indemnity) =  
 Annual Claim Cost  
 x Benefit Amount / Unit  
 x Adjustment Factor for Completion Time

Spouse[/Domestic Partner] Retraining Benefit (Reimbursement) =  
 Annual Claim Cost  
 x Adjustment Factor for Completion Time

Zurich American Insurance Company  
Student [Tuition] [and] [Expense] Reimbursement Benefit U-GPA-232-A  
Annual Claim Costs

Student Loan Reimbursement

Benefit Trigger	Annual Claim Cost
Accidental Death	3.19
Accidental Dismemberment	1.09
Total	4.28

Student Loan Reimbursement Claim Costs (Reimbursement) =  
Annual Claim Cost per Unit  
x Adjustment Factor for Maximum Benefit

Benefit Trigger	Annual Claim Cost per \$1,000
Accidental Death	\$0.11
Accidental Dismemberment	\$0.04

Student Loan Reimbursement Claim Costs (Indemnity) =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Maximum Benefit	Adjustment Factor
\$1,000	0.036
\$2,500	0.090
\$5,000	0.180
\$7,500	0.270
\$10,000	0.360
\$15,000	0.540
\$20,000	0.698
\$25,000	0.805
\$50,000	0.992
\$100,000	1.000
\$150,000	1.005
\$200,000	1.010
\$250,000	1.015
\$300,000	1.020
\$350,000	1.025
\$400,000	1.030
\$450,000	1.036
\$500,000	1.041

Tuition Reimbursement

Benefit Trigger	Annual Claim Cost
Accidental Death	1.67
Accidental Dismemberment	0.57
Total	2.24

Tuition Reimbursement Claim Costs (Reimbursement) =  
Annual Claim Cost per Unit  
x Adjustment Factor for Maximum Benefit  
x Adjustment Factor for Maximum Number of Payments

Benefit Trigger	Annual Claim Cost per \$1,000
Accidental Death	0.17
Accidental Dismemberment	0.06
Total	0.23

Tuition Reimbursement Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Maximum Benefit	Adjustment Factor
\$1,000	0.104
\$2,500	0.261
\$5,000	0.424
\$7,500	0.578
\$10,000	0.653
\$15,000	0.787
\$20,000	0.886
\$25,000	0.964
\$50,000	1.000
\$75,000	1.010
\$100,000	1.020

Maximum Number of Payments	Adjustment Factor
4	2.80
5	3.19
6	4.11
7	4.36
8	4.48

Student Expense

Benefit Trigger	Annual Claim Cost
Accidental Death	1.98
Accidental Dismemberment	0.68
Total	2.66

Student Expense Claim Costs (Reimbursement) =  
Annual Claim Cost per Unit  
x Adjustment Factor for Maximum Benefit  
x Adjustment Factor for Maximum Number of Payments

Benefit Trigger	Annual Claim Cost per \$1,000
Accidental Death	\$0.17
Accidental Dismemberment	\$0.06

Student Expense Claim Costs =  
Annual Claim Cost per Unit  
x Benefit Amount / Unit

Maximum Benefit	Adjustment Factor
\$1,000	0.088
\$2,500	0.220
\$5,000	0.440
\$7,500	0.660
\$10,000	0.880
\$15,000	1.000

Maximum Number of Payments	Adjustment Factor
4	2.80
5	3.19
6	4.11
7	4.36
8	4.48

Zurich American Insurance Company  
Surviving Spouse[/Domestic Partner] Benefit U-GPA-233-A

Benefit	Unit	Annual Claim Cost per Unit
Surviving Spouse/Domestic Partner Benefit	\$1,000	\$0.07

Surviving Spouse/Domestic Partner Claim Costs =  
     Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Terrorism Benefit U-GPA-234-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost Inside US	Annual Claim Cost Outside US
Accidental Death	\$1,000	\$0.00209	\$0.02090
All Other Covered Injuries	\$1,000	\$0.00843	\$0.08430

