Filing at a Glance

Company:	Unum Insurance Company
Product Name:	Group Critical Illness 2016
State:	District of Columbia
TOI:	H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI:	H07G.001 Critical Illness
Filing Type:	Rate
Date Submitted:	11/21/2016
SERFF Tr Num:	UNUM-130813689
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	GCI16-1
Implementation Date Requested:	On Approval
Author(s):	Catherine Dekubber, Karen Gibson, Julie Mader, Vanessa Vice, Lauren Tuttle
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: *District of Columbia* **Filing Company:** *Unum Insurance Company*
TOI/Sub-TOI: *H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness*
Product Name: *Group Critical Illness 2016*
Project Name/Number: *Group Critical Illness/GCI16-1*

General Information

Project Name: Group Critical Illness
Project Number: GCI16-1
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 11/21/2016
State Status Changed:
Created By: Vanessa Vice
Corresponding Filing Tracking Number: UNUM-130740544

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 11/01/2016
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Vanessa Vice

Filing Description:

Attached for your review are rate materials, which we wish to place on file with your Department to support form filing, UNUM-130740544.

We appreciate your review of this filing. If you have any questions or need additional information, please contact me at 800-451-8475, extension 47048, or by e-mail at vvice@unum.com.

Company and Contact

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Filing Company Information

Unum Insurance Company
2211 Congress Street
Portland, ME 04122
(800) 974-2266 ext. [Phone]

CoCode: 67601
Group Code: 565
Group Name:
FEIN Number: 04-2381280

State of Domicile: Maine
Company Type: L&H
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *District of Columbia* **Filing Company:** *Unum Insurance Company*
TOI/Sub-TOI: *H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness*
Product Name: *Group Critical Illness 2016*
Project Name/Number: *Group Critical Illness/GCI16-1*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

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):
Unum Insurance Company	%	%				%	%

State: *District of Columbia* **Filing Company:** *Unum Insurance Company*
TOI/Sub-TOI: *H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness*
Product Name: *Group Critical Illness 2016*
Project Name/Number: *Group Critical Illness/GCI16-1*

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	GCIP16-1, GCIC16-1	New		GCIP16-1 Rate Manual (Standard).pdf,
2		Actuarial Memorandum	GCIP16-1, GCIC16-1	New		GCIP16-1 Actuarial Memo (Standard).pdf,

Unum Insurance Company
Portland, Maine

Group Critical Illness
Rate Manual
Policy Form GCIP16-1

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Unum Insurance Company
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ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
CORANARY ARTERY DISEASE (MAJOR & MINOR)

Age	Male	Female	Age	Male	Female
<=17	0.000	0.000	**59**	4.006	1.026
18	0.000	0.000	**60**	4.184	1.055
19	0.000	0.000	**61**	4.362	1.084
20	0.000	0.000	**62**	4.540	1.113
21	0.000	0.000	**63**	4.913	1.188
22	0.000	0.000	**64**	5.287	1.264
23	0.015	0.000	**65**	5.660	1.339
24	0.030	0.000	**66**	6.034	1.415
25	0.044	0.000	**67**	6.408	1.490
26	0.059	0.000	**68**	7.035	1.619
27	0.074	0.000	**69**	7.662	1.749
28	0.079	0.006	**70**	8.290	1.878
29	0.083	0.012	**71**	8.917	2.008
30	0.088	0.018	**72**	9.545	2.137
31	0.093	0.025	**73**	10.223	2.272
32	0.097	0.031	**74**	10.901	2.408
33	0.148	0.040	**75**	11.579	2.543
34	0.199	0.049	**76**	12.257	2.679
35	0.250	0.058	**77**	12.935	2.815
36	0.300	0.067	**78**	13.437	2.909
37	0.351	0.076	**79**	13.938	3.003
38	0.419	0.099	**80**	14.440	3.098
39	0.486	0.123	**81**	14.941	3.192
40	0.554	0.146	**82**	15.443	3.286
41	0.621	0.169	**83**	16.138	3.420
42	0.689	0.193	**84**	16.832	3.554
43	0.768	0.221	**85**	17.527	3.687
44	0.848	0.250	**86**	18.222	3.821
45	0.927	0.278	**87**	18.917	3.955
46	1.006	0.307	**88**	18.917	3.955
47	1.086	0.336	**89**	18.917	3.955
48	1.261	0.387	**90**	18.917	3.955
49	1.436	0.438	**91**	18.917	3.955
50	1.611	0.489	**92**	18.917	3.955
51	1.786	0.540	**93**	18.917	3.955
52	1.961	0.591	**94**	18.917	3.955
53	2.299	0.667	**95**	18.917	3.955
54	2.636	0.742	**96**	18.917	3.955
55	2.974	0.817	**97**	18.917	3.955
56	3.312	0.893	**98**	18.917	3.955
57	3.650	0.968	**99**	18.917	3.955
58	3.828	0.997	**100+**	18.917	3.955

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
END STAGE RENAL (KIDNEY) FAILURE

Age	Male	Female	Age	Male	Female
<=17	0.012	0.011	**59**	0.478	0.322
18	0.015	0.013	**60**	0.487	0.333
19	0.017	0.015	**61**	0.497	0.343
20	0.020	0.017	**62**	0.506	0.354
21	0.022	0.020	**63**	0.533	0.377
22	0.024	0.022	**64**	0.560	0.400
23	0.028	0.025	**65**	0.587	0.423
24	0.031	0.028	**66**	0.613	0.446
25	0.035	0.031	**67**	0.640	0.469
26	0.038	0.035	**68**	0.694	0.504
27	0.041	0.038	**69**	0.748	0.539
28	0.047	0.041	**70**	0.801	0.574
29	0.052	0.044	**71**	0.855	0.608
30	0.057	0.047	**72**	0.909	0.643
31	0.063	0.050	**73**	0.964	0.674
32	0.068	0.053	**74**	1.020	0.705
33	0.075	0.057	**75**	1.075	0.736
34	0.082	0.060	**76**	1.130	0.766
35	0.089	0.064	**77**	1.186	0.797
36	0.097	0.067	**78**	1.195	0.787
37	0.104	0.071	**79**	1.205	0.777
38	0.116	0.077	**80**	1.214	0.767
39	0.128	0.083	**81**	1.224	0.758
40	0.140	0.090	**82**	1.233	0.748
41	0.153	0.096	**83**	1.189	0.689
42	0.165	0.102	**84**	1.145	0.630
43	0.174	0.107	**85**	1.101	0.571
44	0.183	0.112	**86**	1.057	0.512
45	0.192	0.118	**87**	1.013	0.453
46	0.201	0.123	**88**	1.013	0.453
47	0.210	0.128	**89**	1.013	0.453
48	0.228	0.140	**90**	1.013	0.453
49	0.246	0.153	**91**	1.013	0.453
50	0.265	0.165	**92**	1.013	0.453
51	0.283	0.178	**93**	1.013	0.453
52	0.301	0.190	**94**	1.013	0.453
53	0.333	0.212	**95**	1.013	0.453
54	0.365	0.235	**96**	1.013	0.453
55	0.396	0.257	**97**	1.013	0.453
56	0.428	0.279	**98**	1.013	0.453
57	0.460	0.301	**99**	1.013	0.453
58	0.469	0.312	**100+**	1.013	0.453

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
HEART ATTACK (MYOCARDIAL INFARCTION)

