

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

Filing at a Glance

Company: Guarantee Trust Life Insurance Company
Product Name: 1400 Rider Filing
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 11/17/2016
SERFF Tr Num: GRTT-130813312
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: GRG15CR, ET AL.
Implementation: On Approval
Date Requested:
Author(s): Paul Porcaro, Ann Ryan, Jane Cooper, Lynda Greenberg
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

General Information

Project Name: 1400 Rider Filing Status of Filing in Domicile: Not Filed
 Project Number: GRG15CR Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 11/17/2016
 State Status Changed: Deemer Date:
 Created By: Lynda Greenberg Submitted By: Lynda Greenberg
 Corresponding Filing Tracking Number:

Filing Description:

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits)
 GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits)
 GRG15DV – Dental and Vision Benefit Rider:
 GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits)
 GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits)
 GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider
 ENR10-15– Application/Enrollment Form
 MGA-1400-1: Master Application to Group Policy MP-1400

The enclosed rates are submitted for filing and approval. These rates are new and do not replace any rates currently on file with your Department. We are submitting optional riders that will provide additional benefits for Specified Disease and Hospital Confinement. The corresponding Forms have been filed under SERFF Filing GRTT-130813313.

The rider forms are designed to provide optional limited benefits that will be used with Guaranty Trust Life Insurance Company's Group Accident product MP-1400, et al., which was previously approved by your Department on 3/10/15 via SERFF Filing ID GRTT-129764792.

These rider forms are supplemental in nature, and provide optional lump sum and other benefits.

The Company reserves the right to discontinue marketing optional benefits that are not mandated under state or federal law.

The following riders provide the following limited benefits:

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date of coverage and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider provides a benefit for cancer that recurs after a period of one to five or more years. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is

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terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15DV – Dental and Vision Benefit Rider: The Dental & Vision Benefit Rider provides limited dental and vision benefits on an annual basis. Some benefits are subject to an annual \$100 deductible. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided in a calendar year.

GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides no benefit for recurrence. The rider will end on the earlier of the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides a benefit for recurrence after at least one year. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider: Provides a lump sum benefit for hospitalization due to sickness, payable on an annual basis after at least a one day inpatient hospital stay, or the applicant may elect benefits to be split over a period of two to four days' inpatient stay.

Form ENR10-15 is the underwritten or non-underwritten Member Application that will be used to apply for the base accident certificate (which will not be underwritten) and /or additional benefit rider coverage. Whether this product will be underwritten or not depends upon the plan requested by the group policyholder and whether it contains only accident benefits (not underwritten), or additional benefit riders (which may be underwritten.)

Form MGA-1400-1 is a Group Master Application to be completed by the group policyholder.

The benefit ranges available are as indicated on the application form and in the rider Schedules. The benefit level selected for the base policy Accident and AD&D product will be the same for the Cancer, Heart & Stroke and Hospital Sickness riders.

Our target market for these coverages are eligible groups as defined in your state's group insurance laws. The issue ages are 18 to 64, with eligibility ending at age 65. Coverage will be offered by agents licensed in your state.

Bracketed material in the forms represents variability. Variations will be used to reflect policyholder selection, state mandated benefits, elections of optional benefits and changes in coverage offerings. Variability will never be used to reduce benefit levels below statutory requirements. Variations will be used only to revise benefits offered for all insureds. A Statement of Variability also is attached.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. We use multiple computer systems to generate forms. Therefore, actual

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issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation. We reserve the right to correct minor typographical errors that do not affect benefit levels.

We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please contact me via SERFF or email me at lgree@gtlic.com.

Sincerely,

Lynda Greenberg
 Product Filing Analyst
 847-904-5786
 Guarantee Trust Life Insurance Company

Company and Contact

Filing Contact Information

Lynda Greenberg, Product Filing Analyst lgree@gtlic.com
 1275 Milwaukee Ave. 847-904-5786 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue	Group Name:	State ID Number:
Glenview, IL 60025	FEIN Number: 36-1174500	
(847) 460-4772 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

GRTT-130813312

State Tracking #:

Company Tracking #:

GRG15CR, ET AL.