Terrorism Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit

Zurich American Insurance Company  
Therapeutic Counseling Benefit U-GPA-235-A  
Annual Claim Costs

Therapeutic Counseling Benefit	Unit	Annual Claim Cost per Unit
Accidental Death	\$1,000	\$0.1741
Accidental Dismemberment	\$1,000	\$0.0745

Maximum Benefit	Accidental Death Annual Claim Cost	Dismemberment Annual Claim Cost
\$1,000	\$0.1741	\$0.0745
\$2,000	\$0.2768	\$0.1185
\$3,000	\$0.3476	\$0.1489
\$4,000	\$0.4000	\$0.1713
\$5,000	\$0.4416	\$0.1891
\$10,000	\$0.5701	\$0.2441
\$15,000	\$0.6464	\$0.2768
\$20,000	\$0.7017	\$0.3005
\$25,000	\$0.7461	\$0.3195
\$50,000	\$0.8805	\$0.3771
\$75,000	\$0.9446	\$0.4045
\$100,000	\$0.9802	\$0.4198

Adjustment Factor for Different Incurral Periods Following Accident

Time for Medical Expense to Occur	1 Year	2 Years	3 Years	4 Years	5 Years
Adjustment Factor	1.000	1.150	1.200	1.250	1.300

Therapeutic Counseling Claim Costs (Indemnity) =

Annual Claim Cost per Unit

x Benefit Amount / Unit

Therapeutic Counseling Claim Costs (Reimbursement) =

Annual Claim Cost per Maximum Benefit

x Adjustment Factor for Different Incurral Periods Following Accident

Zurich American Insurance Company  
Traumatic Brain Injury Benefit U-GPA-236-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Costs per Unit
Traumatic Brain Injury Benefit	\$1,000	\$0.24

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050	1.100

Required Hospitalization Days

Days	Adjustment
1	6.925
2	5.268
3	3.620
4	2.449
5	1.724
6	1.290
7	1.000
8	0.780
9	0.631
10	0.525
11	0.443
12	0.382
13	0.334
14	0.294
30	0.075
60	0.019
90	0.006

Traumatic Brain Injury Claim Costs =

Annual Claim Cost per Unit

x Benefit Amount / Unit

x Adjustment Factor for Different Incurral Periods Following Accident

x Adjustment Factor for Required Hospitalization Days

Zurich American Insurance Company  
Travel Assistance Benefit U-GPA-237-A  
Annual Claim Costs

Benefit	Maximum Benefit	Annual Claim Costs
Travel Assistance Plan	5,000	\$1.40
	10,000	\$2.10
	15,000	\$2.80
	20,000	\$3.15
	25,000	\$3.50
	50,000	\$4.06
	75,000	\$4.34
	100,000	\$4.62
	250,000	\$4.76
	500,000	\$4.90
	750,000	\$5.04
	1,000,000	\$5.11

Travel Assistance Plan Claim Costs =  
Annual Claim Cost

Zurich American Insurance Company  
Travel Reimbursement Benefit U-GPA-238-A  
Annual Claim Costs

Benefit	Maximum Benefit	Annual Claim Costs
Travel Reimbursement Benefit	5,000	\$1.40
	10,000	\$2.10
	15,000	\$2.80
	20,000	\$3.15
	25,000	\$3.50
	50,000	\$4.06
	75,000	\$4.34
	100,000	\$4.62
	250,000	\$4.76
	500,000	\$4.90
	750,000	\$5.04
	1,000,000	\$5.11

Travel Reimbursement Benefit Claim Costs =  
Annual Claim Cost

Zurich American Insurance Company  
Waiver of Premium Option Benefit U-GPA-239-A  
Annual Claim Costs Load Factors\*

Benefit	Load Factor
Waiver of Premium Benefit	1.091

\* Load factors should be multiplied by the total claim cost of all benefits covered by the waiver of premium rider.