Age	Male	Female	Age	Male	Female
<=17	0.010	0.005	**59**	4.262	1.565
18	0.012	0.006	**60**	4.511	1.690
19	0.014	0.007	**61**	4.759	1.815
20	0.016	0.009	**62**	5.007	1.941
21	0.018	0.010	**63**	5.382	2.126
22	0.020	0.011	**64**	5.757	2.311
23	0.024	0.012	**65**	6.132	2.496
24	0.028	0.013	**66**	6.507	2.681
25	0.032	0.014	**67**	6.882	2.866
26	0.037	0.015	**68**	7.612	3.268
27	0.041	0.015	**69**	8.342	3.669
28	0.102	0.027	**70**	9.072	4.070
29	0.163	0.039	**71**	9.801	4.472
30	0.224	0.051	**72**	10.531	4.873
31	0.285	0.062	**73**	11.214	5.331
32	0.346	0.074	**74**	11.896	5.790
33	0.403	0.100	**75**	12.579	6.248
34	0.461	0.126	**76**	13.261	6.706
35	0.518	0.151	**77**	13.944	7.165
36	0.575	0.177	**78**	14.848	7.825
37	0.633	0.203	**79**	15.752	8.485
38	0.710	0.250	**80**	16.656	9.145
39	0.787	0.297	**81**	17.561	9.805
40	0.864	0.344	**82**	18.465	10.465
41	0.941	0.391	**83**	21.030	12.098
42	1.018	0.438	**84**	23.595	13.731
43	1.164	0.510	**85**	26.160	15.364
44	1.311	0.582	**86**	28.725	16.997
45	1.457	0.654	**87**	31.291	18.630
46	1.603	0.726	**88**	31.291	18.630
47	1.749	0.798	**89**	31.291	18.630
48	1.979	0.842	**90**	31.291	18.630
49	2.208	0.887	**91**	31.291	18.630
50	2.438	0.931	**92**	31.291	18.630
51	2.668	0.976	**93**	31.291	18.630
52	2.898	1.020	**94**	31.291	18.630
53	3.071	1.079	**95**	31.291	18.630
54	3.245	1.138	**96**	31.291	18.630
55	3.418	1.197	**97**	31.291	18.630
56	3.592	1.255	**98**	31.291	18.630
57	3.766	1.314	**99**	31.291	18.630
58	4.014	1.439	**100+**	31.291	18.630

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
MAJOR ORGAN FAILURE

Age	Male	Female	Age	Male	Female
<=17	0.005	0.006	**59**	0.124	0.061
18	0.006	0.006	**60**	0.123	0.060
19	0.006	0.007	**61**	0.122	0.058
20	0.007	0.007	**62**	0.121	0.057
21	0.008	0.008	**63**	0.120	0.056
22	0.008	0.008	**64**	0.119	0.055
23	0.009	0.009	**65**	0.117	0.054
24	0.010	0.010	**66**	0.116	0.052
25	0.011	0.010	**67**	0.115	0.051
26	0.012	0.011	**68**	0.105	0.046
27	0.013	0.012	**69**	0.094	0.041
28	0.014	0.012	**70**	0.084	0.036
29	0.015	0.013	**71**	0.074	0.031
30	0.016	0.014	**72**	0.063	0.026
31	0.017	0.015	**73**	0.064	0.026
32	0.019	0.015	**74**	0.065	0.026
33	0.021	0.016	**75**	0.065	0.027
34	0.022	0.017	**76**	0.066	0.027
35	0.024	0.018	**77**	0.067	0.027
36	0.026	0.019	**78**	0.066	0.027
37	0.028	0.020	**79**	0.065	0.027
38	0.031	0.022	**80**	0.065	0.026
39	0.034	0.024	**81**	0.064	0.026
40	0.037	0.025	**82**	0.063	0.026
41	0.041	0.027	**83**	0.063	0.026
42	0.044	0.029	**84**	0.063	0.026
43	0.047	0.030	**85**	0.063	0.026
44	0.050	0.031	**86**	0.063	0.026
45	0.053	0.032	**87**	0.063	0.026
46	0.056	0.033	**88**	0.063	0.026
47	0.059	0.035	**89**	0.063	0.026
48	0.064	0.037	**90**	0.063	0.026
49	0.070	0.040	**91**	0.063	0.026
50	0.076	0.043	**92**	0.063	0.026
51	0.082	0.045	**93**	0.063	0.026
52	0.088	0.048	**94**	0.063	0.026
53	0.096	0.051	**95**	0.063	0.026
54	0.103	0.054	**96**	0.063	0.026
55	0.111	0.057	**97**	0.063	0.026
56	0.119	0.060	**98**	0.063	0.026
57	0.126	0.064	**99**	0.063	0.026
58	0.125	0.062	**100+**	0.063	0.026

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
STROKE

Age	Male	Female	Age	Male	Female
<=17	0.030	0.025	**59**	2.061	1.370
18	0.032	0.028	**60**	2.275	1.589
19	0.035	0.030	**61**	2.489	1.808
20	0.037	0.033	**62**	2.703	2.028
21	0.040	0.035	**63**	3.025	2.288
22	0.042	0.038	**64**	3.347	2.549
23	0.043	0.045	**65**	3.669	2.810
24	0.044	0.053	**66**	3.991	3.070
25	0.044	0.060	**67**	4.314	3.331
26	0.045	0.068	**68**	4.790	3.832
27	0.046	0.075	**69**	5.266	4.334
28	0.047	0.087	**70**	5.743	4.835
29	0.047	0.099	**71**	6.219	5.337
30	0.048	0.112	**72**	6.696	5.838
31	0.049	0.124	**73**	7.174	6.460
32	0.049	0.136	**74**	7.652	7.082
33	0.063	0.170	**75**	8.130	7.703
34	0.077	0.203	**76**	8.608	8.325
35	0.090	0.237	**77**	9.086	8.946
36	0.104	0.271	**78**	9.560	9.431
37	0.118	0.304	**79**	10.034	9.916
38	0.153	0.305	**80**	10.508	10.400
39	0.188	0.305	**81**	10.982	10.885
40	0.223	0.305	**82**	11.456	11.369
41	0.258	0.306	**83**	12.613	11.845
42	0.293	0.306	**84**	13.770	12.321
43	0.366	0.343	**85**	14.927	12.796
44	0.439	0.381	**86**	16.084	13.272
45	0.512	0.418	**87**	17.241	13.747
46	0.584	0.456	**88**	19.791	13.943
47	0.657	0.493	**89**	22.341	14.138
48	0.790	0.548	**90**	24.890	14.333
49	0.923	0.603	**91**	27.440	14.528
50	1.056	0.659	**92**	29.989	14.723
51	1.189	0.714	**93**	29.989	14.723
52	1.322	0.769	**94**	29.989	14.723
53	1.385	0.802	**95**	29.989	14.723
54	1.447	0.834	**96**	29.989	14.723
55	1.509	0.866	**97**	29.989	14.723
56	1.571	0.899	**98**	29.989	14.723
57	1.634	0.931	**99**	29.989	14.723
58	1.848	1.150	**100+**	29.989	14.723

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
BENIGN BRAIN TUMOR

Age	Male	Female	Age	Male	Female
<=17	0.026	0.026	**59**	0.227	0.227
18	0.028	0.028	**60**	0.238	0.238
19	0.030	0.030	**61**	0.249	0.249
20	0.031	0.031	**62**	0.259	0.259
21	0.033	0.033	**63**	0.272	0.272
22	0.035	0.035	**64**	0.285	0.285
23	0.040	0.040	**65**	0.298	0.298
24	0.045	0.045	**66**	0.311	0.311
25	0.050	0.050	**67**	0.323	0.323
26	0.055	0.055	**68**	0.337	0.337
27	0.060	0.060	**69**	0.350	0.350
28	0.062	0.062	**70**	0.363	0.363
29	0.064	0.064	**71**	0.377	0.377
30	0.066	0.066	**72**	0.390	0.390
31	0.068	0.068	**73**	0.401	0.401
32	0.070	0.070	**74**	0.412	0.412
33	0.074	0.074	**75**	0.423	0.423
34	0.078	0.078	**76**	0.434	0.434
35	0.082	0.082	**77**	0.445	0.445
36	0.086	0.086	**78**	0.452	0.452
37	0.090	0.090	**79**	0.459	0.459
38	0.095	0.095	**80**	0.466	0.466
39	0.099	0.099	**81**	0.473	0.473
40	0.104	0.104	**82**	0.480	0.480
41	0.109	0.109	**83**	0.484	0.484
42	0.113	0.113	**84**	0.489	0.489
43	0.118	0.118	**85**	0.494	0.494
44	0.123	0.123	**86**	0.499	0.499
45	0.128	0.128	**87**	0.504	0.504
46	0.133	0.133	**88**	0.504	0.504
47	0.138	0.138	**89**	0.504	0.504
48	0.144	0.144	**90**	0.504	0.504
49	0.150	0.150	**91**	0.504	0.504
50	0.156	0.156	**92**	0.504	0.504
51	0.161	0.161	**93**	0.504	0.504
52	0.167	0.167	**94**	0.504	0.504
53	0.175	0.175	**95**	0.504	0.504
54	0.183	0.183	**96**	0.504	0.504
55	0.191	0.191	**97**	0.504	0.504
56	0.199	0.199	**98**	0.504	0.504
57	0.206	0.206	**99**	0.504	0.504
58	0.217	0.217	**100+**	0.504	0.504