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

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

State: District of Columbia

Filing Company:

Guarantee Trust Life Insurance Company

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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		Actuarial Memorandum & Exhibit A	GRG15SHI, et al	New		Act Memo Association AME 20160401 - 50LR.pdf,
2		Exhibit B	GRG15SHI, et al	New		Exhibit B - Association AME Rates 50LR.pdf,
3		Exhibit C	GRG15SHI, et al	New		Exhibit C - Association AME Projection 50LR.pdf,
4		Actuarial Memorandum - Dental Vision Rider	RG15DV-10	New		Dental Vision Rider Actuarial Memorandum 55LR (003).pdf,
5		Exhibit 1&2	RG15DV-10	New		GTL- Dental and Vision - Exh 1 and 2 DV rider.pdf,

ACTUARIAL MEMORANDUM

Guarantee Trust Life Insurance Company

April 1, 2016

Association Accident Medical Expense Policy and Riders

Form Numbers – GC-1400, GR15SHI, GRG15CR, GRG15CRW, GRG15HAS, GRG15HASW

ACTUARIAL MEMORANDUM
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ACTUARIAL MEMORANDUM

1. Scope and Purpose

The purpose of this filing is to demonstrate that the anticipated loss ratio for this policy form and associated rider forms meets the minimum requirements of this state and to certify that benefits are reasonable in relation to premiums charged. This filing is not intended for any other purpose.

The filing does not apply to existing policies and will apply only to new business. The introduction of new benefit periods is designed to have no impact on the anticipated loss ratio.

2. Description of Benefits

Below is a description of the benefits associated with each coverage. Please refer to the policy forms included in this filing for complete descriptions of offered benefits.

GC-1400 – Accident Medical Expense

The base coverage reimburses medical expenses caused by an accident, subject to a per accident deductible and maximum benefit amount. The base coverage also covers accidental death and dismemberment as defined in the policy form.

GR15SHI – Sickness Hospitalization Benefit Rider

This rider pays an indemnity amount for each day of hospital confinement. Depending on the chosen schedule, the benefit amount is spread across 1-4 days. The chosen benefit amount will only be paid once per year per insured.

GRG15CR – Cancer Lump Sum Benefit Rider (with no recurrence benefit)

This rider pays an indemnity benefit upon diagnosis of invasive cancer. The benefit amount is payable 1 time per insured lifetime. If an insured has this rider, they cannot have GRG15CRW.

GRG15CRW – Cancer Lump Sum Benefit Rider (with recurrence benefit)

This rider pays an indemnity benefit upon diagnosis of invasive cancer. After a period of remission following an initial diagnosis, this rider will pay a recurrence benefit. The recurrence benefit amount is a percentage of the initial lump sum benefit amount, dependent on the length of time since the last benefit payment. If an insured has this rider, they cannot have GRG15CR.

GRG15HAS – Coronary Artery Bypass Surgery, Heart Attack and Stroke Rider (with no recurrence benefit)

This rider pays an indemnity benefit if the insured is diagnosed as having suffered a heart attack or stroke as defined in the rider form. The benefit amount is payable 1 time per insured lifetime. If an insured has this rider, they cannot have GRG15HASW.

GRG15HASW - Coronary Artery Bypass Surgery, Heart Attack and Stroke Rider (with recurrence benefit)

This rider pays an indemnity benefit if the insured is diagnosed as having suffered a heart attack or stroke as defined in the rider form. This rider will also pay a recurrence benefit if the insured suffers another heart attack or stroke. The recurrence benefit amount is a percentage of the initial lump sum benefit amount, dependent on the length of time since the last benefit payment. If an insured has this rider, they cannot have GRG15HAS.

3. Renewability

These policy forms are optionally renewable to age 65. For dependent children, coverage ends at age 25.

4. Applicability

This filing applies to new issues under these policy forms only.

5. Marketing Method

This policy is marketed to individuals by contracted agents and brokers.