Zurich American Insurance Company  
Wellness Benefit U-GPA-240-A  
Annual Claim Costs

Benefit	Unit	Annual Claim Cost
Wellness Benefit	\$50 per day	\$12.73
	\$100 per day	\$48.38
	\$150 per day	\$92.76

Waiting Period	Adjustment Factor
3	1.08
4	1.05
5	1.03
6	1.00
9	0.91
12	0.83
18	0.69
24	0.57

Wellness Claim Costs =  
 Annual Claim Cost per Unit  
 x Benefit Amount / Unit  
 x Adjustment Factor for Waiting Period

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Zurich American Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)		
<b>Project Name/Number:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152		

## Supporting Document Schedules

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

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	ZNA07.GPA-100.50%LR.ActMemo.Final.20140313.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please refer to Actuarial Memorandum attached above.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Comments:</b>	acknowledged
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	Not applicable - this is a new product
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Zurich American Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)		
<b>Project Name/Number:</b>	Lifestyle Voluntary Benefits - Personal Accident Policy (GPA)/CW AH 37152		

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

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

**District of Columbia Explanatory Memorandum  
Group Personal Accident (U-GPA-100-A, et al.)**

This is a new Group Accident Insurance product, which will be marketed to:

1. all size employer groups ranging from five (5) employees to any size employer group thereafter; and
2. bona fide associations, trust groups and unions.

At this time, Zurich is not in the process of contracting with any associations, trusts or unions with respect to this new product.

All forms are new and are not intended to replace any other forms currently in use.

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Please note that we will be attaching previously filed form U-GU-1147-A (01/14) to both the application and the enrollment form for this product. This form contains the District of Columbia's required fraud warning language. It was submitted via SERFF filing ZURC-129145000 and approved for use in the District of Columbia effective 9/4/2013.

Also attached for your review is our actuarial memorandum and rate manual for this new product.

# Zurich American Insurance Company

## Actuarial Memorandum

### Group Personal Accident Policy Form U-GPA-100-A et al.

#### 1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new policy form and associated riders. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

#### 2. Benefit Description

This section contains a brief description of the benefits provided by the policy and riders. A detailed description of the benefits and limitations are identified in the policy and associated riders.

The base policy provides accident coverage and benefits are payable for hazard categories including 24-hour, full occupation protection and full non-occupation protection. The base policy consists of the following benefits. Additional optional benefits can be added to the base policy as riders.

Accident Medical Expense Benefit: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum.

Accident Medical Expense with Coordination of Benefits: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount may be payable in excess of any inforce policy and any applicable deductible depending on any other coordination of benefits provisions if coverage is provided by more than one inforce policy.

Accident Medical Expense Benefit – Excess Corridor: Pays usual and customary charges incurred for medically necessary covered medical services incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount is payable in excess of any in force policy and any applicable deductible.

Accident Medical Expense Benefit – Excess Integrated: Pays usual and customary charges incurred for medically necessary covered medical services

incurred by a covered person resulting from a covered accident. Benefits are subject to a deductible and benefit maximum. The benefit amount is payable in excess of any in force policy and any applicable deductible. This policy will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this policy.

Accident Medical Expense Benefit – Indemnity: Pays the following benefits as applicable per covered person for each covered accident.

Enhanced Emergency Treatment Benefit: Pays a benefit for each covered person who receives emergency treatment in an emergency room, urgent care facility or by a physician in his or her office as the result of injuries received in a covered accident.

X-rays Related to an Accident Benefit: Pays a benefit for each covered person who requires an X-ray while receiving emergency room treatment in a hospital resulting from a covered accident.

Emergency Follow Up Treatment Benefit: Pays a benefit for each covered person who requires additional treatment by a physician in a physician's office, urgent care facility or hospital on an outpatient basis, as the result of injuries received in a covered accident.

Accident Hospitalization Benefit: Pays a benefit when the covered person is admitted for hospital confinement or is admitted directly to an intensive care unit for treatment of injuries sustained in a covered accident.

Dislocation Benefit: Pays a benefit for each covered person who sustains a dislocation as the result of injuries received in a covered accident.