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
COMA

Age	Male	Female	Age	Male	Female
<=17	0.030	0.030	**59**	0.126	0.126
18	0.036	0.036	**60**	0.124	0.124
19	0.042	0.042	**61**	0.122	0.122
20	0.048	0.048	**62**	0.120	0.120
21	0.054	0.054	**63**	0.118	0.118
22	0.060	0.060	**64**	0.116	0.116
23	0.066	0.066	**65**	0.114	0.114
24	0.072	0.072	**66**	0.112	0.112
25	0.078	0.078	**67**	0.110	0.110
26	0.084	0.084	**68**	0.108	0.108
27	0.090	0.090	**69**	0.106	0.106
28	0.094	0.094	**70**	0.104	0.104
29	0.098	0.098	**71**	0.102	0.102
30	0.102	0.102	**72**	0.100	0.100
31	0.106	0.106	**73**	0.098	0.098
32	0.110	0.110	**74**	0.096	0.096
33	0.114	0.114	**75**	0.094	0.094
34	0.118	0.118	**76**	0.092	0.092
35	0.122	0.122	**77**	0.090	0.090
36	0.126	0.126	**78**	0.090	0.090
37	0.130	0.130	**79**	0.090	0.090
38	0.136	0.136	**80**	0.090	0.090
39	0.142	0.142	**81**	0.090	0.090
40	0.148	0.148	**82**	0.090	0.090
41	0.154	0.154	**83**	0.090	0.090
42	0.160	0.160	**84**	0.090	0.090
43	0.158	0.158	**85**	0.090	0.090
44	0.156	0.156	**86**	0.090	0.090
45	0.154	0.154	**87**	0.090	0.090
46	0.152	0.152	**88**	0.090	0.090
47	0.150	0.150	**89**	0.090	0.090
48	0.148	0.148	**90**	0.090	0.090
49	0.146	0.146	**91**	0.090	0.090
50	0.144	0.144	**92**	0.090	0.090
51	0.142	0.142	**93**	0.090	0.090
52	0.140	0.140	**94**	0.090	0.090
53	0.138	0.138	**95**	0.090	0.090
54	0.136	0.136	**96**	0.090	0.090
55	0.134	0.134	**97**	0.090	0.090
56	0.132	0.132	**98**	0.090	0.090
57	0.130	0.130	**99**	0.090	0.090
58	0.128	0.128	**100+**	0.090	0.090

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
LOSS OF HEARING AND SPEECH

Age	Male	Female	Age	Male	Female
<=17	0.007	0.007	**59**	0.021	0.021
18	0.008	0.008	**60**	0.021	0.021
19	0.009	0.009	**61**	0.021	0.021
20	0.009	0.009	**62**	0.021	0.021
21	0.010	0.010	**63**	0.023	0.023
22	0.011	0.011	**64**	0.024	0.024
23	0.012	0.012	**65**	0.025	0.025
24	0.013	0.013	**66**	0.026	0.026
25	0.014	0.014	**67**	0.028	0.028
26	0.014	0.014	**68**	0.029	0.029
27	0.015	0.015	**69**	0.030	0.030
28	0.016	0.016	**70**	0.032	0.032
29	0.017	0.017	**71**	0.033	0.033
30	0.018	0.018	**72**	0.034	0.034
31	0.018	0.018	**73**	0.037	0.037
32	0.019	0.019	**74**	0.040	0.040
33	0.020	0.020	**75**	0.044	0.044
34	0.020	0.020	**76**	0.047	0.047
35	0.021	0.021	**77**	0.050	0.050
36	0.021	0.021	**78**	0.056	0.056
37	0.022	0.022	**79**	0.061	0.061
38	0.022	0.022	**80**	0.067	0.067
39	0.022	0.022	**81**	0.072	0.072
40	0.023	0.023	**82**	0.078	0.078
41	0.023	0.023	**83**	0.088	0.088
42	0.023	0.023	**84**	0.098	0.098
43	0.023	0.023	**85**	0.109	0.109
44	0.023	0.023	**86**	0.119	0.119
45	0.023	0.023	**87**	0.130	0.130
46	0.023	0.023	**88**	0.136	0.136
47	0.023	0.023	**89**	0.143	0.143
48	0.023	0.023	**90**	0.150	0.150
49	0.023	0.023	**91**	0.157	0.157
50	0.023	0.023	**92**	0.164	0.164
51	0.023	0.023	**93**	0.164	0.164
52	0.022	0.022	**94**	0.164	0.164
53	0.022	0.022	**95**	0.164	0.164
54	0.022	0.022	**96**	0.164	0.164
55	0.022	0.022	**97**	0.164	0.164
56	0.022	0.022	**98**	0.164	0.164
57	0.021	0.021	**99**	0.164	0.164
58	0.021	0.021	**100+**	0.164	0.164

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
LOSS OF SIGHT

Age	Male	Female	Age	Male	Female
<=17	0.005	0.005	**59**	0.017	0.017
18	0.006	0.006	**60**	0.017	0.017
19	0.007	0.007	**61**	0.017	0.017
20	0.007	0.007	**62**	0.017	0.017
21	0.008	0.008	**63**	0.017	0.017
22	0.009	0.009	**64**	0.018	0.018
23	0.010	0.010	**65**	0.018	0.018
24	0.010	0.010	**66**	0.018	0.018
25	0.011	0.011	**67**	0.018	0.018
26	0.012	0.012	**68**	0.019	0.019
27	0.012	0.012	**69**	0.020	0.020
28	0.013	0.013	**70**	0.021	0.021
29	0.013	0.013	**71**	0.022	0.022
30	0.014	0.014	**72**	0.023	0.023
31	0.015	0.015	**73**	0.024	0.024
32	0.015	0.015	**74**	0.026	0.026
33	0.016	0.016	**75**	0.028	0.028
34	0.016	0.016	**76**	0.030	0.030
35	0.017	0.017	**77**	0.031	0.031
36	0.017	0.017	**78**	0.034	0.034
37	0.017	0.017	**79**	0.037	0.037
38	0.018	0.018	**80**	0.040	0.040
39	0.018	0.018	**81**	0.043	0.043
40	0.018	0.018	**82**	0.046	0.046
41	0.018	0.018	**83**	0.050	0.050
42	0.018	0.018	**84**	0.055	0.055
43	0.019	0.019	**85**	0.059	0.059
44	0.019	0.019	**86**	0.064	0.064
45	0.019	0.019	**87**	0.068	0.068
46	0.019	0.019	**88**	0.072	0.072
47	0.019	0.019	**89**	0.075	0.075
48	0.018	0.018	**90**	0.079	0.079
49	0.018	0.018	**91**	0.083	0.083
50	0.018	0.018	**92**	0.086	0.086
51	0.018	0.018	**93**	0.086	0.086
52	0.018	0.018	**94**	0.086	0.086
53	0.018	0.018	**95**	0.086	0.086
54	0.018	0.018	**96**	0.086	0.086
55	0.018	0.018	**97**	0.086	0.086
56	0.017	0.017	**98**	0.086	0.086
57	0.017	0.017	**99**	0.086	0.086
58	0.017	0.017	**100+**	0.086	0.086