6. Underwriting

There are two levels of underwriting for these policy forms: simplified issue and guaranteed issue. There are separate premium rates dependent on underwriting type.

7. Premium Classes

Proposed premium rates vary by issue age and underwriting type. Premium rates were developed using assumptions documented in Exhibit A.

Proposed premium rates are shown in Exhibit B.

8. Issue Age Ranges

These policy forms are issued to insureds ages 18 – 59. Dependent children can be issued at any age under 18.

9. Area Factors

The premium rates for this form are not area rated.

10. Average Annual Premium

Based upon the anticipated sales distribution, the expected nationwide average annual premium for the new benefit periods is \$908.

11. Active Life Reserves

Active life reserve basis for this plan is as follows:

- a. Method 2-year full preliminary term
- b. Interest Minimum statutory interest rate based on year of issue.
- c. Claim Cost Appropriate statutory morbidity tables depending on year of issue.

12. Trend Assumptions

No trend assumptions were used in the projection. Claim trend is not applicable to benefits under this policy.

13. Minimum Loss Ratio

The minimum loss ratio for these policy forms is 50.0%.

14. Anticipated Loss Ratio

Life time loss ratio is shown in Exhibit C.

15. Proposed Effective Date

The proposed implementation date of the modified policy form is on June 1st 2016, or upon approval if later.

16. Actuarial Certification

I, Scott D Baker, actuary with Guarantee Trust Life am an associate of the Society of Actuaries and member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

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



Scott D Baker, ASA, MAAA

Actuary

847-904-5480

sbake@gtlic.com

April 1, 2016

EXHIBIT A

Pricing Assumptions

1. Mortality and Lapse Rates

Voluntary lapse rates were developed based on company experience on similar products.

Mortality is based on 100% of 2001 VBT.

2. Interest

4% after-tax investment earning rate, after expenses.

3. Claim Cost

The following were used to develop expected population claim costs by attained age:

- Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample (NIS) databases for 2010, 2011, and 2012.
- Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS) databases for 2010 and 2011
- National Ambulatory Medical Care Survey (NAMCS) databases for 2009, 2010, 2012
- National Hospital Ambulatory Medical Care Survey (NHAMCS) databases for 2009, 2010 and 2011
- National Survey of Ambulatory Surgery (NSAS) database for 2006
- CDC/NCHS National Hospital Discharge Survey for 2007, 2008 and 2009
- CDC/NCHS National Health Interview Survey for 2007, 2008 and 2009
- United States Census Bureau Monthly National Population Estimates 2006 – 2012

The expected population claim costs were adjusted for the effect of underwriting and to reflect benefit provisions.

4. Reserves

Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

Exhibit B: Rates for Association Accident Medical Expense Policy and Riders:

GC-1400, GR15SHI, GRG15CR, GRG15CRW, GRG15HAS, GRG15HASW

Guarantee Issue

Issue Age	GC-1400 (Accident Medical Expense)		GR15SHI (HIP Sickness)		GRG15CR (Cancer w/o Recurrence)		GRG15CRW (Cancer w/ Recurrence)		GRG15HAS (Heart/Stroke w/o Recurrence)		GRG15HASW (Heart/Stroke w/Recurrence)	
	Rate/\$10	Constant	Rate/\$10	Constant	Rate/\$100	Constant	Rate/\$100	Constant	Rate/\$100	Constant	Rate/\$100	Constant
Child	0.26	36.67	0.13	18.33	0.05	0.00	0.06	0.00	0.04	0.00	0.04	0.00
18-39	0.24	23.75	0.71	71.25	0.32	13.10	0.35	14.41	0.25	13.10	0.28	14.41
40-49	0.30	24.25	0.89	72.75	0.75	13.40	0.83	14.74	0.58	13.50	0.64	14.85
50-59	0.33	21.60	1.33	86.40	1.72	13.80	1.89	15.18	1.09	14.00	1.20	15.40