Burn Benefit: Pays a benefit for each covered person who sustains second and third degree burns as the result of injuries received in a covered accident.

Skin Graft Benefit: Pays a benefit for each covered person who receives a skin graft for a burn for which a benefit was received under the Burn Benefit.

Eye Injury Benefit: Pays a benefit for surgical repair or removal of foreign body for each covered person who sustains an injury to the eye in a covered accident.

Laceration Benefit: Pays a benefit for each covered person who sustains lacerations as the result of injuries received in a covered accident.

Fracture Benefit: Pays a benefit for each covered person who sustains fractures as the result of injuries received in a covered accident.

Concussion Benefit: Pays a benefit for each covered person who sustains concussion as a result of a covered accident.

Emergency Dental Procedure Benefit: Pays a benefit for each covered person who requires dental work as the result of injuries received in a covered accident.

Specified Surgical Procedures Arising from an Accident Benefit: Pays a benefit for each covered person who undergoes one of the specified surgical procedures as shown in the benefit schedule, due to an injury received in a covered accident.

Non-Specified Surgical Procedures Arising from an Accident Benefit: Pays a benefit for each covered person who undergoes a non-specified surgical procedure as shown in the benefit schedule, due to an injury received in a covered accident.

Diagnostic Testing and Exams Benefit: Pays a benefit for each covered person who requires a diagnostic examination to determine the extent of injuries received in a covered accident. Diagnostic exams include computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG).

Pain Management Benefit: Pays a benefit for each covered person that is prescribed, receives, and incurs a charge for an epidural or other similar treatment administered for pain management in a hospital or physician's office for injuries sustained in a covered accident or for pain management associated with pregnancy.

Physical Therapy and Rehabilitation Benefit: Pays a benefit for each covered person who requires physical therapy treatment as the result of injuries received in a covered accident.

Durable Medical Equipment and Prosthetic Appliance Benefit: Pays a benefit for a covered person who sustained injuries in a covered accident and requires a prosthetic device, artificial limb or durable medical equipment which is prescribed by a physician for functional use.

Blood, Plasma, and or Platelets Benefit: Pays a benefit when a covered person receives blood, plasma, and/or platelets for the treatment of injuries sustained in an accident.

Ambulance Benefit: Pays a benefit for a licensed professional ambulance company to transport a covered person by ground or air, to a hospital for treatment of injuries received in a covered accident.

Transportation Benefit: Pays a benefit for each covered person who is required to travel over a specified number of miles from the site of the covered accident to receive special treatment or be confined in a hospital if prescribed by a physician for treatment of injuries resulting from a covered accident and such treatment or confinement is not available locally.

Accommodations During Hospital Confinement Benefit: Pays a benefit for a member of the family to accompany a covered person who is admitted and/or confined in a hospital as the result of injuries received in a covered accident.

In-Hospital Indemnity Benefit: Pays the amount shown in the schedule for a specified number of months if the covered person suffers an injury that results in a hospital confinement for more than a specified number of days.

In-Hospital Scheduled Benefit: Pays the amount shown in the schedule for admission and/or confinement in a hospital if the covered person suffers an injury received in a covered accident.

Accidental Death Benefit: Pays the principal sum shown on the benefit schedule if a covered person's injury results in death within a certain number of days of the date of the accident that caused the injury.

Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit: Pays a specified percentage of the principal sum shown on the benefit schedule if a covered person's injury results in a covered dismemberment, loss of use, or plegia within a certain number of days of the date of the accident that caused the injury.

Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Coverage for Dependent Children: Pays specified percentage of the principal sum shown on the benefit schedule if a dependent child's injury results in a covered dismemberment, loss of use, or plegia within a certain number of days of the date of the accident that caused the injury.

Common Carrier Benefit: Pays the amount shown in the schedule if the covered person suffers an injury resulting in a loss of life that occurs while the covered person is riding as a passenger in or on, or boarding or alighting from, a common carrier while on a trip.

