

State: Pennsylvania **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Filing at a Glance

Company: CMFG Life Insurance Company
Product Name: 2002 LTC Product
State: Pennsylvania
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care
Sub-TOI: LTC05I.001 Qualified
Filing Type: Rate - Other (Not M.U. or G.I. Product)
Date Submitted: 08/25/2015
SERFF Tr Num: CUNA-130205588
SERFF Status: Assigned
State Tr Num: CUNA-130205588
State Status: Received Review in Progress
Co Tr Num: 2002-LTC-FAC(PA)
Implementation: On Approval
Date Requested:
Author(s): Kathy Strauser, Kimberly Steggall, Jacquie Crader, Carolyn Heindl
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 65% rate increase (50% now and 10% two years later) on 516 PA policyholders of CMFG Life Insurance Company LTC forms 2002-LTC-FAC and 2002-LTCR-HCC.

State: Pennsylvania **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
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General Information

Project Name: 2013 LTC Rate Increase
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 65%

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 08/25/2015
 State Status Changed: 08/25/2015
 Created By: Carolyn Heindl
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Kimberly Steggall

Filing Description:
 See attached cover letter.

Company and Contact

Filing Contact Information

Kimberly Steggall, Consultant, Rate & Form kimberly.steggall@cunamutual.com
 Compliance
 2000 Heritage Way 319-483-3082 [Phone]
 Waverly, IA 50677 319-483-3500 [FAX]

Filing Company Information

CMFG Life Insurance Company	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number: L0357
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

CUNA-130205588

State Tracking #:

CUNA-130205588

Company Tracking #:

2002-LTC-FAC(PA)

State:

Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name:

2002 LTC Product

Project Name/Number:

2013 LTC Rate Increase/

Rate Information

Rate data applies to filing.

Filing Method:

Review & Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

21.000%

Effective Date of Last Rate Revision:

06/01/2015

Filing Method of Last Filing:

Review & Approval

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):
CMFG Life Insurance Company	280.000%	65.000%	\$526,477	516	\$809,965	65.000%	65.000%

SERFF Tracking #:

CUNA-130205588

State Tracking #:

CUNA-130205588

Company Tracking #:

2002-LTC-FAC(PA)

State:

Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name:

2002 LTC Product

Project Name/Number:

2013 LTC Rate Increase/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2002 LTC New Rates	2002-LTC-FAC(PA), 2002-LTCR-HCC(PA)	Revised	Previous State Filing Number: CUNA-129313344 Percent Rate Change Request: 50	PA LTC 2002 New Rates 10+10+50.pdf,
2		2002 LTC New Rates	2002-LTC-FAC(PA), 2002-LTCR-HCC(PA)	Revised	Previous State Filing Number: CUNA-129313344 Percent Rate Change Request: 10	PA LTC 2002 New Rates 10+10+50+10.pdf,

CMFG Life Insurance Company

Individual Long Term Care

Form 2002-LTC-FAC(PA) & 2002-LTCR-HCC(PA)

MODAL PREMIUM FACTORS

<u>Premium Mode</u>	<u>Factor</u>
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2700
Quarterly (Credit Union Deductions Only)	0.2350
Monthly	0.0900
Semi-Monthly	0.0450
Bi-Weekly	0.0415

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above. Modal factors are derived using interest and lapsation.

SUBSTANDARD PREMIUM RATE FACTORS

Underwriting selection is primarily on an accept or decline basis. However, there are certain medical conditions that will be accepted on a substandard basis. The extra gross premium charged will be either an additional 25, 50 or 100 percent of the standard premium. Full protection will be provided; there will be no waiver of any condition.

**Nursing Facility Only Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$10.89	\$12.71	\$14.52	\$16.34	\$16.34	\$23.60
30-34	12.71	16.34	19.97	21.78	23.60	32.67
35-39	14.52	19.97	23.60	27.23	29.04	41.75
40-44	18.15	25.41	29.04	32.67	36.30	52.64
45	19.97	27.23	34.49	38.12	41.75	58.08
46	19.97	29.04	34.49	39.93	43.56	61.71
47	21.78	30.86	36.30	41.75	45.38	63.53
48	21.78	30.86	38.12	43.56	47.19	65.34
49	21.78	32.67	39.93	45.38	49.01	68.97
50	23.60	34.49	41.75	47.19	50.82	70.79
51	23.60	34.49	43.56	49.01	52.64	74.42
52	25.41	36.30	45.38	50.82	54.45	78.05
53	25.41	38.12	47.19	52.64	58.08	81.68
54	27.23	39.93	49.01	56.27	61.71	85.31
55	29.04	43.56	52.64	59.90	65.34	90.75
56	30.86	45.38	56.27	63.53	68.97	98.01
57	32.67	49.01	61.71	68.97	76.23	105.27
58	34.49	54.45	67.16	74.42	81.68	114.35
59	38.12	58.08	70.79	81.68	88.94	123.42
60	39.93	61.71	78.05	87.12	96.20	134.31
61	43.56	67.16	83.49	94.38	101.64	143.39
62	45.38	70.79	88.94	99.83	108.90	152.46
63	47.19	74.42	94.38	107.09	116.16	163.35
64	50.82	79.86	101.64	114.35	125.24	174.24
65	54.45	87.12	108.90	123.42	134.31	186.95
66	59.90	94.38	117.98	134.31	147.02	203.28
67	63.53	101.64	127.05	145.20	157.91	219.62
68	68.97	110.72	137.94	157.91	172.43	237.77
69	76.23	119.79	150.65	172.43	186.95	255.92
70	81.68	130.68	163.35	186.95	201.47	277.70
71	88.94	139.76	176.06	201.47	217.80	299.48
72	94.38	150.65	190.58	217.80	235.95	321.26
73	101.64	163.35	205.10	234.14	254.10	344.85
74	110.72	176.06	221.43	252.29	274.07	370.26
75	119.79	190.58	241.40	274.07	297.66	399.30
76	128.87	206.91	259.55	295.85	319.44	430.16
77	137.94	221.43	279.51	317.63	343.04	459.20
78	148.83	239.58	301.29	343.04	370.26	493.68
79	161.54	259.55	328.52	372.08	401.12	533.61
80	179.69	286.77	361.19	408.38	441.05	584.43
81	199.65	319.44	401.12	453.75	490.05	647.96
82	221.43	355.74	446.49	506.39	546.32	720.56
83	246.84	395.67	497.31	562.65	606.21	800.42
84	274.07	441.05	551.76	624.36	671.55	885.72
85	304.92	486.42	609.84	687.89	740.52	976.47
86	335.78	535.43	667.92	751.41	809.49	1,067.22
87	370.26	584.43	726.00	816.75	878.46	1,159.79
88	404.75	637.07	789.53	885.72	952.88	1,259.61
89	444.68	696.96	860.31	961.95	1,036.37	1,368.51
90	490.05	762.30	938.36	1,047.26	1,127.12	1,491.93