Underwritten

Issue Age	GC-1400 (Accident Medical Expense)		GR15SHI (HIP Sickness)		GRG15CR (Cancer w/o Recurrence)		GRG15CRW (Cancer w/ Recurrence)		GRG15HAS (Heart/Stroke w/o Recurrence)		GRG15HASW (Heart/Stroke w/Recurrence)	
	Rate/\$10	Constant	Rate/\$10	Constant	Rate/\$100	Constant	Rate/\$100	Constant	Rate/\$100	Constant	Rate/\$100	Constant
Child	0.26	36.67	0.11	15.94	0.05	0.00	0.05	0.00	0.04	0.00	0.04	0.00
18-39	0.24	23.75	0.62	61.96	0.29	11.91	0.32	13.10	0.23	11.91	0.25	13.10
40-49	0.30	24.25	0.77	63.26	0.68	12.18	0.75	13.40	0.53	12.27	0.58	13.50
50-59	0.33	21.60	1.16	75.13	1.56	12.55	1.72	13.80	0.99	12.73	1.09	14.00

Annual premium is calculated using the following formula:

$$P = B * R / U + C$$

where:

P = Annual Premium

B = Benefit Amount

R = Rate/unit

U = Units

C = Constant

**Exhibit C: Loss Ratio Projection for Association Accident Medical Expense Policy and Riders:
GC-1400, GR15SHI, GRG15CR, GRG15CRW, GRG15HAS, GRG15HASW**

50 Year Projection for 1,000 policies

Present Value of Premium	\$5,532,933
Present Value of Claims	\$2,792,279
Lifetime Loss Ratio	50.5%

Policy		Incurred	
Year	Premium	Claims	Loss Ratio
1	820,445	279,568	34%
2	672,169	249,879	37%
3	584,251	277,770	48%
4	527,152	296,292	56%
5	480,883	269,235	56%
6	442,391	246,780	56%
7	396,903	221,089	56%
8	358,406	199,965	56%
9	325,008	181,846	56%
10	295,584	166,220	56%
11	269,319	152,181	57%
12	245,526	139,772	57%
13	223,929	128,547	57%
14	204,288	118,336	58%
15	186,388	109,103	59%
16	169,879	100,415	59%
17	156,778	92,601	59%
18	144,484	85,309	59%
19	132,952	78,507	59%
20	122,138	72,162	59%
21	112,001	66,247	59%
22	102,505	60,714	59%
23	93,612	55,558	59%
24	85,289	50,754	60%
25	77,504	46,280	60%
26	70,227	42,115	60%
27	64,185	38,223	60%
28	58,525	34,604	59%
29	53,227	31,237	59%
30	48,269	28,109	58%
31	43,634	25,203	58%
32	39,304	22,499	57%
33	35,261	19,991	57%
34	31,490	17,663	56%
35	27,975	15,507	55%
36	24,702	13,509	55%
37	21,658	11,665	54%
38	18,830	9,963	53%
39	16,205	8,397	52%
40	13,771	6,963	51%
41	11,518	5,654	49%
42	9,435	4,454	47%
43	7,513	3,372	45%
44	5,742	2,400	42%
45	4,113	1,533	37%
46	2,619	769	29%
47	1,250	80	6%
48			
49			
50			

Guarantee Trust Life Insurance Company
DENTAL AND VISION BENEFIT RIDER GRG15DV-10
Actuarial Memorandum

Scope & Purpose

This is a new filing of a Dental and Vision Benefit rider. The purpose of this filing is to demonstrate that the anticipated loss ratio of this new form meets the minimum requirements of your state. This Actuarial Memorandum is not intended to be used for any purpose other than described above.

Benefit Description

This rider provides a reimbursement after deductible for dental or vision services. The deductible is \$100 per calendar year. The rider provides coverage of non-preventative dental services up to the annual policy maximum. Preventative dental and vision services are covered with an annual maximum benefit of \$75 and \$50 respectively, and are not subject to the deductible. Coverage for prescription eyeglasses is provided up to an annual maximum of \$200. Detailed descriptions of the benefits are contained in the rider form.

Renewability

The rider is renewed when the policy to which it is attached is renewed.