Coma Benefit: Pays a monthly benefit, lump sum benefit, or both if a covered person suffers an injury resulting in a covered loss that causes a coma within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of months as long as the covered person remains in a coma.

Critical Burn Benefit: Pays up to the maximum amount shown in the benefit schedule if the covered person suffers burns over a specified percent of his or her body and requires reconstructive surgery to treat the burned areas.

Permanent and Total Disability Benefit: Pays the amount shown in the benefit schedule if the covered person injury results in permanent and total disability within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of months as long as the covered person is permanently and totally disabled.

Accident Weekly Indemnity Benefit: Pays the specified accident weekly indemnity benefit amount shown on the benefit schedule if a covered person's injury results in total disability within a certain number of days of the date of the accident that caused the injury. The benefit is paid after the covered person meets a waiting period and will continue to be paid for up to a specified number of weeks as long as the covered person is totally disabled.

Excess of Other Insurance Endorsement: Allows for coverage under this policy to always be treated as secondary (secondary plan) to any other insurance (primary plan). This plan shall pay for medical expenses after the primary plan has paid the claim. Any payment by the primary plan shall reduce the benefits payable under this secondary plan. The total payments between the primary plan and secondary plan shall not exceed the expenses actually incurred by the covered person.

Accelerated Payment Benefit Rider: Pays the applicable accelerated benefit amount as shown on the benefit schedule provided the covered person is terminally injured.

Accident Dental Expense Benefit Rider: Pays the amount shown in the schedule if a covered person requires treatment for damage to sound natural teeth due to an injury received in a covered accident.

After School Care Benefit Rider: Pays incurred charges for after school care for each covered dependent child if the insured suffers an injury resulting in a loss of life or dismemberment payable under the accidental death or accident dismemberment benefit.

Carjacking Benefit Rider: Pays the amount shown in the schedule if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, as a direct result of an accident occurring during a carjacking of a private passenger automobile that the covered person was operating, getting in or out of, or riding as a passenger.

COBRA Benefit Rider: Pays the amount shown in the schedule to continue medical insurance for the insured's covered dependents for a specified period of time, if the insured suffers a loss of life, payable under the accidental death benefit.

Common Disaster Benefit Rider Pays the insured accidental death benefit for both the insured and covered spouse if both suffer injuries that result in death from the same accident within a certain number of days.

Commutation Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury resulting in a covered loss while commuting directly to or from the place he or she lives and place of regular employment for the policyholder.

Complications of Pregnancy Benefit Rider: Pays usual and customary charges incurred for medically necessary covered medical services if the covered person suffers an injury resulting in covered complications of pregnancy. Benefits are subject to coinsurance, a deductible and benefit maximum.

Continuation of Insurance Benefit Rider: If the insured suffers a covered injury which is payable under the accidental death benefit, all benefits under this Policy that were in force on the date of the death will continue with respect to the insured's eligible dependents for a specified number of days after the date of loss with no additional premium payments.

Day Care Benefit Rider: Pays an additional benefit for day care expenses to the individual who incurs the expense on behalf of each covered dependent child that is enrolled in an accredited child care facility and is under a specified age, if the insured suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit.

Elder Care Benefit Rider: Pays an additional benefit for elder care expenses to the individual who incurs the expense on behalf of each dependent parent, if the insured suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit and on the date of the accident, the dependent parent was enrolled in an elder care facility or enrolls in such facility within a specified number of days of the loss of life of the insured.

Emergency Transportation Benefit Rider: Pays the amount shown in the schedule if the covered person must be transported to a hospital or a satellite emergency center by ambulance, as a result of an injury that requires medically necessary emergency treatment.

Emergency Treatment Benefit Rider: Pays the amount shown in the schedule if the covered person requires medically necessary emergency treatment as a result of an injury received in a covered accident.

Escalator Clause Benefit Rider: Increases the principal sum for the accidental death benefit of the insured in the percentage amount for each year the insured remains continuously covered under this policy, up to a maximum number of years.