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
OCCUPATIONAL HIV / OCCUPATIONAL HEPATITIS B, C, D

Age	Male	Female	Age	Male	Female
<=17	0.004	0.004	**59**	0.004	0.004
18	0.004	0.004	**60**	0.004	0.004
19	0.004	0.004	**61**	0.004	0.004
20	0.004	0.004	**62**	0.004	0.004
21	0.004	0.004	**63**	0.004	0.004
22	0.004	0.004	**64**	0.004	0.004
23	0.004	0.004	**65**	0.004	0.004
24	0.004	0.004	**66**	0.004	0.004
25	0.004	0.004	**67**	0.004	0.004
26	0.004	0.004	**68**	0.004	0.004
27	0.004	0.004	**69**	0.004	0.004
28	0.004	0.004	**70**	0.004	0.004
29	0.004	0.004	**71**	0.004	0.004
30	0.004	0.004	**72**	0.004	0.004
31	0.004	0.004	**73**	0.003	0.003
32	0.004	0.004	**74**	0.002	0.002
33	0.004	0.004	**75**	0.001	0.001
34	0.004	0.004	**76**	0.001	0.001
35	0.004	0.004	**77**	0.000	0.000
36	0.004	0.004	**78**	0.000	0.000
37	0.004	0.004	**79**	0.000	0.000
38	0.004	0.004	**80**	0.000	0.000
39	0.004	0.004	**81**	0.000	0.000
40	0.004	0.004	**82**	0.000	0.000
41	0.004	0.004	**83**	0.000	0.000
42	0.004	0.004	**84**	0.000	0.000
43	0.004	0.004	**85**	0.000	0.000
44	0.004	0.004	**86**	0.000	0.000
45	0.004	0.004	**87**	0.000	0.000
46	0.004	0.004	**88**	0.000	0.000
47	0.004	0.004	**89**	0.000	0.000
48	0.004	0.004	**90**	0.000	0.000
49	0.004	0.004	**91**	0.000	0.000
50	0.004	0.004	**92**	0.000	0.000
51	0.004	0.004	**93**	0.000	0.000
52	0.004	0.004	**94**	0.000	0.000
53	0.004	0.004	**95**	0.000	0.000
54	0.004	0.004	**96**	0.000	0.000
55	0.004	0.004	**97**	0.000	0.000
56	0.004	0.004	**98**	0.000	0.000
57	0.004	0.004	**99**	0.000	0.000
58	0.004	0.004	**100+**	0.000	0.000

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
INFECTIOUS DISEASE

Age	Male	Female	Age	Male	Female
<=17	1.227	1.383	**59**	3.139	3.539
18	1.248	1.408	**60**	3.303	3.724
19	1.270	1.432	**61**	3.466	3.909
20	1.292	1.457	**62**	3.630	4.094
21	1.314	1.482	**63**	3.877	4.371
22	1.336	1.506	**64**	4.123	4.649
23	1.356	1.529	**65**	4.369	4.927
24	1.376	1.552	**66**	4.615	5.204
25	1.396	1.574	**67**	4.861	5.482
26	1.416	1.597	**68**	5.222	5.889
27	1.436	1.620	**69**	5.583	6.296
28	1.458	1.644	**70**	5.944	6.703
29	1.479	1.668	**71**	6.305	7.110
30	1.501	1.693	**72**	6.667	7.518
31	1.523	1.717	**73**	7.199	8.118
32	1.544	1.742	**74**	7.731	8.718
33	1.567	1.767	**75**	8.263	9.318
34	1.589	1.792	**76**	8.795	9.918
35	1.612	1.818	**77**	9.328	10.518
36	1.634	1.843	**78**	10.132	11.426
37	1.657	1.868	**79**	10.937	12.333
38	1.683	1.898	**80**	11.742	13.240
39	1.709	1.927	**81**	12.546	14.148
40	1.735	1.956	**82**	13.351	15.055
41	1.761	1.986	**83**	13.351	15.055
42	1.787	2.015	**84**	13.351	15.055
43	1.825	2.058	**85**	13.351	15.055
44	1.862	2.100	**86**	13.351	15.055
45	1.900	2.143	**87**	13.351	15.055
46	1.938	2.185	**88**	13.351	15.055
47	1.976	2.228	**89**	13.351	15.055
48	2.039	2.299	**90**	13.351	15.055
49	2.101	2.370	**91**	13.351	15.055
50	2.164	2.441	**92**	13.351	15.055
51	2.227	2.511	**93**	13.351	15.055
52	2.290	2.582	**94**	13.351	15.055
53	2.394	2.700	**95**	13.351	15.055
54	2.498	2.817	**96**	13.351	15.055
55	2.602	2.935	**97**	13.351	15.055
56	2.706	3.052	**98**	13.351	15.055
57	2.811	3.169	**99**	13.351	15.055
58	2.975	3.354	**100+**	13.351	15.055

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
PERMANENT PARALYSIS

Age	Male	Female	Age	Male	Female
<=17	0.036	0.016	**59**	0.031	0.024
18	0.036	0.016	**60**	0.031	0.024
19	0.037	0.016	**61**	0.031	0.025
20	0.037	0.016	**62**	0.032	0.025
21	0.037	0.016	**63**	0.032	0.025
22	0.038	0.017	**64**	0.032	0.025
23	0.037	0.017	**65**	0.032	0.025
24	0.036	0.016	**66**	0.032	0.026
25	0.036	0.016	**67**	0.032	0.026
26	0.035	0.016	**68**	0.032	0.026
27	0.034	0.016	**69**	0.031	0.026
28	0.033	0.016	**70**	0.031	0.026
29	0.032	0.016	**71**	0.031	0.026
30	0.031	0.015	**72**	0.031	0.026
31	0.030	0.015	**73**	0.031	0.026
32	0.030	0.015	**74**	0.031	0.026
33	0.029	0.015	**75**	0.031	0.026
34	0.028	0.015	**76**	0.032	0.026
35	0.028	0.015	**77**	0.032	0.027
36	0.027	0.015	**78**	0.032	0.027
37	0.026	0.015	**79**	0.032	0.027
38	0.026	0.015	**80**	0.032	0.028
39	0.026	0.015	**81**	0.033	0.028
40	0.025	0.015	**82**	0.033	0.028
41	0.025	0.015	**83**	0.033	0.028
42	0.025	0.016	**84**	0.033	0.028
43	0.025	0.016	**85**	0.033	0.029
44	0.025	0.016	**86**	0.033	0.029
45	0.025	0.017	**87**	0.033	0.029
46	0.025	0.017	**88**	0.033	0.029
47	0.025	0.018	**89**	0.033	0.029
48	0.026	0.019	**90**	0.033	0.029
49	0.027	0.019	**91**	0.033	0.029
50	0.027	0.020	**92**	0.033	0.029
51	0.028	0.021	**93**	0.033	0.029
52	0.028	0.021	**94**	0.033	0.029
53	0.029	0.022	**95**	0.033	0.029
54	0.029	0.022	**96**	0.033	0.029
55	0.029	0.023	**97**	0.033	0.029
56	0.030	0.023	**98**	0.033	0.029
57	0.030	0.023	**99**	0.033	0.029
58	0.030	0.024	**100+**	0.033	0.029

Unum Insurance Company
Portland, Maine

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
INVASIVE CANCER

Age	Male	Female	Age	Male	Female
<=17	0.212	0.196	**59**	9.181	7.345
18	0.234	0.280	**60**	10.065	7.775
19	0.256	0.365	**61**	10.950	8.205
20	0.278	0.449	**62**	11.835	8.635
21	0.299	0.534	**63**	12.961	9.205
22	0.321	0.618	**64**	14.088	9.776
23	0.359	0.694	**65**	15.215	10.346
24	0.397	0.770	**66**	16.342	10.916
25	0.434	0.845	**67**	17.468	11.486
26	0.472	0.921	**68**	18.694	12.200
27	0.510	0.997	**69**	19.920	12.914
28	0.556	1.082	**70**	21.146	13.629
29	0.602	1.168	**71**	22.372	14.343
30	0.649	1.253	**72**	23.598	15.057
31	0.695	1.338	**73**	24.471	15.647
32	0.741	1.424	**74**	25.344	16.237
33	0.761	1.585	**75**	26.216	16.826
34	0.780	1.746	**76**	27.089	17.416
35	0.800	1.907	**77**	27.962	18.006
36	0.819	2.068	**78**	27.925	18.012
37	0.839	2.229	**79**	27.887	18.018
38	0.961	2.399	**80**	27.850	18.025
39	1.084	2.569	**81**	27.813	18.031
40	1.206	2.739	**82**	27.776	18.037
41	1.328	2.908	**83**	27.684	17.820
42	1.451	3.078	**84**	27.592	17.604
43	1.662	3.257	**85**	27.501	17.387
44	1.873	3.436	**86**	27.409	17.171
45	2.084	3.615	**87**	27.317	16.954
46	2.294	3.794	**88**	27.317	16.954
47	2.505	3.973	**89**	27.317	16.954
48	2.913	4.092	**90**	27.317	16.954
49	3.321	4.210	**91**	27.317	16.954
50	3.728	4.328	**92**	27.317	16.954
51	4.136	4.447	**93**	27.317	16.954
52	4.543	4.565	**94**	27.317	16.954
53	5.117	4.949	**95**	27.317	16.954
54	5.691	5.333	**96**	27.317	16.954
55	6.264	5.716	**97**	27.317	16.954
56	6.838	6.100	**98**	27.317	16.954
57	7.412	6.484	**99**	27.317	16.954
58	8.296	6.914	**100+**	27.317	16.954