Morbidity

Claim costs were calculated by a consulting actuary and are based on statistics provided from the following sources:

1. Medical Expenditure Panel Survey US 2009; Agency for Healthcare Research and Quality
2. Dental Use, Expenses, Dental Coverage, and Changes, 1996 and 2004; Agency for Healthcare Research and Quality
3. National Health & Nutrition Examination Survey, 1999-2004; National Center for Health Statistics

Population morbidity is calibrated to an insured morbidity basis using the above resources and actuarial judgment.

Mortality

Mortality is calculated using the 1990-1995 SOA Ultimate Mortality Table.

Marketing Method

This rider will be marketed to individuals by contracted agents and brokers.

Premium Classes

Premium rates vary based on issue age and maximum benefit amount selected. Premiums may be changed based upon experience. Gross annual premiums are shown in Exhibit 1.

Issue Age Range

Coverage is available for issue ages 18-85.

Average Annual Premium

The average annual premium for this rider is \$312.

Active Life Reserves

Statutory reserves are calculated using the two-year full preliminary term method with 2001 CSO ALB, the lesser of 8% or 80% of pricing lapse rates, and the minimum interest rate required by statutory regulations.

Anticipated Lifetime Loss Ratio

The lifetime loss ratio is calculated as the present value of incurred claims divided by the present value of earned premiums. A conservative interest rate of 4% is used in these present value calculations. The anticipated loss ratio for these forms meets or exceeds 55%. Durational loss ratios are shown in Exhibit 2.

The overall anticipated lifetime loss ratio for this form and its riders exceeds the minimum standard set forth by the regulations of this state, as they apply to guaranteed renewable policy forms providing these types of benefits.

Actuarial Certification

I certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws of this State
2. This rate filing complies with all appropriate Actuarial Standards of Practice, including Actuarial Standard of Practice #8, "Regulatory Filings for Rates and Financial Projections for Health Plans";
3. The premiums are reasonable in relation to the benefits provided; and the premium schedule is not excessive, inadequate, nor unfairly discriminatory.



Scott D Baker ASA, MAAA
Guarantee Trust Life Insurance Company
847-904-5480
April 19, 2016

Guarantee Trust Life Insurance Company

Dental and Vision Benefit Rider GRG15DV-10

Exhibit 1 Annual Premium Rates

Issue Age	Benefit Level		
	\$400	\$800	\$1,200
18-39	245.00	290.00	330.00
40-49	270.00	325.00	375.00
50-55	290.00	353.00	411.00
56-60	303.00	368.00	428.00
61-65	319.00	384.00	443.00
66-70	339.00	403.00	458.00
71-75	359.00	418.00	473.00
76-80	379.00	433.00	488.00
81-85	399.00	449.00	505.00

Guarantee Trust Life Insurance Company

Dental and Vision Benefit Rider GRG15DV-10

Exhibit 2 Anticipated Durational Loss Ratio Pattern

Policy Year	Earned Premium	Incurred Claims	Loss Ratio *
1	300	113	38%
2	227	165	73%
3	190	110	58%
4	165	92	56%
5	146	79	54%
6	129	70	55%
7	114	63	55%
8	100	56	56%
9	88	50	57%
10	78	44	57%
11	68	40	58%
12	60	35	58%
13	53	31	59%
14	46	28	60%
15	40	24	60%
16	35	21	61%
17	31	19	62%
18	27	17	62%
19	23	15	63%
20	20	13	64%
21	17	11	64%
22	15	10	65%
23	13	9	66%
24	11	7	66%
25	10	6	67%
26	8	6	67%
27	7	5	68%
28	6	4	69%
29	5	4	69%
30	4	3	70%

Anticipated LR @

4%	\$1,572	\$874	56%
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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Cover Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo Association AME 20160401 - 50LR.pdf Dental Vision Rider Actuarial Memorandum 55LR (003).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Acknowledged - Please see Memorandums attached to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	

SERFF Tracking #:

GRTT-130813312

State Tracking #:

Company Tracking #:

GRG15CR, ET AL.