Exposure and Disappearance Benefit Rider: Pays the principal sum if a covered person is exposed to weather because of an accident and such exposure results in a covered loss, or if the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and the covered person is not found within a specified number of days of the event.

Felony Victim Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss payable under the accidental death or accidental dismemberment benefit as a result of a felony crime committed by someone other than the covered person, fellow employee, or member of the covered person's family or household.

Funeral [and] [Executor] Expense Benefit Rider: Pays an additional funeral expense benefit if a covered person suffers a loss of life payable under the accidental death benefit

Hearing Aid or Prosthetic Appliance Benefit Rider: Pays for a hearing aid or prosthetic appliance if such device is required as a result of covered loss payable under the accidental dismemberment benefit.

Higher Education Benefit Rider: Pays an additional benefit for higher education expenses to the individual who incurs the expense for each dependent child, if the insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Hijacking or Skyjacking Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that occurs during a hijacking or skyjacking.

Home Alteration and Vehicle Modification Benefit Rider: Pays an additional benefit for home alterations and vehicle modifications provided the covered

person suffers an injury resulting in a covered loss, which is payable under the applicable accidental dismemberment benefit, and the covered person is required to use a wheelchair to be ambulatory on a permanent basis.

Natural Disaster Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss as a direct result of a natural disaster, which is payable under the accidental death or accidental dismemberment benefit.

Occupational Hepatitis Accident Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury directly caused by an occupational accident that results in a covered loss which causes him or her to acquire and test positive for Hepatitis within a specified number of days within the accident.

Occupational HIV Accident Benefit Rider: Pays the amount shown in the schedule if the insured suffers an injury resulting in a covered loss while performing his or her job related duties for the policyholder, which causes him or her to acquire and test positive for HIV and/or AIDS and related complex (ARC) within a specified number of days within the accident.

Out of Country Accident Protection Endorsement: Reimburses expenses incurred by the covered person resulting from a covered loss while traveling outside of the United States as provided under this policy.

Outpatient Physician's Treatment Benefit Rider: Pays the out-of-pocket costs shown in the rider form incurred by a covered person, subject to a maximum, if the covered person receives any treatment by a physician outside of a hospital after the policy has been in force for a specified number of months.

On-Premises Terrorism Benefit [H-2 Only] Rider: Pays an additional benefit if the insured suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that was directly caused by an act of terrorism while the insured is performing the business of the policyholder on premises owned or leased by the policyholder.

Parent Care Benefit Rider: Pays an additional benefit to each dependent parent of the covered person, if the covered person suffers an injury resulting in a loss of life, which is payable under the accidental death benefit.

Rehabilitation Benefit Rider: Pays an additional benefit for the reasonable and customary expenses actually incurred by the covered person for rehabilitation training, if the covered person suffers an injury resulting in a covered loss which is payable under the applicable accidental dismemberment benefit.

Reserve Corps/National Guard Unit Benefit Rider: Pays the applicable principal sum if the covered person suffers an injury resulting in a covered loss, which is

payable under the accidental death or accidental dismemberment benefit, while the covered person is a ready reserve or standby reserve member of an organized state reserve corps, state militia, or national guard unit and participating in one the activities shown in the rider form.

Seat Belt/[Air Bag] Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a loss of life which is payable under the accidental death benefit, as a direct result of an automobile accident, provided that the covered person was driving or riding as a passenger in a private passenger automobile and wearing a seat belt. An additional benefit is paid if the covered person was driving or riding as a passenger in a private passenger automobile equipped with air bags.

Spouse/[Domestic Partner] Retraining Benefit Rider: Pays a benefit for the actual cost of any professional or trade-training program in which the spouse/domestic partner enrolls, if the insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Student [Tuition] [and] [Expense] Reimbursement Benefit Rider: Pays up to the maximum amount shown in the benefit schedule for student loans, student tuition, and tuition expenses that the insured was obligated to pay otherwise if the insured or tuition payer suffers a covered loss, which is payable under the accidental death or accidental dismemberment benefit.