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 50% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$12.71	\$16.34	\$18.15	\$19.97	\$21.78	\$30.86
30-34	16.34	21.78	25.41	27.23	30.86	43.56
35-39	19.97	27.23	30.86	36.30	38.12	56.27
40-44	23.60	32.67	39.93	45.38	49.01	70.79
45	25.41	36.30	45.38	50.82	56.27	81.68
46	27.23	38.12	47.19	54.45	58.08	85.31
47	27.23	39.93	49.01	56.27	61.71	88.94
48	29.04	41.75	50.82	58.08	63.53	92.57
49	29.04	43.56	54.45	61.71	67.16	96.20
50	30.86	45.38	56.27	65.34	68.97	101.64
51	32.67	47.19	59.90	67.16	72.60	105.27
52	34.49	49.01	61.71	70.79	76.23	110.72
53	34.49	52.64	65.34	74.42	79.86	114.35
54	36.30	54.45	68.97	78.05	85.31	121.61
55	38.12	58.08	72.60	83.49	90.75	128.87
56	41.75	63.53	78.05	88.94	98.01	139.76
57	45.38	67.16	85.31	98.01	105.27	152.46
58	49.01	74.42	92.57	105.27	114.35	165.17
59	52.64	79.86	99.83	114.35	125.24	179.69
60	56.27	87.12	108.90	123.42	134.31	194.21
61	59.90	92.57	116.16	134.31	145.20	208.73
62	63.53	99.83	125.24	143.39	156.09	223.25
63	68.97	107.09	134.31	154.28	168.80	239.58
64	74.42	114.35	145.20	166.98	181.50	259.55
65	79.86	125.24	157.91	181.50	197.84	281.33
66	87.12	136.13	172.43	197.84	215.99	306.74
67	94.38	148.83	188.76	217.80	235.95	335.78
68	103.46	163.35	206.91	237.77	257.73	366.63
69	114.35	177.87	226.88	259.55	281.33	399.30
70	125.24	196.02	248.66	284.96	308.55	435.60
71	136.13	214.17	270.44	310.37	337.59	473.72
72	147.02	232.32	294.03	337.59	364.82	513.65
73	159.72	252.29	319.44	366.63	397.49	555.39
74	174.24	275.88	348.48	399.30	433.79	604.40
75	190.58	303.11	382.97	439.23	475.53	660.66
76	208.73	330.33	419.27	479.16	519.09	720.56
77	226.88	359.37	455.57	522.72	564.47	780.45
78	248.66	393.86	499.13	569.91	615.29	851.24
79	274.07	435.60	551.76	629.81	680.63	940.17
80	308.55	490.05	618.92	706.04	762.30	1,054.52
81	348.48	555.39	704.22	802.23	862.13	1,196.09
82	395.67	633.44	800.42	911.13	980.10	1,361.25
83	448.31	718.74	907.50	1,032.74	1,108.97	1,546.38
84	506.39	811.31	1,025.48	1,163.42	1,248.72	1,747.85
85	568.10	911.13	1,150.71	1,303.17	1,397.55	1,965.65
86	633.44	1,014.59	1,277.76	1,444.74	1,548.20	2,188.89
87	700.59	1,121.67	1,410.26	1,591.76	1,704.29	2,423.03
88	773.19	1,239.65	1,553.64	1,747.85	1,873.08	2,675.31
89	856.68	1,370.33	1,715.18	1,925.72	2,060.03	2,962.08
90	951.06	1,520.97	1,898.49	2,127.18	2,274.20	3,290.60

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 75% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$12.71	\$16.34	\$19.97	\$21.78	\$23.60	\$32.67
30-34	16.34	21.78	27.23	29.04	32.67	47.19
35-39	19.97	27.23	34.49	38.12	41.75	61.71
40-44	23.60	34.49	43.56	49.01	52.64	78.05
45	27.23	39.93	49.01	56.27	61.71	90.75
46	29.04	41.75	50.82	58.08	63.53	94.38
47	29.04	43.56	52.64	61.71	67.16	98.01
48	30.86	45.38	56.27	63.53	70.79	101.64
49	30.86	47.19	58.08	67.16	72.60	107.09
50	32.67	49.01	61.71	70.79	76.23	112.53
51	34.49	50.82	63.53	74.42	79.86	116.16
52	36.30	52.64	67.16	76.23	83.49	121.61
53	36.30	56.27	70.79	79.86	88.94	127.05
54	38.12	58.08	74.42	85.31	92.57	134.31
55	41.75	63.53	78.05	90.75	99.83	143.39
56	43.56	67.16	85.31	98.01	107.09	156.09
57	47.19	72.60	92.57	107.09	116.16	168.80
58	50.82	79.86	99.83	116.16	127.05	183.32
59	56.27	85.31	108.90	125.24	137.94	199.65
60	59.90	92.57	117.98	136.13	148.83	215.99
61	63.53	99.83	127.05	147.02	161.54	232.32
62	68.97	107.09	136.13	157.91	174.24	250.47
63	72.60	116.16	147.02	170.61	186.95	270.44
64	78.05	125.24	159.72	185.13	203.28	292.22
65	85.31	136.13	174.24	201.47	221.43	317.63
66	92.57	148.83	190.58	221.43	243.21	346.67
67	101.64	161.54	208.73	241.40	264.99	379.34
68	112.53	177.87	226.88	264.99	290.40	415.64
69	123.42	194.21	250.47	290.40	319.44	455.57
70	134.31	214.17	274.07	319.44	348.48	497.31
71	147.02	234.14	299.48	348.48	381.15	542.69
72	159.72	254.10	326.70	379.34	415.64	588.06
73	172.43	275.88	355.74	412.01	451.94	637.07
74	188.76	303.11	388.41	451.94	493.68	693.33
75	206.91	332.15	428.34	497.31	542.69	762.30
76	226.88	364.82	470.09	544.50	595.32	833.09
77	246.84	397.49	511.83	593.51	649.77	907.50
78	270.44	435.60	560.84	651.59	711.48	992.81
79	299.48	482.79	622.55	722.37	787.71	1,099.89
80	337.59	544.50	700.59	813.12	885.72	1,239.65
81	382.97	618.92	798.60	923.84	1,007.33	1,412.07
82	433.79	706.04	911.13	1,054.52	1,148.90	1,613.54
83	491.87	802.23	1,036.37	1,197.90	1,304.99	1,838.60
84	555.39	907.50	1,172.49	1,353.99	1,473.78	2,083.62
85	622.55	1,018.22	1,315.88	1,519.16	1,651.65	2,350.43
86	693.33	1,134.38	1,462.89	1,686.14	1,834.97	2,624.49
87	765.93	1,254.17	1,615.35	1,860.38	2,021.91	2,909.45
88	845.79	1,383.03	1,780.52	2,045.51	2,223.38	3,219.81
89	934.73	1,528.23	1,965.65	2,254.23	2,448.44	3,571.92
90	1,038.18	1,695.21	2,178.00	2,493.81	2,707.98	3,976.67

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 100% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$12.71	\$18.15	\$19.97	\$23.60	\$25.41	\$36.30
30-34	18.15	23.60	27.23	32.67	34.49	52.64
35-39	21.78	29.04	36.30	41.75	45.38	68.97
40-44	25.41	36.30	45.38	52.64	58.08	87.12
45	29.04	41.75	52.64	61.71	67.16	101.64
46	29.04	43.56	54.45	63.53	70.79	105.27
47	30.86	45.38	58.08	67.16	72.60	110.72
48	32.67	47.19	59.90	68.97	76.23	114.35
49	32.67	50.82	63.53	72.60	79.86	119.79
50	34.49	52.64	65.34	76.23	83.49	125.24
51	36.30	54.45	68.97	79.86	88.94	130.68
52	38.12	56.27	72.60	83.49	92.57	136.13
53	39.93	59.90	76.23	87.12	96.20	143.39
54	41.75	63.53	79.86	92.57	101.64	152.46
55	43.56	67.16	85.31	99.83	108.90	161.54
56	47.19	72.60	92.57	107.09	117.98	174.24
57	50.82	78.05	99.83	116.16	128.87	190.58
58	54.45	85.31	108.90	127.05	139.76	206.91
59	59.90	92.57	117.98	137.94	150.65	225.06
60	63.53	99.83	127.05	148.83	165.17	243.21
61	68.97	107.09	137.94	161.54	177.87	263.18
62	72.60	116.16	148.83	174.24	192.39	283.14
63	78.05	123.42	159.72	186.95	206.91	306.74
64	83.49	134.31	174.24	203.28	225.06	332.15
65	90.75	147.02	188.76	221.43	245.03	361.19
66	99.83	159.72	206.91	243.21	268.62	397.49
67	108.90	176.06	226.88	266.81	295.85	435.60
68	119.79	192.39	248.66	292.22	324.89	477.35
69	130.68	210.54	274.07	321.26	355.74	524.54
70	143.39	232.32	301.29	353.93	390.23	575.36
71	157.91	254.10	328.52	386.60	428.34	626.18
72	170.61	275.88	359.37	421.08	466.46	680.63
73	186.95	301.29	390.23	459.20	508.20	738.71
74	203.28	330.33	428.34	504.57	555.39	807.68
75	223.25	363.00	471.90	555.39	613.47	889.35
76	245.03	399.30	519.09	611.66	675.18	974.66
77	268.62	435.60	568.10	667.92	736.89	1,065.41
78	294.03	479.16	624.36	735.08	809.49	1,168.86
79	326.70	531.80	693.33	816.75	900.24	1,301.36
80	366.63	598.95	782.27	922.02	1,016.40	1,471.97
81	415.64	682.44	892.98	1,050.89	1,159.79	1,686.14
82	473.72	778.64	1,021.85	1,201.53	1,324.95	1,932.98
83	537.24	885.72	1,163.42	1,370.33	1,510.08	2,208.86
84	606.21	1,003.70	1,317.69	1,551.83	1,709.73	2,513.78
85	680.63	1,127.12	1,482.86	1,742.40	1,920.27	2,842.29
86	756.86	1,254.17	1,648.02	1,936.61	2,134.44	3,181.70
87	836.72	1,386.66	1,820.45	2,136.26	2,354.06	3,535.62
88	922.02	1,528.23	2,005.58	2,352.24	2,591.82	3,924.03
89	1,018.22	1,687.95	2,214.30	2,593.64	2,858.63	4,361.45
90	1,130.75	1,873.08	2,453.88	2,871.33	3,165.36	4,871.46