State:

District of Columbia

Filing Company:

Guarantee Trust Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

1400 Rider Filing

Project Name/Number:

1400 Rider Filing/GRG15CR

Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits)
GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits)
GRG15DV – Dental and Vision Benefit Rider:
GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits)
GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits)
GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider
ENR10-15– Application/Enrollment Form
MGA-1400-1: Master Application to Group Policy MP-1400

The enclosed rates are submitted for filing and approval. These rates are new and do not replace any rates currently on file with your Department. We are submitting optional riders that will provide additional benefits for Specified Disease and Hospital Confinement. The corresponding Forms have been filed under SERFF Filing GRTT-130813313.

The rider forms are designed to provide optional limited benefits that will be used with Guaranty Trust Life Insurance Company's Group Accident product MP-1400, et al., which was previously approved by your Department on 3/10/15 via SERFF Filing ID GRTT-129764792.

These rider forms are supplemental in nature, and provide optional lump sum and other benefits.

The Company reserves the right to discontinue marketing optional benefits that are not mandated under state or federal law.

The following riders provide the following limited benefits:

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date of coverage and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider provides a benefit for cancer that recurs after a period of one to five or more years. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15DV – Dental and Vision Benefit Rider: The Dental & Vision Benefit Rider provides limited dental and vision benefits on an annual basis. Some benefits are subject to an annual \$100 deductible. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided in a calendar year.

GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides no benefit for recurrence. The rider will end on the earlier of the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides a benefit for recurrence after at least one year. The rider will end on the earlier of: the date the group master policy is

terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider: Provides a lump sum benefit for hospitalization due to sickness, payable on an annual basis after at least a one day inpatient hospital stay, or the applicant may elect benefits to be split over a period of two to four days' inpatient stay.

Form ENR10-15 is the underwritten or non-underwritten Member Application that will be used to apply for the base accident certificate (which will not be underwritten) and /or additional benefit rider coverage. Whether this product will be underwritten or not depends upon the plan requested by the group policyholder and whether it contains only accident benefits (not underwritten), or additional benefit riders (which may be underwritten.)

Form MGA-1400-1 is a Group Master Application to be completed by the group policyholder.

The benefit ranges available are as indicated on the application form and in the rider Schedules. The benefit level selected for the base policy Accident and AD&D product will be the same for the Cancer, Heart & Stroke and Hospital Sickness riders.

Our target market for these coverages are eligible groups as defined in your state's group insurance laws. The issue ages are 18 to 64, with eligibility ending at age 65. Coverage will be offered by agents licensed in your state.

Bracketed material in the forms represents variability. Variations will be used to reflect policyholder selection, state mandated benefits, elections of optional benefits and changes in coverage offerings. Variability will never be used to reduce benefit levels below statutory requirements. Variations will be used only to revise benefits offered for all insureds. A Statement of Variability also is attached.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refile for a font style variation. We reserve the right to correct minor typographical errors that do not affect benefit levels.

We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please contact me via SERFF or email me at lgree@gtlic.com.

Sincerely,

Lynda Greenberg

Lynda Greenberg
Product Filing Analyst
847-904-5786
Guarantee Trust Life Insurance Company

ACTUARIAL MEMORANDUM

Guarantee Trust Life Insurance Company

April 1, 2016

Association Accident Medical Expense Policy and Riders

Form Numbers – GC-1400, GR15SHI, GRG15CR, GRG15CRW, GRG15HAS, GRG15HASW

ACTUARIAL MEMORANDUM
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ACTUARIAL MEMORANDUM

1. Scope and Purpose

The purpose of this filing is to demonstrate that the anticipated loss ratio for this policy form and associated rider forms meets the minimum requirements of this state and to certify that benefits are reasonable in relation to premiums charged. This filing is not intended for any other purpose.

The filing does not apply to existing policies and will apply only to new business. The introduction of new benefit periods is designed to have no impact on the anticipated loss ratio.