Surviving Spouse/[Domestic Partner] Benefit Rider: Pays an additional benefit to the insured's spouse/domestic partner if an insured suffers an injury resulting in a loss of life which is payable under the accidental death benefit.

Terrorism Benefit Rider: Pays an additional benefit if a covered person suffers an injury resulting in a covered loss, which is payable under the accidental death or accidental dismemberment benefit, that was directly caused by an act of terrorism.

Therapeutic Counseling Benefit Rider: Reimburses charges, up to a maximum, for therapeutic counseling, if the insured suffers an injury resulting in a covered loss, which is payable under the accidental death and accidental dismemberment benefit and the insured's dependents require therapeutic counseling.

Traumatic Brain Injury Benefit Rider: Pays traumatic brain injury benefit if the insured suffers a covered injury resulting in a traumatic brain injury which requires a specified number of days of hospitalization following the covered injury.

Travel Assistance Plan Benefit Rider: Pays the cost for transportation, subject to a maximum, of the covered person that is in need of medical evacuation,

medical repatriation, non-medical repatriation, return of remains, visit to hospital, return of child, or return of companion if the covered person is injured or ill on a covered trip.

Travel Reimbursement Benefit Rider: Pays the cost for transportation, subject to a maximum, of the covered person that is in need of medical evacuation, medical repatriation, non-medical repatriation, return of remains, visit to hospital, return of child, return of companion, or access fee if the covered person is injured or ill on a covered trip.

Waiver of Premium Option Benefit Rider: If the insured suffers an injury that renders the insured totally disabled while covered under this policy, and the insured remains disabled for a consecutive number of months, the premium will be waived until the insured is no longer disabled, the policy terminates, the insured's employment with the policyholder terminates, or the insured attains a certain age.

Wellness Benefit Rider: Pays the amount shown in the schedule if the covered person undergoes a routine examination or other preventative tests after this policy has been in force for a specified number of months.

### 3. Renewability

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

### 4. Applicability

These are new forms. This is a first time rate filing for these forms.

### 5. Morbidity

The morbidity assumptions were developed using the sources shown below:

- Milliman's Health Cost Guidelines™
- U.S. Statistical Abstract
- NCHS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- NCHS No. 27, "National Hospital Ambulatory Medical Care Survey: 2007 Summary"
- NCHS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- National Burn Repository, 2011 Report
- American Academy of Orthopedic Surgeons, "Patient Demographics"
- NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data"

- NCHS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States, 1996"
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- NCHS Series 10, No. 134, "Prevalence of Selected Impairments, United States - 1977"
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths
- National Vital Statistics Reports, Volume 59, Number 5
- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- Labor Force Statistics from the Current Population Survey
- NCHS No. 29, "National Hospital Discharge Survey: 2007 Summary"
- Report of the Society of Actuaries: Group Life Insurance Experience Committee, March 2006
- [www.makoa.org/nscia/fact02.html](http://www.makoa.org/nscia/fact02.html)
- National Safety Council, "Injury Facts"
- [www.braininjury.com](http://www.braininjury.com)
- [www.caregiver.org](http://www.caregiver.org)
- CDC, National Center for Injury Prevention and Control, 2005 WISQARS
- Burn Survivor Resource Center
- 85 CIDA
- Milliman's Health Cost Guidelines-Dental™
- [www.afterschoolallstars.org](http://www.afterschoolallstars.org)
- Bureau of Justice Statistics, Crime Data Brief Carjacking
- US Statistical Abstract
- Kaiser Family Foundation, Employer Health Benefits 2012 Annual Survey
- The Actuary: January 1994 – Volume 28, No. 1
- "Reporting of work related fatalities: bystanders and commuters."
- US Census
- National Association of Child Care and Resource & Referral Agencies: Child Care in America: Parents' Perspectives 2010.
- 2012 MetLife Market Survey of Long-Term Care Costs
- Milliman's Over 65 Health Costs Guidelines™
- Family Caregiver Alliance, Selected Caregiver Statistics
- The Senior Source, Caregiver Facts
- Gallup Wellbeing, "More Than One in Six American Workers Also Act as Caregivers"
- [Businessinsider.com](http://Businessinsider.com)
- National Center for Education Statistics
- The College Board, Annual Survey of Colleges.
- Aviation Safety Network, Statistics, Airliner Hijackings