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 125% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$14.52	\$18.15	\$21.78	\$23.60	\$25.41	\$39.93
30-34	18.15	25.41	29.04	34.49	36.30	58.08
35-39	21.78	30.86	38.12	43.56	49.01	76.23
40-44	27.23	39.93	49.01	56.27	63.53	98.01
45	30.86	45.38	56.27	65.34	72.60	114.35
46	30.86	47.19	59.90	68.97	76.23	119.79
47	32.67	49.01	61.71	72.60	79.86	123.42
48	34.49	50.82	65.34	74.42	83.49	128.87
49	36.30	52.64	67.16	78.05	87.12	134.31
50	36.30	56.27	70.79	83.49	90.75	141.57
51	38.12	58.08	74.42	87.12	96.20	148.83
52	39.93	61.71	78.05	90.75	99.83	154.28
53	41.75	63.53	81.68	94.38	105.27	163.35
54	43.56	67.16	85.31	99.83	112.53	172.43
55	47.19	70.79	90.75	107.09	119.79	183.32
56	49.01	76.23	98.01	116.16	128.87	197.84
57	54.45	83.49	107.09	125.24	139.76	215.99
58	58.08	90.75	116.16	137.94	152.46	234.14
59	63.53	98.01	127.05	148.83	165.17	255.92
60	67.16	107.09	137.94	161.54	179.69	277.70
61	72.60	114.35	148.83	176.06	196.02	301.29
62	78.05	123.42	159.72	188.76	210.54	324.89
63	83.49	132.50	172.43	205.10	228.69	350.30
64	90.75	145.20	188.76	223.25	248.66	381.15
65	98.01	157.91	205.10	243.21	272.25	417.45
66	107.09	172.43	225.06	266.81	297.66	457.38
67	117.98	188.76	246.84	294.03	326.70	502.76
68	128.87	206.91	270.44	321.26	359.37	551.76
69	141.57	226.88	297.66	353.93	395.67	608.03
70	156.09	250.47	328.52	390.23	435.60	667.92
71	170.61	274.07	359.37	426.53	477.35	729.63
72	185.13	299.48	392.04	466.46	519.09	793.16
73	201.47	326.70	428.34	508.20	568.10	863.94
74	221.43	357.56	470.09	559.02	622.55	945.62
75	243.21	395.67	519.09	617.10	687.89	1,043.63
76	266.81	435.60	571.73	680.63	758.67	1,150.71
77	292.22	475.53	626.18	744.15	831.27	1,259.61
78	321.26	522.72	689.70	820.38	914.76	1,386.66
79	355.74	582.62	767.75	914.76	1,020.03	1,550.01
80	401.12	657.03	867.57	1,034.55	1,154.34	1,762.37
81	455.57	749.60	990.99	1,183.38	1,321.32	2,025.54
82	519.09	856.68	1,136.19	1,355.81	1,513.71	2,330.46
83	588.06	976.47	1,295.91	1,548.20	1,729.70	2,673.50
84	664.29	1,105.34	1,470.15	1,756.92	1,962.02	3,051.02
85	745.97	1,243.28	1,653.47	1,974.72	2,207.04	3,461.21
86	831.27	1,384.85	1,840.41	2,197.97	2,457.51	3,887.73
87	918.39	1,528.23	2,032.80	2,426.66	2,713.43	4,332.41
88	1,012.77	1,686.14	2,239.71	2,671.68	2,989.31	4,820.64
89	1,118.04	1,862.19	2,473.85	2,949.38	3,299.67	5,374.22
90	1,239.65	2,065.47	2,742.47	3,267.00	3,657.23	6,022.17

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 150% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$14.52	\$18.15	\$21.78	\$25.41	\$27.23	\$43.56
30-34	18.15	25.41	30.86	36.30	39.93	63.53
35-39	23.60	32.67	39.93	47.19	50.82	83.49
40-44	27.23	41.75	50.82	59.90	67.16	108.90
45	30.86	47.19	59.90	68.97	78.05	125.24
46	32.67	49.01	61.71	72.60	81.68	132.50
47	34.49	50.82	65.34	76.23	85.31	137.94
48	36.30	54.45	67.16	79.86	88.94	143.39
49	36.30	56.27	70.79	83.49	92.57	150.65
50	38.12	58.08	74.42	87.12	98.01	157.91
51	39.93	61.71	78.05	90.75	103.46	165.17
52	41.75	63.53	81.68	96.20	107.09	172.43
53	43.56	67.16	85.31	99.83	112.53	181.50
54	45.38	70.79	90.75	107.09	119.79	190.58
55	49.01	74.42	96.20	114.35	127.05	205.10
56	52.64	81.68	103.46	123.42	137.94	221.43
57	56.27	87.12	112.53	132.50	150.65	239.58
58	59.90	94.38	121.61	145.20	163.35	261.36
59	65.34	103.46	132.50	157.91	177.87	284.96
60	70.79	112.53	145.20	172.43	192.39	310.37
61	76.23	121.61	156.09	186.95	210.54	335.78
62	81.68	130.68	168.80	201.47	226.88	363.00
63	87.12	139.76	183.32	217.80	245.03	392.04
64	94.38	152.46	197.84	235.95	266.81	426.53
65	103.46	166.98	215.99	259.55	292.22	468.27
66	112.53	181.50	237.77	284.96	321.26	513.65
67	123.42	199.65	261.36	312.18	352.11	566.28
68	134.31	219.62	286.77	343.04	386.60	622.55
69	148.83	241.40	315.81	377.52	426.53	686.07
70	163.35	264.99	346.67	415.64	470.09	755.04
71	177.87	290.40	381.15	455.57	515.46	825.83
72	194.21	317.63	415.64	497.31	562.65	898.43
73	212.36	346.67	453.75	542.69	613.47	978.29
74	232.32	379.34	499.13	595.32	673.37	1,072.67
75	255.92	419.27	551.76	658.85	745.97	1,187.01
76	281.33	461.01	608.03	727.82	822.20	1,308.62
77	306.74	506.39	666.11	796.79	902.06	1,435.67
78	337.59	555.39	733.26	878.46	994.62	1,586.31
79	373.89	618.92	816.75	980.10	1,108.97	1,775.07
80	421.08	698.78	923.84	1,108.97	1,255.98	2,021.91
81	479.16	796.79	1,056.33	1,268.69	1,439.30	2,326.83
82	544.50	911.13	1,210.61	1,455.63	1,651.65	2,682.57
83	618.92	1,038.18	1,381.22	1,662.54	1,887.60	3,081.87
84	698.78	1,176.12	1,566.35	1,885.79	2,141.70	3,521.10
85	785.90	1,323.14	1,760.55	2,119.92	2,410.32	4,000.26
86	873.02	1,471.97	1,958.39	2,357.69	2,682.57	4,497.57
87	965.58	1,624.43	2,161.67	2,602.71	2,960.27	5,016.66
88	1,063.59	1,789.59	2,381.28	2,864.07	3,261.56	5,584.76
89	1,174.31	1,976.54	2,626.31	3,158.10	3,597.33	6,232.71
90	1,301.36	2,190.71	2,909.45	3,495.69	3,985.74	6,989.57