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
NON-INVASIVE CANCER

Age	Male	Female	Age	Male	Female
<=17	0.000	0.000	**59**	1.235	0.203
18	0.005	0.037	**60**	1.264	0.196
19	0.011	0.074	**61**	1.293	0.190
20	0.016	0.110	**62**	1.322	0.183
21	0.021	0.147	**63**	1.396	0.187
22	0.026	0.184	**64**	1.470	0.190
23	0.033	0.194	**65**	1.544	0.194
24	0.040	0.204	**66**	1.618	0.197
25	0.047	0.214	**67**	1.693	0.201
26	0.054	0.223	**68**	1.818	0.206
27	0.061	0.233	**69**	1.942	0.211
28	0.070	0.225	**70**	2.067	0.216
29	0.078	0.217	**71**	2.192	0.222
30	0.086	0.208	**72**	2.317	0.227
31	0.094	0.200	**73**	2.375	0.224
32	0.102	0.191	**74**	2.433	0.221
33	0.115	0.184	**75**	2.491	0.219
34	0.129	0.177	**76**	2.550	0.216
35	0.142	0.170	**77**	2.608	0.213
36	0.156	0.163	**78**	2.560	0.204
37	0.169	0.156	**79**	2.513	0.194
38	0.191	0.159	**80**	2.465	0.185
39	0.213	0.161	**81**	2.417	0.176
40	0.234	0.164	**82**	2.370	0.166
41	0.256	0.167	**83**	2.305	0.153
42	0.278	0.169	**84**	2.240	0.140
43	0.306	0.170	**85**	2.174	0.127
44	0.333	0.171	**86**	2.109	0.115
45	0.361	0.173	**87**	2.044	0.102
46	0.389	0.174	**88**	2.044	0.102
47	0.417	0.175	**89**	2.044	0.102
48	0.489	0.179	**90**	2.044	0.102
49	0.560	0.184	**91**	2.044	0.102
50	0.632	0.188	**92**	2.044	0.102
51	0.703	0.192	**93**	2.044	0.102
52	0.775	0.197	**94**	2.044	0.102
53	0.855	0.201	**95**	2.044	0.102
54	0.936	0.204	**96**	2.044	0.102
55	1.017	0.208	**97**	2.044	0.102
56	1.097	0.212	**98**	2.044	0.102
57	1.178	0.216	**99**	2.044	0.102
58	1.207	0.209	**100+**	2.044	0.102

ANNUAL CLAIM COST RATES PER $1000 COVERAGE AMOUNT
SKIN CANCER

Age	Male	Female	Age	Male	Female
<=17	0.005	0.002	**59**	0.188	0.123
18	0.005	0.003	**60**	0.195	0.124
19	0.005	0.003	**61**	0.203	0.124
20	0.006	0.003	**62**	0.210	0.124
21	0.006	0.003	**63**	0.226	0.129
22	0.006	0.003	**64**	0.242	0.134
23	0.006	0.006	**65**	0.258	0.139
24	0.007	0.008	**66**	0.274	0.143
25	0.007	0.011	**67**	0.290	0.148
26	0.007	0.014	**68**	0.305	0.157
27	0.007	0.016	**69**	0.319	0.165
28	0.009	0.017	**70**	0.334	0.173
29	0.010	0.018	**71**	0.349	0.181
30	0.011	0.019	**72**	0.363	0.190
31	0.013	0.020	**73**	0.361	0.186
32	0.014	0.021	**74**	0.360	0.183
33	0.016	0.023	**75**	0.358	0.179
34	0.018	0.026	**76**	0.356	0.175
35	0.020	0.028	**77**	0.354	0.172
36	0.022	0.031	**78**	0.351	0.170
37	0.024	0.033	**79**	0.348	0.168
38	0.028	0.037	**80**	0.344	0.167
39	0.032	0.042	**81**	0.341	0.165
40	0.036	0.047	**82**	0.337	0.164
41	0.040	0.051	**83**	0.337	0.164
42	0.045	0.056	**84**	0.337	0.164
43	0.048	0.059	**85**	0.337	0.164
44	0.052	0.062	**86**	0.337	0.164
45	0.056	0.065	**87**	0.337	0.164
46	0.060	0.068	**88**	0.337	0.164
47	0.063	0.071	**89**	0.337	0.164
48	0.073	0.076	**90**	0.337	0.164
49	0.082	0.081	**91**	0.337	0.164
50	0.091	0.086	**92**	0.337	0.164
51	0.100	0.091	**93**	0.337	0.164
52	0.109	0.096	**94**	0.337	0.164
53	0.122	0.101	**95**	0.337	0.164
54	0.135	0.107	**96**	0.337	0.164
55	0.148	0.112	**97**	0.337	0.164
56	0.160	0.118	**98**	0.337	0.164
57	0.173	0.123	**99**	0.337	0.164
58	0.181	0.123	**100+**	0.337	0.164

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
PROGRESSIVE DISEASE (ALS, Dementia, MS, Parkinson's)

Age	Male	Female	Age	Male	Female
<=17	0.092	0.089	**59**	0.270	0.369
18	0.093	0.090	**60**	0.361	0.392
19	0.094	0.091	**61**	0.438	0.422
20	0.095	0.092	**62**	0.532	0.455
21	0.097	0.093	**63**	0.650	0.491
22	0.098	0.095	**64**	0.795	0.536
23	0.100	0.096	**65**	1.111	0.647
24	0.102	0.098	**66**	1.278	0.855
25	0.104	0.100	**67**	1.471	1.129
26	0.106	0.102	**68**	1.692	1.491
27	0.108	0.104	**69**	1.948	1.970
28	0.111	0.107	**70**	2.713	2.801
29	0.114	0.110	**71**	3.123	3.291
30	0.117	0.113	**72**	3.593	3.865
31	0.120	0.117	**73**	4.135	4.541
32	0.124	0.121	**74**	4.827	5.346
33	0.128	0.125	**75**	6.178	6.900
34	0.132	0.130	**76**	7.212	8.124
35	0.137	0.135	**77**	8.420	9.564
36	0.142	0.141	**78**	9.829	11.260
37	0.147	0.148	**79**	11.474	13.256
38	0.154	0.155	**80**	13.641	15.564
39	0.160	0.163	**81**	15.924	18.323
40	0.167	0.172	**82**	18.589	21.376
41	0.175	0.181	**83**	21.676	23.672
42	0.180	0.188	**84**	25.006	27.723
43	0.186	0.196	**85**	28.103	31.628
44	0.191	0.205	**86**	32.421	37.041
45	0.197	0.214	**87**	37.402	43.381
46	0.203	0.223	**88**	43.150	50.807
47	0.209	0.234	**89**	49.780	59.503
48	0.216	0.245	**90**	52.999	64.313
49	0.223	0.257	**91**	54.967	65.793
50	0.180	0.216	**92**	56.910	67.308
51	0.187	0.229	**93**	59.157	70.135
52	0.195	0.243	**94**	61.492	73.080
53	0.203	0.257	**95**	59.059	70.358
54	0.212	0.273	**96**	61.391	73.313
55	0.211	0.277	**97**	63.815	76.391
56	0.224	0.297	**98**	66.334	79.599
57	0.238	0.319	**99**	68.953	82.942
58	0.254	0.343	**100+**	71.676	86.425