2. Description of Benefits

Below is a description of the benefits associated with each coverage. Please refer to the policy forms included in this filing for complete descriptions of offered benefits.

GC-1400 – Accident Medical Expense

The base coverage reimburses medical expenses caused by an accident, subject to a per accident deductible and maximum benefit amount. The base coverage also covers accidental death and dismemberment as defined in the policy form.

GR15SHI – Sickness Hospitalization Benefit Rider

This rider pays an indemnity amount for each day of hospital confinement. Depending on the chosen schedule, the benefit amount is spread across 1-4 days. The chosen benefit amount will only be paid once per year per insured.

GRG15CR – Cancer Lump Sum Benefit Rider (with no recurrence benefit)

This rider pays an indemnity benefit upon diagnosis of invasive cancer. The benefit amount is payable 1 time per insured lifetime. If an insured has this rider, they cannot have GRG15CRW.

GRG15CRW – Cancer Lump Sum Benefit Rider (with recurrence benefit)

This rider pays an indemnity benefit upon diagnosis of invasive cancer. After a period of remission following an initial diagnosis, this rider will pay a recurrence benefit. The recurrence benefit amount is a percentage of the initial lump sum benefit amount, dependent on the length of time since the last benefit payment. If an insured has this rider, they cannot have GRG15CR.

GRG15HAS – Coronary Artery Bypass Surgery, Heart Attack and Stroke Rider (with no recurrence benefit)

This rider pays an indemnity benefit if the insured is diagnosed as having suffered a heart attack or stroke as defined in the rider form. The benefit amount is payable 1 time per insured lifetime. If an insured has this rider, they cannot have GRG15HASW.

GRG15HASW - Coronary Artery Bypass Surgery, Heart Attack and Stroke Rider (with recurrence benefit)

This rider pays an indemnity benefit if the insured is diagnosed as having suffered a heart attack or stroke as defined in the rider form. This rider will also pay a recurrence benefit if the insured suffers another heart attack or stroke. The recurrence benefit amount is a percentage of the initial lump sum benefit amount, dependent on the length of time since the last benefit payment. If an insured has this rider, they cannot have GRG15HAS.

3. Renewability

These policy forms are optionally renewable to age 65. For dependent children, coverage ends at age 25.

4. Applicability

This filing applies to new issues under these policy forms only.

5. Marketing Method

This policy is marketed to individuals by contracted agents and brokers.

6. Underwriting

There are two levels of underwriting for these policy forms: simplified issue and guaranteed issue. There are separate premium rates dependent on underwriting type.

7. Premium Classes

Proposed premium rates vary by issue age and underwriting type. Premium rates were developed using assumptions documented in Exhibit A.

Proposed premium rates are shown in Exhibit B.

8. Issue Age Ranges

These policy forms are issued to insureds ages 18 – 59. Dependent children can be issued at any age under 18.

9. Area Factors

The premium rates for this form are not area rated.

10. Average Annual Premium

Based upon the anticipated sales distribution, the expected nationwide average annual premium for the new benefit periods is \$908.

11. Active Life Reserves

Active life reserve basis for this plan is as follows:

- a. Method 2-year full preliminary term
- b. Interest Minimum statutory interest rate based on year of issue.
- c. Claim Cost Appropriate statutory morbidity tables depending on year of issue.

12. Trend Assumptions

No trend assumptions were used in the projection. Claim trend is not applicable to benefits under this policy.

13. Minimum Loss Ratio

The minimum loss ratio for these policy forms is 50.0%.

14. Anticipated Loss Ratio

Life time loss ratio is shown in Exhibit C.

15. Proposed Effective Date

The proposed implementation date of the modified policy form is on June 1st 2016, or upon approval if later.

16. Actuarial Certification

I, Scott D Baker, actuary with Guarantee Trust Life am an associate of the Society of Actuaries and member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

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



Scott D Baker, ASA, MAAA

Actuary

847-904-5480

sbake@gtlic.com

April 1, 2016

EXHIBIT A

Pricing Assumptions

1. Mortality and Lapse Rates

Voluntary lapse rates were developed based on company experience on similar products.