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 200% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$14.52	\$19.97	\$23.60	\$27.23	\$29.04	\$49.01
30-34	19.97	27.23	32.67	38.12	41.75	72.60
35-39	23.60	34.49	41.75	49.01	54.45	98.01
40-44	29.04	43.56	54.45	63.53	70.79	127.05
45	32.67	49.01	63.53	74.42	83.49	148.83
46	34.49	52.64	65.34	78.05	87.12	154.28
47	36.30	54.45	68.97	81.68	90.75	161.54
48	38.12	56.27	72.60	85.31	96.20	168.80
49	38.12	58.08	74.42	88.94	99.83	176.06
50	39.93	61.71	78.05	92.57	105.27	185.13
51	41.75	65.34	81.68	98.01	110.72	194.21
52	43.56	67.16	85.31	103.46	116.16	203.28
53	45.38	70.79	90.75	107.09	121.61	212.36
54	47.19	74.42	96.20	114.35	128.87	225.06
55	50.82	79.86	101.64	121.61	137.94	241.40
56	54.45	85.31	110.72	132.50	148.83	261.36
57	58.08	92.57	119.79	143.39	161.54	283.14
58	63.53	99.83	130.68	156.09	176.06	308.55
59	68.97	108.90	141.57	168.80	192.39	335.78
60	74.42	117.98	154.28	185.13	208.73	366.63
61	79.86	127.05	166.98	199.65	226.88	397.49
62	85.31	137.94	179.69	215.99	245.03	431.97
63	92.57	148.83	194.21	234.14	264.99	468.27
64	99.83	161.54	210.54	254.10	288.59	510.02
65	108.90	176.06	230.51	279.51	317.63	559.02
66	117.98	192.39	254.10	306.74	348.48	615.29
67	130.68	210.54	277.70	335.78	382.97	677.00
68	143.39	232.32	304.92	370.26	421.08	747.78
69	156.09	254.10	335.78	406.56	462.83	822.20
70	172.43	281.33	370.26	448.31	510.02	907.50
71	188.76	308.55	406.56	491.87	559.02	994.62
72	205.10	335.78	442.86	537.24	611.66	1,081.74
73	223.25	366.63	484.61	586.25	667.92	1,179.75
74	245.03	402.93	531.80	644.33	733.26	1,295.91
75	270.44	444.68	588.06	713.30	813.12	1,435.67
76	297.66	490.05	649.77	785.90	896.61	1,588.13
77	324.89	537.24	711.48	862.13	983.73	1,746.03
78	357.56	589.88	784.08	951.06	1,085.37	1,929.35
79	395.67	657.03	873.02	1,059.96	1,210.61	2,163.48
80	446.49	742.34	987.36	1,199.72	1,370.33	2,468.40
81	506.39	845.79	1,128.93	1,372.14	1,569.98	2,845.92
82	577.17	965.58	1,292.28	1,573.61	1,800.48	3,281.52
83	655.22	1,099.89	1,473.78	1,795.04	2,056.40	3,773.39
84	738.71	1,245.09	1,669.80	2,034.62	2,332.28	4,312.44
85	829.46	1,397.55	1,874.90	2,283.27	2,619.05	4,898.69
86	920.21	1,551.83	2,081.81	2,535.56	2,909.45	5,506.71
87	1,016.40	1,711.55	2,294.16	2,791.47	3,207.11	6,138.33
88	1,118.04	1,882.16	2,521.04	3,069.17	3,524.73	6,829.85
89	1,234.20	2,074.55	2,776.95	3,375.90	3,882.29	7,619.37
90	1,366.70	2,295.98	3,069.17	3,729.83	4,292.48	8,539.58

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**MULTIPLICATIVE PREMIUM FACTORS FOR
RETURN OF PREMIUM, NONFORFEITURE & PAID UP AT 65 OR TEN PAY OPTIONS**

<u>Issue Age</u>	<u>Return of Premium at Death Factors</u>	<u>Nonforfeiture at Lapse Factors</u>	<u>Paid Up at 65 or Ten Pay Factors</u>
18-29	1.05	1.08	1.27
30-34	1.07	1.09	1.27
35-39	1.08	1.10	1.27
40-44	1.09	1.11	1.28
45	1.10	1.12	1.28
46	1.10	1.12	1.29
47	1.10	1.12	1.29
48	1.10	1.12	1.31
49	1.09	1.12	1.34
50	1.09	1.12	1.37
51	1.09	1.12	1.41
52	1.09	1.12	1.45
53	1.09	1.12	1.48
54	1.08	1.13	1.51
55	1.08	1.13	1.52
56	1.08	1.13	1.53
57	1.07	1.14	1.52
58	1.07	1.14	1.5
59	1.07	1.14	1.46
60	1.06	1.14	1.43
61	1.05	1.14	1.38
62	1.04	1.14	1.34
63	1.04	1.13	1.3
64	1.03	1.13	1.26
65	1.02	1.13	1.24
66	1.02	1.13	1.21
67	1.01	1.13	1.19
68	1.01	1.13	1.18
69	1.01	1.13	1.16
70	N/A	1.13	1.15
71	N/A	1.13	1.14
72	N/A	1.13	1.13
73	N/A	1.13	1.11
74	N/A	1.13	1.1
75	N/A	1.13	1.09
76	N/A	1.12	1.08
77	N/A	1.12	1.08
78	N/A	1.12	1.07
79	N/A	1.12	1.06
80	N/A	1.12	1.06
81	N/A	1.12	1.05
82	N/A	1.12	1.04
83	N/A	1.12	1.04
84	N/A	1.12	1.03
85	N/A	1.12	1.03
86	N/A	1.11	1.02
87	N/A	1.11	1.02
88	N/A	1.11	1.01
89	N/A	1.11	1.01
90	N/A	1.11	1

**MULTIPLICATIVE PREMIUM FACTORS FOR
INFLATION PROTECTION RIDERS**

<u>Issue Age</u>	<u>5% CIPO</u>	<u>5% CIPO for 15 years</u>
18-29	3.40	1.50
30-34	3.29	1.57
35-39	3.10	1.61
40-44	2.91	1.63
45	2.80	1.64
46	2.76	1.65
47	2.72	1.65
48	2.69	1.66
49	2.65	1.67
50	2.61	1.68
51	2.57	1.69
52	2.54	1.70
53	2.50	1.71
54	2.46	1.72
55	2.40	1.72
56	2.34	1.72
57	2.28	1.72
58	2.22	1.71
59	2.16	1.71
60	2.10	1.71
61	2.06	1.71
62	2.02	1.72
63	1.98	1.72
64	1.94	1.72
65	1.89	1.71
66	1.84	1.71
67	1.79	1.70
68	1.75	1.68
69	1.70	1.67
70	1.65	1.64
71	1.60	1.60
72	1.56	1.56
73	1.51	1.51
74	1.47	1.47
75	1.43	1.43
76	1.40	1.40
77	1.37	1.37
78	1.35	1.35
79	1.32	1.32
80	1.29	1.29
81	1.26	1.26
82	1.23	1.23
83	1.21	1.21
84	1.19	1.19
85	1.17	1.17
86	1.15	1.15
87	1.13	1.13
88	1.11	1.11
89	1.10	1.10
90	1.08	1.08

**MULTIPLICATIVE PREMIUM FACTORS FOR
SHARED EXTENDED EXPENSE BENEFIT, RESTORATION OF BENEFITS AND
HOME HEALTH CARE 10 DAY ELIMINATION PERIOD RIDERS**

<u>Shared Benefit Amount</u>	<u>Factors</u>
1 Year	1.44
2 Years	1.35
3 Years	1.27
4 Years	1.19
5 Years	1.13

<u>Restoration of Benefits</u>	<u>Factors</u>
1 Year	1.10
2 Years	1.08
3 Years	1.06
4 Years	1.04
5 Years	1.02

<u>Home Health Care 10 Day Elimination Period</u>	<u>Factors</u>
30 Days	1.05
60 Days	1.08
90 Days	1.11
180 Days	1.18

CMFG Life Insurance Company

Individual Long Term Care

Form 2002-LTC-FAC(PA) & 2002-LTCR-HCC(PA)

MODAL PREMIUM FACTORS

<u>Premium Mode</u>	<u>Factor</u>
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2700
Quarterly (Credit Union Deductions Only)	0.2350
Monthly	0.0900
Semi-Monthly	0.0450
Bi-Weekly	0.0415

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above. Modal factors are derived using interest and lapsation.

SUBSTANDARD PREMIUM RATE FACTORS

Underwriting selection is primarily on an accept or decline basis. However, there are certain medical conditions that will be accepted on a substandard basis. The extra gross premium charged will be either an additional 25, 50 or 100 percent of the standard premium. Full protection will be provided; there will be no waiver of any condition.