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
FUNCTIONAL LOSS

Age	Male	Female	Age	Male	Female
<=17	0.014	0.011	**59**	0.287	0.411
18	0.016	0.012	**60**	0.329	0.360
19	0.017	0.013	**61**	0.407	0.392
20	0.019	0.015	**62**	0.504	0.425
21	0.020	0.016	**63**	0.624	0.462
22	0.022	0.018	**64**	0.773	0.508
23	0.024	0.020	**65**	0.886	0.516
24	0.026	0.022	**66**	1.019	0.682
25	0.029	0.024	**67**	1.173	0.901
26	0.031	0.027	**68**	1.350	1.189
27	0.034	0.030	**69**	1.553	1.571
28	0.037	0.033	**70**	1.779	1.837
29	0.041	0.036	**71**	2.048	2.158
30	0.045	0.040	**72**	2.356	2.535
31	0.049	0.045	**73**	2.712	2.978
32	0.053	0.050	**74**	3.166	3.506
33	0.058	0.055	**75**	3.766	4.206
34	0.063	0.061	**76**	4.397	4.952
35	0.069	0.067	**77**	5.133	5.830
36	0.075	0.075	**78**	5.992	6.864
37	0.082	0.083	**79**	6.995	8.081
38	0.090	0.092	**80**	8.945	10.207
39	0.098	0.101	**81**	10.443	12.016
40	0.106	0.111	**82**	12.191	14.019
41	0.116	0.123	**83**	14.215	15.524
42	0.122	0.132	**84**	16.399	18.181
43	0.129	0.141	**85**	20.902	23.525
44	0.135	0.152	**86**	24.114	27.551
45	0.142	0.163	**87**	27.820	32.267
46	0.150	0.174	**88**	32.094	37.789
47	0.158	0.187	**89**	37.026	44.258
48	0.166	0.201	**90**	49.157	59.650
49	0.174	0.215	**91**	50.982	61.024
50	0.177	0.222	**92**	52.784	62.429
51	0.186	0.238	**93**	54.868	65.050
52	0.195	0.256	**94**	57.034	67.782
53	0.206	0.274	**95**	64.511	76.853
54	0.216	0.294	**96**	67.058	80.080
55	0.213	0.295	**97**	69.705	83.443
56	0.229	0.320	**98**	72.458	86.947
57	0.247	0.348	**99**	75.318	90.598
58	0.266	0.378	**100+**	78.292	94.403

ANNUAL CLAIM COST RATES PER $1,000 COVERAGE AMOUNT
SICKNESS HOSPITAL ADMISSION

Age	Male	Female	Age	Male	Female
<=17	2.965	20.343	**59**	31.660	31.542
18	3.062	20.378	**60**	32.635	31.895
19	3.159	20.413	**61**	33.610	32.249
20	3.256	20.448	**62**	34.585	32.602
21	3.353	20.483	**63**	35.148	33.765
22	3.450	20.518	**64**	35.710	34.929
23	3.806	21.658	**65**	36.273	36.092
24	4.163	22.799	**66**	36.835	37.255
25	4.519	23.939	**67**	37.397	38.418
26	4.875	25.079	**68**	38.263	40.879
27	5.231	26.219	**69**	39.128	43.339
28	5.587	27.334	**70**	39.993	45.800
29	5.944	28.449	**71**	40.859	48.260
30	6.300	29.563	**72**	41.724	50.721
31	6.656	30.678	**73**	46.603	54.107
32	7.012	31.793	**74**	51.481	57.493
33	7.852	31.744	**75**	56.360	60.879
34	8.691	31.696	**76**	61.238	64.266
35	9.531	31.648	**77**	66.117	67.652
36	10.370	31.599	**78**	69.676	70.995
37	11.210	31.551	**79**	73.235	74.339
38	12.028	31.995	**80**	76.795	77.682
39	12.846	32.438	**81**	80.354	81.026
40	13.665	32.882	**82**	83.913	84.369
41	14.483	33.326	**83**	87.395	88.574
42	15.301	33.770	**84**	90.877	92.779
43	16.192	33.874	**85**	94.359	96.983
44	17.082	33.977	**86**	97.841	101.188
45	17.972	34.081	**87**	101.323	105.393
46	18.862	34.185	**88**	104.208	107.244
47	19.753	34.289	**89**	107.092	109.095
48	20.990	33.880	**90**	109.977	110.946
49	22.227	33.471	**91**	112.861	112.797
50	23.465	33.061	**92**	115.746	114.648
51	24.702	32.652	**93**	115.746	116.115
52	25.940	32.243	**94**	115.746	117.582
53	26.694	31.961	**95**	115.746	119.049
54	27.448	31.680	**96**	115.746	120.516
55	28.202	31.398	**97**	115.746	121.983
56	28.956	31.117	**98**	115.746	121.983
57	29.710	30.835	**99**	115.746	121.983
58	30.685	31.189	**100+**	115.746	121.983

ANNUAL CLAIM COST RATES PER $1,000 EE COVERAGE AMOUNT
CHILDHOOD CONDITIONS at 50%

Age	Uni-Sex	Age	Uni-Sex
<=17	0.080	**59**	0.000
18	0.094	**60**	0.000
19	0.108	**61**	0.000
20	0.122	**62**	0.000
21	0.136	**63**	0.000
22	0.150	**64**	0.000
23	0.154	**65**	0.000
24	0.158	**66**	0.000
25	0.162	**67**	0.000
26	0.166	**68**	0.000
27	0.170	**69**	0.000
28	0.166	**70**	0.000
29	0.162	**71**	0.000
30	0.158	**72**	0.000
31	0.154	**73**	0.000
32	0.150	**74**	0.000
33	0.136	**75**	0.000
34	0.122	**76**	0.000
35	0.108	**77**	0.000
36	0.094	**78**	0.000
37	0.080	**79**	0.000
38	0.070	**80**	0.000
39	0.060	**81**	0.000
40	0.050	**82**	0.000
41	0.040	**83**	0.000
42	0.030	**84**	0.000
43	0.028	**85**	0.000
44	0.026	**86**	0.000
45	0.024	**87**	0.000
46	0.022	**88**	0.000
47	0.020	**89**	0.000
48	0.016	**90**	0.000
49	0.012	**91**	0.000
50	0.008	**92**	0.000
51	0.004	**93**	0.000
52	0.000	**94**	0.000
53	0.000	**95**	0.000
54	0.000	**96**	0.000
55	0.000	**97**	0.000
56	0.000	**98**	0.000
57	0.000	**99**	0.000
58	0.000	**100+**	0.000

CLAIM COST ADJUSTMENT FACTORS

Tobacco Use Factors

This factor will be used to develop tobacco distinct rates or cases expected to have a non-standard tobacco distribution.

Range	Varies by
0.75 – 2.00	Tobacco usage, gender, age, benefit

Regional Factors

This factor will be used to account for the regional differences expected in claim incidence.

Range	Varies by
0.75 – 1.25	Geographical region

Industry Factors

This factor will be used to account for the differences in expected claim incidence for different industries.

Range	Varies by
0.75 – 1.25	Industry

Case Size Factors

This factor will be used to account for the variation in expected claim incidence by group size.

Range	Varies by
0.75 – 1.25	Case size (eligible lives)

Pre-Existing Condition Factors

Covers the risk variations which result from having a full pre-existing condition limitation, one with shorter time periods, applicable only to late entrants and not at initial case set up, or having all pre-existing conditions covered.

Range	Varies by
1.00 – 1.25	Pre-existing condition provision type, time values (m/m)

Reoccurrence Factors

This factor will be used to account for the additional expected claim cost from the addition of the reoccurrence benefit provision.

Range	Varies by
1.00 – 1.30	Reoccurrence percentage, benefit, age

Rate Guarantee Factors

This factor will be used to account for the higher the risk of a longer rate guarantee which lengthens the time before able to renew a case if experience diverges from expectations.