- CDC Hepatitis A Statistics
- U.S. Population by Region, 1990 – 2006
- Occupational Exposure to Hepatitis – Minnesota Department of Health
- CDC – Health Care Workers ,NIOSH Safety & Health Topic
- CDC Basic Statistics: HIV Prevalence Estimate
- CDC Basic Statistics: HIV Incidence Estimate
- CDC National Institute for Occupational Safety and Health
- Federal Bureau of Investigation Report: Terrorism 2002-2005
- US Department of Transportation, National Highway Traffic Safety Administration
- CollegeBoard Advocacy & Policy Center - Trends in College Pricing 2010
- [www.accredited-online-colleges.org/collegedropoutrates](http://www.accredited-online-colleges.org/collegedropoutrates)
- [www.finaid.org/loans/](http://www.finaid.org/loans/)
- American Cancer Society, Colorectal Cancer Facts & Figures 2008-2010
- U.S. Travel Association: U.S. Travel Forecasts
- Bureau of Transportation Statistics: <http://www.bts.gov/>
- The National Alcohol Surveys, 1984–1995.
- CDC's Vital and Health Statistics, Series 10, Number 232, December 2006. "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2005".
- <http://thechart.blogs.cnn.com/2011/09/08/study-22-million-americans-use-illegal-drugs-3/>.

#### 6. Mortality

The Report of the Society of Actuaries: Group Life Insurance Experience Committee, March 2006 was used in developing the accidental death mortality rates.

#### 7. Persistency

No lapse rate has been assumed, as this is an annually rated and renewable product.

#### 8. Expenses

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

#### 9. Marketing Method

This policy will be distributed by a dedicated sales force through independent agents, general agents, brokers, and consultants that supply employee and member benefits products and services.

10. Underwriting

No health underwriting will be done on these forms.

11. Premium Classes

Premiums will vary by family composition. The family composition classes could be any of the following: "Employee", "Spouse/Domestic Partner", "Dependent Children", "Employee & Children", "Spouse/Domestic Partner & Children", "Employee & Dependents." Premium schedules have been attached in the rate manual. All rates in the attached rate manual are on a composite rate basis (uni-sex and composite age). Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions.

12. Issue Age Range

The issue age range varies by group, but may be as low as age 18 and as high as age 99.

13. Area Factors

Premiums can vary by state.

14. Average Annual Premium

The average annual premium per person is expected to be \$240 to \$390.

15. Premium Modalization Rules

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

Mode	Factor
Monthly	0.083
Quarterly	0.250
Semi-Annual	0.500
Annual	1.000

16. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves are not applicable to this coverage.

18. Trend Assumptions

With the exception of the non-indemnity accident medical expense benefit no trend has been assumed in this filing. The non-indemnity accident medical expense benefit assumes future premium rates will take into consideration underlying medical trends including but not limited to cost per service trends, utilization trends, benefit plan impacts on net trends, as well as emerging state specific and national experience under the policy form.

19. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is 50%.

21. Contingency and Risk Margins

These forms are expected to produce, based upon the expected claims, an overall contingency margin that is consistent with other products written by the company.

22. Experience - Past and Future

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

23. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be 50%.

24. History of Rate Adjustments

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

25. Number of Policyholders

As these are new forms, there are no current policyholders.

26. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

27. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Zurich American Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

28. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

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

- (I) The entire filing is in compliance with the applicable laws of this state;
- (II) The entire filing is in compliance with all applicable Actuarial Standards of Practice;
- (III) The benefits provided are reasonable in relation to the proposed premiums; and
- (IV) The premium schedule is not excessive, inadequate, or unfairly discriminatory

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.



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