**Nursing Facility Only Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$11.98	\$13.98	\$15.97	\$17.97	\$17.97	\$25.95
30-34	13.98	17.97	21.96	23.96	25.95	35.94
35-39	15.97	21.96	25.95	29.95	31.94	45.92
40-44	19.97	27.95	31.94	35.94	39.93	57.90
45	21.96	29.95	37.93	41.93	45.92	63.89
46	21.96	31.94	37.93	43.92	47.92	67.88
47	23.96	33.94	39.93	45.92	49.91	69.88
48	23.96	33.94	41.93	47.92	51.91	71.87
49	23.96	35.94	43.92	49.91	53.91	75.87
50	25.95	37.93	45.92	51.91	55.90	77.86
51	25.95	37.93	47.92	53.91	57.90	81.86
52	27.95	39.93	49.91	55.90	59.90	85.85
53	27.95	41.93	51.91	57.90	63.89	89.84
54	29.95	43.92	53.91	61.89	67.88	93.84
55	31.94	47.92	57.90	65.88	71.87	99.83
56	33.94	49.91	61.89	69.88	75.87	107.81
57	35.94	53.91	67.88	75.87	83.85	115.80
58	37.93	59.90	73.87	81.86	89.84	125.78
59	41.93	63.89	77.86	89.84	97.83	135.76
60	43.92	67.88	85.85	95.83	105.81	147.74
61	47.92	73.87	91.84	103.82	111.80	157.72
62	49.91	77.86	97.83	109.81	119.79	167.71
63	51.91	81.86	103.82	117.79	127.78	179.69
64	55.90	87.85	111.80	125.78	137.76	191.66
65	59.90	95.83	119.79	135.76	147.74	205.64
66	65.88	103.82	129.77	147.74	161.72	223.61
67	69.88	111.80	139.76	159.72	173.70	241.58
68	75.87	121.79	151.73	173.70	189.67	261.54
69	83.85	131.77	165.71	189.67	205.64	281.51
70	89.84	143.75	179.69	205.64	221.61	305.46
71	97.83	153.73	193.66	221.61	239.58	329.42
72	103.82	165.71	209.63	239.58	259.55	353.38
73	111.80	179.69	225.60	257.55	279.51	379.34
74	121.79	193.66	243.57	277.51	301.47	407.29
75	131.77	209.63	265.53	301.47	327.43	439.23
76	141.75	227.60	285.50	325.43	351.38	473.17
77	151.73	243.57	307.46	349.39	377.34	505.11
78	163.71	263.54	331.42	377.34	407.29	543.05
79	177.69	285.50	361.37	409.28	441.23	586.97
80	197.65	315.45	397.30	449.21	485.15	642.87
81	219.62	351.38	441.23	499.13	539.06	712.75
82	243.57	391.31	491.14	557.02	600.95	792.61
83	271.52	435.24	547.04	618.92	666.83	880.46
84	301.47	485.15	606.94	686.80	738.71	974.29
85	335.41	535.06	670.82	756.67	814.57	1,074.12
86	369.35	588.97	734.71	826.55	890.44	1,173.94
87	407.29	642.87	798.60	898.43	966.31	1,275.76
88	445.22	700.77	868.48	974.29	1,048.16	1,385.57
89	489.14	766.66	946.34	1,058.15	1,140.00	1,505.36
90	539.06	838.53	1,032.19	1,151.98	1,239.83	1,641.12

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 50% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.98	\$17.97	\$19.97	\$21.96	\$23.96	\$33.94
30-34	17.97	23.96	27.95	29.95	33.94	47.92
35-39	21.96	29.95	33.94	39.93	41.93	61.89
40-44	25.95	35.94	43.92	49.91	53.91	77.86
45	27.95	39.93	49.91	55.90	61.89	89.84
46	29.95	41.93	51.91	59.90	63.89	93.84
47	29.95	43.92	53.91	61.89	67.88	97.83
48	31.94	45.92	55.90	63.89	69.88	101.82
49	31.94	47.92	59.90	67.88	73.87	105.81
50	33.94	49.91	61.89	71.87	75.87	111.80
51	35.94	51.91	65.88	73.87	79.86	115.80
52	37.93	53.91	67.88	77.86	83.85	121.79
53	37.93	57.90	71.87	81.86	87.85	125.78
54	39.93	59.90	75.87	85.85	93.84	133.77
55	41.93	63.89	79.86	91.84	99.83	141.75
56	45.92	69.88	85.85	97.83	107.81	153.73
57	49.91	73.87	93.84	107.81	115.80	167.71
58	53.91	81.86	101.82	115.80	125.78	181.68
59	57.90	87.85	109.81	125.78	137.76	197.65
60	61.89	95.83	119.79	135.76	147.74	213.63
61	65.88	101.82	127.78	147.74	159.72	229.60
62	69.88	109.81	137.76	157.72	171.70	245.57
63	75.87	117.79	147.74	169.70	185.67	263.54
64	81.86	125.78	159.72	183.68	199.65	285.50
65	87.85	137.76	173.70	199.65	217.62	309.46
66	95.83	149.74	189.67	217.62	237.58	337.41
67	103.82	163.71	207.64	239.58	259.55	369.35
68	113.80	179.69	227.60	261.54	283.50	403.29
69	125.78	195.66	249.56	285.50	309.46	439.23
70	137.76	215.62	273.52	313.45	339.41	479.16
71	149.74	235.59	297.48	341.40	371.35	521.09
72	161.72	255.55	323.43	371.35	401.30	565.01
73	175.69	277.51	351.38	403.29	437.23	610.93
74	191.66	303.47	383.33	439.23	477.16	664.83
75	209.63	333.42	421.26	483.15	523.08	726.73
76	229.60	363.36	461.19	527.08	571.00	792.61
77	249.56	395.31	501.12	574.99	620.91	858.50
78	273.52	433.24	549.04	626.90	676.81	936.36
79	301.47	479.16	606.94	692.79	748.69	1,034.19
80	339.41	539.06	680.81	776.64	838.53	1,159.97
81	383.33	610.93	774.64	882.45	948.34	1,315.69
82	435.24	696.78	880.46	1,002.24	1,078.11	1,497.38
83	493.14	790.61	998.25	1,136.01	1,219.86	1,701.02
84	557.02	892.44	1,128.02	1,279.76	1,373.59	1,922.63
85	624.90	1,002.24	1,265.78	1,433.49	1,537.31	2,162.21
86	696.78	1,116.04	1,405.54	1,589.21	1,703.01	2,407.78
87	770.65	1,233.84	1,551.28	1,750.93	1,874.71	2,665.33
88	850.51	1,363.61	1,709.00	1,922.63	2,060.39	2,942.84
89	942.35	1,507.36	1,886.69	2,118.29	2,266.03	3,258.29
90	1,046.17	1,673.07	2,088.34	2,339.90	2,501.61	3,619.65

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 75% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.98	\$17.97	\$21.96	\$23.96	\$25.95	\$35.94
30-34	17.97	23.96	29.95	31.94	35.94	51.91
35-39	21.96	29.95	37.93	41.93	45.92	67.88
40-44	25.95	37.93	47.92	53.91	57.90	85.85
45	29.95	43.92	53.91	61.89	67.88	99.83
46	31.94	45.92	55.90	63.89	69.88	103.82
47	31.94	47.92	57.90	67.88	73.87	107.81
48	33.94	49.91	61.89	69.88	77.86	111.80
49	33.94	51.91	63.89	73.87	79.86	117.79
50	35.94	53.91	67.88	77.86	83.85	123.78
51	37.93	55.90	69.88	81.86	87.85	127.78
52	39.93	57.90	73.87	83.85	91.84	133.77
53	39.93	61.89	77.86	87.85	97.83	139.76
54	41.93	63.89	81.86	93.84	101.82	147.74
55	45.92	69.88	85.85	99.83	109.81	157.72
56	47.92	73.87	93.84	107.81	117.79	171.70
57	51.91	79.86	101.82	117.79	127.78	185.67
58	55.90	87.85	109.81	127.78	139.76	201.65
59	61.89	93.84	119.79	137.76	151.73	219.62
60	65.88	101.82	129.77	149.74	163.71	237.58
61	69.88	109.81	139.76	161.72	177.69	255.55
62	75.87	117.79	149.74	173.70	191.66	275.52
63	79.86	127.78	161.72	187.67	205.64	297.48
64	85.85	137.76	175.69	203.64	223.61	321.44
65	93.84	149.74	191.66	221.61	243.57	349.39
66	101.82	163.71	209.63	243.57	267.53	381.33
67	111.80	177.69	229.60	265.53	291.49	417.27
68	123.78	195.66	249.56	291.49	319.44	457.20
69	135.76	213.63	275.52	319.44	351.38	501.12
70	147.74	235.59	301.47	351.38	383.33	547.04
71	161.72	257.55	329.42	383.33	419.27	596.95
72	175.69	279.51	359.37	417.27	457.20	646.87
73	189.67	303.47	391.31	453.21	497.13	700.77
74	207.64	333.42	427.25	497.13	543.05	762.66
75	227.60	365.36	471.17	547.04	596.95	838.53
76	249.56	401.30	517.09	598.95	654.85	916.39
77	271.52	437.23	563.01	652.86	714.75	998.25
78	297.48	479.16	616.92	716.74	782.63	1,092.09
79	329.42	531.07	684.80	794.61	866.48	1,209.88
80	371.35	598.95	770.65	894.43	974.29	1,363.61
81	421.26	680.81	878.46	1,016.22	1,108.06	1,553.28
82	477.16	776.64	1,002.24	1,159.97	1,263.78	1,774.89
83	541.05	882.45	1,140.00	1,317.69	1,435.48	2,022.45
84	610.93	998.25	1,289.74	1,489.39	1,621.16	2,291.98
85	684.80	1,120.04	1,447.46	1,671.07	1,816.82	2,585.47
86	762.66	1,247.81	1,609.18	1,854.75	2,018.46	2,886.94
87	842.52	1,379.58	1,776.89	2,046.41	2,224.10	3,200.39
88	930.37	1,521.33	1,958.57	2,250.06	2,445.71	3,541.79
89	1,028.20	1,681.05	2,162.21	2,479.65	2,693.28	3,929.11
90	1,142.00	1,864.73	2,395.80	2,743.19	2,978.78	4,374.33