Range	Varies by
1.00 – 1.25	Rating Structure, Number of years guaranteed

Benefit Reduction Factors

This factor will be used to account for the expected decrease in claim cost when the benefit reduction at a specific age provision is included.

Range	Varies by
0.50 – 1.00	Rating Structure, Benefit reduction provision type, age

Portability Factors

This factor will be used to account for the change in claim costs due to portability options.

Range	Varies by
0.75 – 2.00	Rating Structure

Guaranteed Issue Factors

This factor will be used to account for the increasing claim cost as guaranteed issue exposure increases.

Range	Varies by
0.75 – 1.25	Guaranteed issue amount

Underwriting Adjustment Factors

This factor will serve as an additional rating adjustment that may be used at the underwriter's discretion to reflect case specific considerations.

Range
0.75 – 1.25

Employer Funding Factors

This factor will be used to account for the level of anti-selection resulting from different levels of employee/group sponsor participation in premiums.

Range
0.40 – 1.00

Children Full Coverage Factors

Claim cost rate tables cover children at 50% of Coverage Amount. There will be an adjustment when children are covered at 100% of Coverage Amount.

Range	Varies by
1.00-2.00	Covered Condition, Age

ANNUAL PREMIUM CALCULATIONS – STEP RATED

Premiums will be calculated through the following steps:

Step 1 For each covered condition elected in the plan, determine the annual claim cost rates per $1,000 of benefit. Select from the appropriate annual claim cost rate table and multiply by the percent of the coverage amount payable for the covered condition. The resulting benefit weighted claim cost table varies by age & gender.

Step 2 For each covered condition elected in the plan, determine the adjusted table claim cost rate per $1,000 offered by multiplying the total benefit weighted claim cost rate per $1,000 by each of the applicable claim cost adjustment factors (Table varies by age, gender, tobacco status)

Step 3 Sum the benefit weighted claim cost rates for each condition to arrive at the total benefit weighted claim cost rate per $1,000 of benefit (Table varies by age, gender, tobacco status)

Step 4 Apply a gender distribution assumption. This will typically be based on industry of employer, but may be adjusted based on a census (Table varies by age, tobacco status)

Step 5 Develop Annual Gross Premium Table per $1,000 (Table varies by age, tobacco status)

Annual Gross Premium Table = claim cost Table (from Step 4) / (1 - commission load % - expense load %)

Step 6 Determine the annual premium amount by multiplying the adjusted annual premium rate per $1,000 (from step 1) by units of coverage selected by individual. (i.e. $10,000 face amount = 10 units of coverage)

For groups with significant prior Critical Illness claim experience, experience rating may be completed. Experience rating is the process of utilizing a group customer's claim history as part of the development of the prospective Critical Illness rate for the customer. Depending on the life years exposure of prior claim history, the customer's actual claim experience is blended with manual rates in order to develop the case's final rate. The relative weight placed on experience rating and manual rating is a function of the level of credibility assigned to prior Critical Illness claims experience. Adjustments may be made based on positive or negative claim experience trends.

The final rate may be adjusted based on underwriter judgment and discretion due to a case's particular characteristics, service features and Unum's expenses and profit expectations. Premiums may be aggregated into age bands as desired by the employer group. Rate determination for a particular case may be based on the experience and rating across a broader cross section of cases and with consideration of the customers current rates.

Additionally Unum may market on a program basis, where the rates would be calculated consistently with the approved rate basis, however adjustments may be determined and applied based on block characteristics, economies of scale and experience.

ANNUAL PREMIUM CALCULATIONS – COMPOSITE

Premiums will be calculated through the following steps:

Step 1 For each covered condition elected in the plan, determine the annual claim cost rates per $1,000 of benefit. Select from the appropriate annual claim cost rate table and multiply by the percent of the coverage amount payable for the covered condition. The resulting benefit weighted claim cost table varies by age & gender.

Step 2 For each covered condition elected in the plan, determine the adjusted table claim cost rate per $1,000 offered by multiplying the total benefit weighted claim cost rate per $1,000 by each of the applicable claim cost adjustment factors (Table varies by age & gender)

Step 3 Sum the benefit weighted claim cost rates for each condition to arrive at the total benefit weighted claim cost rate per $1,000 of benefit (Table varies by age & gender)

Step 4 Use a census to calculated aggregate claim cost per $1000

Step 5 Develop case level gross premium rate per $1000

Annual Gross Premium Rate per $1000 = Claim Cost Table (from Step 4) / (1 - commission load % - expense load %)

Step 6 Determine total premium for group by multiplying gross premium rate per $1000 by units of coverage selected (i.e. $10,000 face amount = 10 units of coverage)

For groups with significant prior Critical Illness claim experience, experience rating may be completed. Experience rating is the process of utilizing a group customer's claim history as part of the development of the prospective CI rate for the customer. Depending on the life years exposure of prior claim history, the customer's actual claim experience is blended with manual rates in order to develop the case's final rate. The relative weight placed on experience rating and manual rating is a function of the level of credibility assigned to prior CI claims experience. Adjustments may be made based on positive or negative claim experience trends.

The final rate may be adjusted based on underwriter judgment and discretion due to a case's particular characteristics, service features and Unum's expenses and profit expectations. Rate determination for a particular case may be based on the experience and rating across a broader cross section of cases and with consideration of the customers current rates.

Additionally Unum may market on a program basis, where the rates would be calculated consistently with the approved rate basis, however adjustments may be determined and applied based on block characteristics, economies of scale and experience.

SAMPLE ISSUE AGE ANNUAL PREMIUM RATES PER $1,000

For issue age premium rates, we model the same base claim cost rates described for step rates above, combined with persistency expectations to develop rates where the expected present value of future premiums equal the expected present value of future claims and expenses. A sample of these rates is provided below. Other plan design options are available and would be calculated in the same manner. We may develop these on a census basis or from a standard issue distribution. Rates are the same for EE/CH and SP.

	Critical Illness		**Cancer**		**Supplemental**		**Progressive Disease**	
Issue Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
< 25	1.05	1.30	2.99	3.88	0.79	0.97	0.14	0.17
25-29	1.65	2.31	3.74	5.27	0.80	1.12	0.16	0.22
30-34	2.97	4.44	4.67	7.15	0.85	1.27	0.19	0.28
35-39	4.26	6.96	6.03	9.80	0.92	1.51	0.23	0.38
40-44	5.92	10.13	7.91	13.22	0.97	1.66	0.30	0.52
45-49	8.32	14.28	10.44	17.66	1.08	1.86	0.41	0.70
50-54	11.12	18.63	13.48	22.84	1.25	2.09	0.49	0.82
55-59	14.56	23.43	18.61	30.68	1.44	2.31	0.61	0.99
60-64	22.83	35.09	29.46	45.64	1.95	3.00	0.98	1.51
65-69	34.65	48.37	40.41	58.19	2.46	3.43	2.00	2.79
70-74	45.44	58.39	43.92	57.07	2.57	3.30	4.24	5.45
75-79	61.74	79.34	50.02	64.99	3.16	4.06	8.23	10.58
80+	61.74	79.34	50.02	64.99	3.16	4.06	9.89	12.71

These issue age premium rates for up to $30,000 Guaranteed Issue, are based on the following plan provisions:

- 12/12 Pre-Existing Condition Limitation
- Portability Included
- No Benefit Reduction
- No Reoccurrence Benefit
- Benefits
  - Critical Illness
    - Coronary Artery Disease at 50% (Major) and 10% (Minor)
    - End Stage Renal (Kidney) Failure
    - Heart Attack (Myocardial Infarction)
    - Major Organ Failure
    - Stroke
    - Childhood Conditions at 50%
  - Cancer
    - Invasive Cancer
    - Non Invasive Cancer at 25%
    - Skin Cancer at flat $500
  - Supplemental
    - Benign Brain Tumor
    - Coma
    - Loss of Hearing and Speech
    - Loss of Sight
    - Occupational HIV / Occupational Hepatitis B, C, D
    - Permanent Paralysis
    - Infectious Disease
  - Progressive Disease: ALS & Dementia at 25%

ANNUAL PREMIUM CALCULATIONS – ISSUE AGE

Premiums will be calculated through the following steps:

Step 1 – For each of the covered conditions and elected options in the plan, determine the annual premium rates per $1,000 incorporating claim costs, contingency margin, persistency assumptions, and commission and expense loads.