Mortality is based on 100% of 2001 VBT.

2. Interest

4% after-tax investment earning rate, after expenses.

3. Claim Cost

The following were used to develop expected population claim costs by attained age:

- Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample (NIS) databases for 2010, 2011, and 2012.
- Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS) databases for 2010 and 2011
- National Ambulatory Medical Care Survey (NAMCS) databases for 2009, 2010, 2012
- National Hospital Ambulatory Medical Care Survey (NHAMCS) databases for 2009, 2010 and 2011
- National Survey of Ambulatory Surgery (NSAS) database for 2006
- CDC/NCHS National Hospital Discharge Survey for 2007, 2008 and 2009
- CDC/NCHS National Health Interview Survey for 2007, 2008 and 2009
- United States Census Bureau Monthly National Population Estimates 2006 – 2012

The expected population claim costs were adjusted for the effect of underwriting and to reflect benefit provisions.

4. Reserves

Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

Guarantee Trust Life Insurance Company
DENTAL AND VISION BENEFIT RIDER GRG15DV-10
Actuarial Memorandum

Scope & Purpose

This is a new filing of a Dental and Vision Benefit rider. The purpose of this filing is to demonstrate that the anticipated loss ratio of this new form meets the minimum requirements of your state. This Actuarial Memorandum is not intended to be used for any purpose other than described above.

Benefit Description

This rider provides a reimbursement after deductible for dental or vision services. The deductible is \$100 per calendar year. The rider provides coverage of non-preventative dental services up to the annual policy maximum. Preventative dental and vision services are covered with an annual maximum benefit of \$75 and \$50 respectively, and are not subject to the deductible. Coverage for prescription eyeglasses is provided up to an annual maximum of \$200. Detailed descriptions of the benefits are contained in the rider form.

Renewability

The rider is renewed when the policy to which it is attached is renewed.

Morbidity

Claim costs were calculated by a consulting actuary and are based on statistics provided from the following sources:

1. Medical Expenditure Panel Survey US 2009; Agency for Healthcare Research and Quality
2. Dental Use, Expenses, Dental Coverage, and Changes, 1996 and 2004; Agency for Healthcare Research and Quality
3. National Health & Nutrition Examination Survey, 1999-2004; National Center for Health Statistics

Population morbidity is calibrated to an insured morbidity basis using the above resources and actuarial judgment.

Mortality

Mortality is calculated using the 1990-1995 SOA Ultimate Mortality Table.

Marketing Method

This rider will be marketed to individuals by contracted agents and brokers.

Premium Classes

Premium rates vary based on issue age and maximum benefit amount selected. Premiums may be changed based upon experience. Gross annual premiums are shown in Exhibit 1.

Issue Age Range

Coverage is available for issue ages 18-85.

Average Annual Premium

The average annual premium for this rider is \$312.

Active Life Reserves

Statutory reserves are calculated using the two-year full preliminary term method with 2001 CSO ALB, the lesser of 8% or 80% of pricing lapse rates, and the minimum interest rate required by statutory regulations.

Anticipated Lifetime Loss Ratio

The lifetime loss ratio is calculated as the present value of incurred claims divided by the present value of earned premiums. A conservative interest rate of 4% is used in these present value calculations. The anticipated loss ratio for these forms meets or exceeds 55%. Durational loss ratios are shown in Exhibit 2.

The overall anticipated lifetime loss ratio for this form and its riders exceeds the minimum standard set forth by the regulations of this state, as they apply to guaranteed renewable policy forms providing these types of benefits.

Actuarial Certification

I certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws of this State
2. This rate filing complies with all appropriate Actuarial Standards of Practice, including Actuarial Standard of Practice #8, "Regulatory Filings for Rates and Financial Projections for Health Plans";
3. The premiums are reasonable in relation to the benefits provided; and the premium schedule is not excessive, inadequate, nor unfairly discriminatory.



Scott D Baker ASA, MAAA
Guarantee Trust Life Insurance Company
847-904-5480
April 19, 2016