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 100% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.98	\$19.97	\$21.96	\$25.95	\$27.95	\$39.93
30-34	19.97	25.95	29.95	35.94	37.93	57.90
35-39	23.96	31.94	39.93	45.92	49.91	75.87
40-44	27.95	39.93	49.91	57.90	63.89	95.83
45	31.94	45.92	57.90	67.88	73.87	111.80
46	31.94	47.92	59.90	69.88	77.86	115.80
47	33.94	49.91	63.89	73.87	79.86	121.79
48	35.94	51.91	65.88	75.87	83.85	125.78
49	35.94	55.90	69.88	79.86	87.85	131.77
50	37.93	57.90	71.87	83.85	91.84	137.76
51	39.93	59.90	75.87	87.85	97.83	143.75
52	41.93	61.89	79.86	91.84	101.82	149.74
53	43.92	65.88	83.85	95.83	105.81	157.72
54	45.92	69.88	87.85	101.82	111.80	167.71
55	47.92	73.87	93.84	109.81	119.79	177.69
56	51.91	79.86	101.82	117.79	129.77	191.66
57	55.90	85.85	109.81	127.78	141.75	209.63
58	59.90	93.84	119.79	139.76	153.73	227.60
59	65.88	101.82	129.77	151.73	165.71	247.57
60	69.88	109.81	139.76	163.71	181.68	267.53
61	75.87	117.79	151.73	177.69	195.66	289.49
62	79.86	127.78	163.71	191.66	211.63	311.45
63	85.85	135.76	175.69	205.64	227.60	337.41
64	91.84	147.74	191.66	223.61	247.57	365.36
65	99.83	161.72	207.64	243.57	269.53	397.30
66	109.81	175.69	227.60	267.53	295.48	437.23
67	119.79	193.66	249.56	293.49	325.43	479.16
68	131.77	211.63	273.52	321.44	357.37	525.08
69	143.75	231.59	301.47	353.38	391.31	576.99
70	157.72	255.55	331.42	389.32	429.25	632.89
71	173.70	279.51	361.37	425.25	471.17	688.79
72	187.67	303.47	395.31	463.19	513.10	748.69
73	205.64	331.42	429.25	505.11	559.02	812.58
74	223.61	363.36	471.17	555.03	610.93	888.44
75	245.57	399.30	519.09	610.93	674.82	978.29
76	269.53	439.23	571.00	672.82	742.70	1,072.12
77	295.48	479.16	624.90	734.71	810.58	1,171.95
78	323.43	527.08	686.80	808.58	890.44	1,285.75
79	359.37	584.97	762.66	898.43	990.26	1,431.49
80	403.29	658.85	860.49	1,014.22	1,118.04	1,619.16
81	457.20	750.68	982.28	1,155.97	1,275.76	1,854.75
82	521.09	856.50	1,124.03	1,321.68	1,457.45	2,126.27
83	590.96	974.29	1,279.76	1,507.36	1,661.09	2,429.74
84	666.83	1,104.06	1,449.46	1,707.01	1,880.70	2,765.15
85	748.69	1,239.83	1,631.14	1,916.64	2,112.30	3,126.52
86	832.54	1,379.58	1,812.82	2,130.27	2,347.88	3,499.86
87	920.39	1,525.33	2,002.49	2,349.88	2,589.46	3,889.18
88	1,014.22	1,681.05	2,206.13	2,587.46	2,851.00	4,316.43
89	1,120.04	1,856.75	2,435.73	2,853.00	3,144.49	4,797.59
90	1,243.82	2,060.39	2,699.27	3,158.46	3,481.90	5,358.61

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 125% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.97	\$19.97	\$23.96	\$25.95	\$27.95	\$43.92
30-34	19.97	27.95	31.94	37.93	39.93	63.89
35-39	23.96	33.94	41.93	47.92	53.91	83.85
40-44	29.95	43.92	53.91	61.89	69.88	107.81
45	33.94	49.91	61.89	71.87	79.86	125.78
46	33.94	51.91	65.88	75.87	83.85	131.77
47	35.94	53.91	67.88	79.86	87.85	135.76
48	37.93	55.90	71.87	81.86	91.84	141.75
49	39.93	57.90	73.87	85.85	95.83	147.74
50	39.93	61.89	77.86	91.84	99.83	155.73
51	41.93	63.89	81.86	95.83	105.81	163.71
52	43.92	67.88	85.85	99.83	109.81	169.70
53	45.92	69.88	89.84	103.82	115.80	179.69
54	47.92	73.87	93.84	109.81	123.78	189.67
55	51.91	77.86	99.83	117.79	131.77	201.65
56	53.91	83.85	107.81	127.78	141.75	217.62
57	59.90	91.84	117.79	137.76	153.73	237.58
58	63.89	99.83	127.78	151.73	167.71	257.55
59	69.88	107.81	139.76	163.71	181.68	281.51
60	73.87	117.79	151.73	177.69	197.65	305.46
61	79.86	125.78	163.71	193.66	215.62	331.42
62	85.85	135.76	175.69	207.64	231.59	357.37
63	91.84	145.74	189.67	225.60	251.56	385.32
64	99.83	159.72	207.64	245.57	273.52	419.27
65	107.81	173.70	225.60	267.53	299.48	459.20
66	117.79	189.67	247.57	293.49	327.43	503.12
67	129.77	207.64	271.52	323.43	359.37	553.03
68	141.75	227.60	297.48	353.38	395.31	606.94
69	155.73	249.56	327.43	389.32	435.24	668.83
70	171.70	275.52	361.37	429.25	479.16	734.71
71	187.67	301.47	395.31	469.18	525.08	802.59
72	203.64	329.42	431.24	513.10	571.00	872.47
73	221.61	359.37	471.17	559.02	624.90	950.33
74	243.57	393.31	517.09	614.92	684.80	1,040.18
75	267.53	435.24	571.00	678.81	756.67	1,147.99
76	293.49	479.16	628.90	748.69	834.54	1,265.78
77	321.44	523.08	688.79	818.57	914.40	1,385.57
78	353.38	574.99	758.67	902.42	1,006.24	1,525.33
79	391.31	640.88	844.52	1,006.24	1,122.03	1,705.01
80	441.23	722.73	954.33	1,138.01	1,269.77	1,938.60
81	501.12	824.55	1,090.09	1,301.72	1,453.45	2,228.09
82	571.00	942.35	1,249.81	1,491.39	1,665.08	2,563.51
83	646.87	1,074.12	1,425.50	1,703.01	1,902.66	2,940.84
84	730.72	1,215.87	1,617.17	1,932.61	2,158.22	3,356.12
85	820.56	1,367.60	1,818.81	2,172.19	2,427.74	3,807.33
86	914.40	1,523.33	2,024.45	2,417.76	2,703.26	4,276.50
87	1,010.23	1,681.05	2,236.08	2,669.32	2,984.77	4,765.65
88	1,114.05	1,854.75	2,463.68	2,938.85	3,288.24	5,302.70
89	1,229.84	2,048.41	2,721.23	3,244.31	3,629.64	5,911.64
90	1,363.61	2,272.02	3,016.71	3,593.70	4,022.95	6,624.39