Step 2 – Apply applicable adjustment factors.

Step 3 – Determine the annual premium amount by multiplying the adjusted annual premium rate per $1,000 (from step 1) by units of coverage selected by individual (i.e. $10,000 face amount = 10 units of coverage)

For groups with significant prior Critical Illness claim experience, experience rating may be completed. Experience rating is the process of utilizing a group customer's claim history as part of the development of the prospective CI rate for the customer. Depending on the life years exposure of prior claim history, the customer's actual claim experience is blended with manual rates in order to develop the case's final rate. The relative weight placed on experience rating and manual rating is a function of the level of credibility assigned to prior CI claims experience. Adjustments may be made based on positive or negative claim experience trends.

The final rate may be adjusted based on underwriter judgment and discretion due to a case's particular characteristics, service features and Unum's expenses and profit expectations. Premiums for may be aggregated into age bands as desired by the employer group. Rate determination for a particular case may be based on the experience and rating across a broader cross section of cases and with consideration of the customers current rates.

Additionally Unum may market on a program basis, where the rates would be calculated consistently with the approved rate basis, however adjustments may be determined and applied based on block characteristics, economies of scale and experience.

Unum Insurance Company
Portland, Maine

ACTUARIAL MEMORANDUM
Policy Form GCIP16-1

Statement of Purpose

The purpose of this filing is to provide Critical Illness rates on a new policy form for Unum Insurance Company. Rating methodology will be provided for issue age, step and composite rated basis.

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

Marketing Method

This policy will be marketed primarily at the worksite.

Underwriting

Guaranteed issue for limited amounts will be made available when requirements such as case size and participation are met. Simplified underwriting based on yes/no answers to questions may also be used.

Renewability Clause

This policy is optionally renewable.

Description of Benefits

Group Critical Illness provides financial protection for an insured by paying a lump sum benefit if the insured is diagnosed with a specified critical illness. This coverage is intended to supplement gaps in health and disability coverage. The amount is based on the amount of coverage in effect on the date of diagnosis of a specified critical illness. The employee also has the opportunity to have coverage for his/her spouse and/or children.

The lump sum benefits may be sold as flat amount, limited choices (for example $15K or $30K) or incrementally (such as $1,000 increments up to $100,000 with a minimum of $5,000). Benefits may also be offered to employees as a % of Salary. In this case, coverage amount would be rounded to the nearest $1,000 and have a maximum value. % Coverage Amount is variable, standard values listed below:

Covered Conditions	**% Coverage Amount**
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Coronary Artery Disease – Major/Minor	50%/10%
<u>Childhood Conditions</u>	100%
Spina Bifida	
Down Syndrome	
Cerebral Palsy	

Cleft Lip / Palate	
Cystic Fibrosis	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	$500 (not a % Coverage Amount)
Loss of Sight	100%
Loss of Hearing	100%
Loss of Speech	100%
Benign Brain Tumor	100%
Coma	100%
Permanent Paralysis	100%
Occupational HIV / Occupational Hepatitis B, C, or D	100%
Infectious Disease	25%
Progressive Disease	
Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer's Disease)	100%
Multiple Sclerosis (MS)	100%
Parkinson's Disease	100%
Functional Loss	100%
Hospital Admission for Covered Sickness	5%

Coverage Amounts
Employee – up to $200,000
Spouse – up to $200,000
Children – 50% or 100% of employee

Subsequent Diagnosis
This policy will pay 100% of the coverage amount for a different specified critical illness if the date of diagnosis of the subsequent specified critical illness is diagnosed more than 180 days after any previous date of diagnosis or the illnesses are medically unrelated.

Reoccurring Condition Benefit
This benefit will pay a percentage of the coverage amount for the same specified critical illness if the date of diagnosis of the subsequent specified critical illness is diagnosed more than 180 days after any previous date of diagnosis for the specified critical illness.

Benefit Reduction

Employer may elect no benefit reduction or % reductions at specified ages.

Data

We utilized and relied primarily on Unum Group's claim database for the pricing of this product. Adjustments were made to reflect changes to policy provisions and business operations likely to have a material effect on expected future results. For new benefits we used adjusted population data from published studies.

Premium Calculations

Premium rates may be calculated on issue age, step or composite rated basis. Various factors may be applied to the rates to reflect the specific plan design, benefit options and group characteristics. Ultimately rates may be adjusted within a certain range based upon underwriting discretion. Cases may also be experience rated.

Premium Modes

Our Rate Manual contains annual rates. Rates will be offered on the billing mode requested by Policyholder. There is no modal loading.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state and Actuarial Standard of Practice No. 8. The rates are not excessive, inadequate or unfairly discriminatory.

Tamra VanAllen, FSA, MAAA

9-27-16
Date

State: District of Columbia **Filing Company:** Unum Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness 2016
Project Name/Number: Group Critical Illness/GCI16-1

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Rate 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):	GCIP16-1 Actuarial Memo (Standard).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	We have added the Actuarial Memorandum to the Rate/Rule Schedule tab.
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:	
Status Date:	

State: District of Columbia **Filing Company:** Unum Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness 2016
Project Name/Number: Group Critical Illness/GCI16-1

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable as these are new rates to a new product.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable to new rate filing.
Attachment(s):	
Item Status:	
Status Date:	

2211 Congress Street
Portland, ME 04122
www.unum.com

Government of the District of Columbia
Department of Insurance and Securities Regulation
810 First Street, N.E., Suite 701
Washington, DC 20002

Date: November 21, 2016

RE: Unum Insurance Company
NAIC # 565-67601
Group Critical Illness – Rates
Effective Date – Upon Approval

Dear Examiner:

We submitted the forms for our new Group Critical Illness policy, certificate and associated forms under SERFF #UNUM-130740544 on November 1, 2016.

Attached for your review are rate materials to support that filing in which we would like to place on file with your Department.

We appreciate your review of this filing. If you have any questions or need additional information, please contact me at 800-451-8475, extension 47048, or by e-mail at vvice@unum.com.

Sincerely,

Vanessa Vice

Vanessa Vice
Product Compliance Consultant
Unum Insurance Company

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Unum Insurance Company
Portland, Maine

ACTUARIAL MEMORANDUM
Policy Form GCIP16-1

Statement of Purpose

The purpose of this filing is to provide Critical Illness rates on a new policy form for Unum Insurance Company. Rating methodology will be provided for issue age, step and composite rated basis.

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

Marketing Method

This policy will be marketed primarily at the worksite.

Underwriting

Guaranteed issue for limited amounts will be made available when requirements such as case size and participation are met. Simplified underwriting based on yes/no answers to questions may also be used.

Renewability Clause

This policy is optionally renewable.

Description of Benefits

Group Critical Illness provides financial protection for an insured by paying a lump sum benefit if the insured is diagnosed with a specified critical illness. This coverage is intended to supplement gaps in health and disability coverage. The amount is based on the amount of coverage in effect on the date of diagnosis of a specified critical illness. The employee also has the opportunity to have coverage for his/her spouse and/or children.

The lump sum benefits may be sold as flat amount, limited choices (for example $15K or $30K) or incrementally (such as $1,000 increments up to $100,000 with a minimum of $5,000). Benefits may also be offered to employees as a % of Salary. In this case, coverage amount would be rounded to the nearest $1,000 and have a maximum value. % Coverage Amount is variable, standard values listed below:

Covered Conditions	**% Coverage Amount**
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Coronary Artery Disease – Major/Minor	50%/10%
<u>Childhood Conditions</u>	100%
Spina Bifida	
Down Syndrome	
Cerebral Palsy	

Cleft Lip / Palate	
Cystic Fibrosis	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	$500 (not a % Coverage Amount)
Loss of Sight	100%
Loss of Hearing	100%
Loss of Speech	100%
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Tamra VanAllen, FSA, MAAA

9-27-16
Date