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 150% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.97	\$19.97	\$23.96	\$27.95	\$29.95	\$47.92
30-34	19.97	27.95	33.94	39.93	43.92	69.88
35-39	25.95	35.94	43.92	51.91	55.90	91.84
40-44	29.95	45.92	55.90	65.88	73.87	119.79
45	33.94	51.91	65.88	75.87	85.85	137.76
46	35.94	53.91	67.88	79.86	89.84	145.74
47	37.93	55.90	71.87	83.85	93.84	151.73
48	39.93	59.90	73.87	87.85	97.83	157.72
49	39.93	61.89	77.86	91.84	101.82	165.71
50	41.93	63.89	81.86	95.83	107.81	173.70
51	43.92	67.88	85.85	99.83	113.80	181.68
52	45.92	69.88	89.84	105.81	117.79	189.67
53	47.92	73.87	93.84	109.81	123.78	199.65
54	49.91	77.86	99.83	117.79	131.77	209.63
55	53.91	81.86	105.81	125.78	139.76	225.60
56	57.90	89.84	113.80	135.76	151.73	243.57
57	61.89	95.83	123.78	145.74	165.71	263.54
58	65.88	103.82	133.77	159.72	179.69	287.50
59	71.87	113.80	145.74	173.70	195.66	313.45
60	77.86	123.78	159.72	189.67	211.63	341.40
61	83.85	133.77	171.70	205.64	231.59	369.35
62	89.84	143.75	185.67	221.61	249.56	399.30
63	95.83	153.73	201.65	239.58	269.53	431.24
64	103.82	167.71	217.62	259.55	293.49	469.18
65	113.80	183.68	237.58	285.50	321.44	515.10
66	123.78	199.65	261.54	313.45	353.38	565.01
67	135.76	219.62	287.50	343.40	387.32	622.91
68	147.74	241.58	315.45	377.34	425.25	684.80
69	163.71	265.53	347.39	415.27	469.18	754.68
70	179.69	291.49	381.33	457.20	517.09	830.54
71	195.66	319.44	419.27	501.12	567.01	908.41
72	213.63	349.39	457.20	547.04	618.92	988.27
73	233.59	381.33	499.13	596.95	674.82	1,076.11
74	255.55	417.27	549.04	654.85	740.70	1,179.93
75	281.51	461.19	606.94	724.73	820.56	1,305.71
76	309.46	507.11	668.83	800.60	904.41	1,439.48
77	337.41	557.02	732.72	876.46	992.26	1,579.23
78	371.35	610.93	806.59	966.31	1,094.08	1,744.94
79	411.28	680.81	898.43	1,078.11	1,219.86	1,952.58
80	463.19	768.65	1,016.22	1,219.86	1,381.58	2,224.10
81	527.08	876.46	1,161.96	1,395.55	1,583.22	2,559.51
82	598.95	1,002.24	1,331.67	1,601.19	1,816.82	2,950.83
83	680.81	1,142.00	1,519.34	1,828.79	2,076.36	3,390.06
84	768.65	1,293.73	1,722.98	2,074.36	2,355.87	3,873.21
85	864.48	1,455.45	1,936.61	2,331.91	2,651.35	4,400.29
86	960.32	1,619.16	2,154.22	2,593.45	2,950.83	4,947.33
87	1,062.14	1,786.87	2,377.83	2,862.98	3,256.29	5,518.33
88	1,169.95	1,968.55	2,619.41	3,150.48	3,587.71	6,143.23
89	1,291.74	2,174.19	2,888.94	3,473.91	3,957.06	6,855.98
90	1,431.49	2,409.78	3,200.39	3,845.26	4,384.31	7,688.52

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 200% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.97	\$21.96	\$25.95	\$29.95	\$31.94	\$53.91
30-34	21.96	29.95	35.94	41.93	45.92	79.86
35-39	25.95	37.93	45.92	53.91	59.90	107.81
40-44	31.94	47.92	59.90	69.88	77.86	139.76
45	35.94	53.91	69.88	81.86	91.84	163.71
46	37.93	57.90	71.87	85.85	95.83	169.70
47	39.93	59.90	75.87	89.84	99.83	177.69
48	41.93	61.89	79.86	93.84	105.81	185.67
49	41.93	63.89	81.86	97.83	109.81	193.66
50	43.92	67.88	85.85	101.82	115.80	203.64
51	45.92	71.87	89.84	107.81	121.79	213.63
52	47.92	73.87	93.84	113.80	127.78	223.61
53	49.91	77.86	99.83	117.79	133.77	233.59
54	51.91	81.86	105.81	125.78	141.75	247.57
55	55.90	87.85	111.80	133.77	151.73	265.53
56	59.90	93.84	121.79	145.74	163.71	287.50
57	63.89	101.82	131.77	157.72	177.69	311.45
58	69.88	109.81	143.75	171.70	193.66	339.41
59	75.87	119.79	155.73	185.67	211.63	369.35
60	81.86	129.77	169.70	203.64	229.60	403.29
61	87.85	139.76	183.68	219.62	249.56	437.23
62	93.84	151.73	197.65	237.58	269.53	475.17
63	101.82	163.71	213.63	257.55	291.49	515.10
64	109.81	177.69	231.59	279.51	317.44	561.02
65	119.79	193.66	253.56	307.46	349.39	614.92
66	129.77	211.63	279.51	337.41	383.33	676.81
67	143.75	231.59	305.46	369.35	421.26	744.69
68	157.72	255.55	335.41	407.29	463.19	822.56
69	171.70	279.51	369.35	447.22	509.11	904.41
70	189.67	309.46	407.29	493.14	561.02	998.25
71	207.64	339.41	447.22	541.05	614.92	1,094.08
72	225.60	369.35	487.15	590.96	672.82	1,189.91
73	245.57	403.29	533.07	644.87	734.71	1,297.73
74	269.53	443.22	584.97	708.76	806.59	1,425.50
75	297.48	489.14	646.87	784.62	894.43	1,579.23
76	327.43	539.06	714.75	864.48	986.27	1,746.94
77	357.37	590.96	782.63	948.34	1,082.10	1,920.63
78	393.31	648.86	862.49	1,046.17	1,193.91	2,122.28
79	435.24	722.73	960.32	1,165.96	1,331.67	2,379.83
80	491.14	816.57	1,086.10	1,319.69	1,507.36	2,715.24
81	557.02	930.37	1,241.82	1,509.35	1,726.97	3,130.51
82	634.89	1,062.14	1,421.51	1,730.97	1,980.53	3,609.67
83	720.74	1,209.88	1,621.16	1,974.54	2,262.03	4,150.72
84	812.58	1,369.60	1,836.78	2,238.08	2,565.50	4,743.68
85	912.40	1,537.31	2,062.38	2,511.60	2,880.95	5,388.55
86	1,012.23	1,707.01	2,289.99	2,789.11	3,200.39	6,057.38
87	1,118.04	1,882.70	2,523.58	3,070.62	3,527.82	6,752.16
88	1,229.84	2,070.37	2,773.14	3,376.08	3,877.20	7,512.83
89	1,357.62	2,282.00	3,054.65	3,713.49	4,270.51	8,381.31
90	1,503.36	2,525.57	3,376.08	4,102.81	4,721.72	9,393.53

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**MULTIPLICATIVE PREMIUM FACTORS FOR
RETURN OF PREMIUM, NONFORFEITURE & PAID UP AT 65 OR TEN PAY OPTIONS**

<u>Issue Age</u>	<u>Return of Premium at Death Factors</u>	<u>Nonforfeiture at Lapse Factors</u>	<u>Paid Up at 65 or Ten Pay Factors</u>
18-29	1.05	1.08	1.27
30-34	1.07	1.09	1.27
35-39	1.08	1.10	1.27
40-44	1.09	1.11	1.28
45	1.10	1.12	1.28
46	1.10	1.12	1.29
47	1.10	1.12	1.29
48	1.10	1.12	1.31
49	1.09	1.12	1.34
50	1.09	1.12	1.37
51	1.09	1.12	1.41
52	1.09	1.12	1.45
53	1.09	1.12	1.48
54	1.08	1.13	1.51
55	1.08	1.13	1.52
56	1.08	1.13	1.53
57	1.07	1.14	1.52
58	1.07	1.14	1.5
59	1.07	1.14	1.46
60	1.06	1.14	1.43
61	1.05	1.14	1.38
62	1.04	1.14	1.34
63	1.04	1.13	1.3
64	1.03	1.13	1.26
65	1.02	1.13	1.24
66	1.02	1.13	1.21
67	1.01	1.13	1.19
68	1.01	1.13	1.18
69	1.01	1.13	1.16
70	N/A	1.13	1.15
71	N/A	1.13	1.14
72	N/A	1.13	1.13
73	N/A	1.13	1.11
74	N/A	1.13	1.1
75	N/A	1.13	1.09
76	N/A	1.12	1.08
77	N/A	1.12	1.08
78	N/A	1.12	1.07
79	N/A	1.12	1.06
80	N/A	1.12	1.06
81	N/A	1.12	1.05
82	N/A	1.12	1.04
83	N/A	1.12	1.04
84	N/A	1.12	1.03
85	N/A	1.12	1.03
86	N/A	1.11	1.02
87	N/A	1.11	1.02
88	N/A	1.11	1.01
89	N/A	1.11	1.01
90	N/A	1.11	1

**MULTIPLICATIVE PREMIUM FACTORS FOR
INFLATION PROTECTION RIDERS**

<u>Issue Age</u>	<u>5% CIPO</u>	<u>5% CIPO for 15 years</u>
18-29	3.40	1.50
30-34	3.29	1.57
35-39	3.10	1.61
40-44	2.91	1.63
45	2.80	1.64
46	2.76	1.65
47	2.72	1.65
48	2.69	1.66
49	2.65	1.67
50	2.61	1.68
51	2.57	1.69
52	2.54	1.70
53	2.50	1.71
54	2.46	1.72
55	2.40	1.72
56	2.34	1.72
57	2.28	1.72
58	2.22	1.71
59	2.16	1.71
60	2.10	1.71
61	2.06	1.71
62	2.02	1.72
63	1.98	1.72
64	1.94	1.72
65	1.89	1.71
66	1.84	1.71
67	1.79	1.70
68	1.75	1.68
69	1.70	1.67
70	1.65	1.64
71	1.60	1.60
72	1.56	1.56
73	1.51	1.51
74	1.47	1.47
75	1.43	1.43
76	1.40	1.40
77	1.37	1.37
78	1.35	1.35
79	1.32	1.32
80	1.29	1.29
81	1.26	1.26
82	1.23	1.23
83	1.21	1.21
84	1.19	1.19
85	1.17	1.17
86	1.15	1.15
87	1.13	1.13
88	1.11	1.11
89	1.10	1.10
90	1.08	1.08

**MULTIPLICATIVE PREMIUM FACTORS FOR
SHARED EXTENDED EXPENSE BENEFIT, RESTORATION OF BENEFITS AND
HOME HEALTH CARE 10 DAY ELIMINATION PERIOD RIDERS**

<u>Shared Benefit Amount</u>	<u>Factors</u>
1 Year	1.44
2 Years	1.35
3 Years	1.27
4 Years	1.19
5 Years	1.13
<u>Restoration of Benefits</u>	<u>Factors</u>
1 Year	1.10
2 Years	1.08
3 Years	1.06
4 Years	1.04
5 Years	1.02
<u>Home Health Care 10 Day Elimination Period</u>	<u>Factors</u>
30 Days	1.05
60 Days	1.08
90 Days	1.11
180 Days	1.18

SERFF Tracking #:

CUNA-130205588

State Tracking #:

CUNA-130205588

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name: 2002 LTC Product

Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Cover Ltr 2002.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification (A&H)
Comments:	
Attachment(s):	PA LTC 2002 Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Act Memo - 2002 Series - PA.pdf PA Rate Basis Appendix - 2002 (blended).xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	

SERFF Tracking #:

CUNA-130205588

State Tracking #:

CUNA-130205588

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania**Filing Company:**

CMFG Life Insurance Company

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified**Product Name:** 2002 LTC Product**Project Name/Number:** 2013 LTC Rate Increase/

Status Date:	
Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not applicable - not filing new forms.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Reserve Calculation (A&H)
Comments:	Please see Actuarial Memorandum and other Supporting Documentation.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	02 PP 4.30.11 0913 w CBUL.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Supplemental Information & Attachments
Comments:	

SERFF Tracking #:

CUNA-130205588

State Tracking #:

CUNA-130205588

Company Tracking #:

2002-LTC-FAC(PA)

State:

Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name:

2002 LTC Product

Project Name/Number:

2013 LTC Rate Increase/

Attachment(s):	Assumptions Details Descriptions 123114.pdf Model Formulas (Dec 2014).pdf DOB Exhibit (Dec 2014).pdf DOB Exhibit (Dec 2014).xlsx Lapse Analysis Details (Dec 2014).pdf Lapse Analysis Details (Dec 2014).xlsx Total Persistency Comparisons (App D) (Dec 2014).pdf Total Persistency Comparisons (App D) (Dec 2014).xlsx Mortality Analysis Details (Dec 2014).pdf Mortality Analysis Details (Dec 2014).xlsx Morbidity Analysis Details (Dec 2014).pdf Morbidity Analysis Details (Dec 2014).xlsx Claim Reserve Retro Test (Dec 2014).pdf Claim Reserve Retro Test (Dec 2014).xlsx
Item Status:	
Status Date:	

State:	Pennsylvania	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified		
Product Name:	2002 LTC Product		
Project Name/Number:	2013 LTC Rate Increase/		

Attachment PA Rate Basis Appendix - 2002 (blended).xlsx is not a PDF document and cannot be reproduced here.

Attachment DOB Exhibit (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Attachment Lapse Analysis Details (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Attachment Total Persistency Comparisons (App D) (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Attachment Mortality Analysis Details (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Attachment Morbidity Analysis Details (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Attachment Claim Reserve Retro Test (Dec 2014).xlsx is not a PDF document and cannot be reproduced here.

Kimberly Steggall
Rate and Form Compliance
Telephone: 319.483.3082



CMFG Life Insurance Company

August 25, 2015

Pennsylvania Insurance Department
Bureau of Rate & Policies
1326 Strawberry Square, 13th Floor
Harrisburg, PA 17120

Re: CMFG Life Insurance Company
FEIN #39-0230590
NAIC #62626
Individual Long-Term Care Insurance Rate Revision for 2002-LTC-FAC(PA)
SERFF Tracking #CUNA-130205588

Dear Sir or Madam:

The purpose of this filing is to request a rate increase on our Long Term Care insurance policy forms 2002-LTC-FAC(PA), 2002-LTCR-HCC(PA) and associated riders, which were approved by the Department on November 7, 2002, File #HL-019002. The Company is requesting a 65% rate increase; an initial 50% rate increase followed by an additional 10% increase two years later.

CMFG Life is seeking rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime loss ratios are in excess of expected. Persistency experience is the primary driver of our higher-than-expected loss ratios. Although morbidity projections are also less favorable than expected in original pricing, the overwhelming issues are lower lapse and mortality rates; as a result, the Company will ultimately pay out much more in claims than was originally expected. We are projecting lifetime loss ratios far in excess of what was assumed when the product was priced.

CMFG Life has requested or intends to request at least a 50% rate increase on all LTC plans in all states and the District of Columbia. In states where the entire increase is not acceptable all at one time, an additional rate increase will be requested in successive years.

CMFG Life no longer markets proprietary Long Term Care insurance in any state.

Once state approval is received, action will be taken to implement the rate increase in a timely manner. We will offer affected policyowners some alternative options to reduce their benefits in order to possibly maintain their current premium levels.

Pennsylvania Insurance Department
August 25, 2015
Page 2

Attached to the Supporting Documentation tab is the actuarial memorandum with corresponding appendices to support this request. Also attached to the Rate/Rule Schedule tab is a new rate table for this form, with a 50% increase applied and then the additional 10% increase applied.

If you have any questions, please feel free to call me at 319.483.3082 or e-mail me at kimberly.steggall@cunamutual.com.

Thank you for your time in reviewing this submission.

Sincerely,

Handwritten signature of Kimberly Steggall in cursive script.

Kimberly Steggall
Rate and Form Compliance

Company Name: CMFG Life Insurance Company Contact: Kimberly Steggall

SERFF TRACKING #: CUNA-130205588 Date Filed: 8/25/2015
2002-LTC-FAC(PA)

ACCIDENT & HEALTH FORMS & RATES FILING SUBMISSION REQUIREMENTS CHECKLIST
INDIVIDUAL LONG TERM CARE
 Updated October 14, 2008

This checklist applies to Individual Long Term Care policies, rates, rules and supplementary rating. Form, rates, rules, and other supplementary information proposed to be issued in this Commonwealth shall be submitted for approval. This checklist is not considered all inclusive and only functions as a guide. For a complete understanding of the filing requirements and instructions, please refer to the applicable laws and regulations. (40 P.S. § 991.1101 and 40 P.S § 3801 et Seq.)

X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
SUBMISSION REQUIREMENTS			
NA	FILING FEES	40 P.S. § 50	Any filing fee as required by the retaliatory requirements of Section 212 of the Insurance Department Act.
X	TRANSMITTAL LETTER Transmittal Letter Requirements below for complete requirements)	31 Pa. code § 89b4(a) 31 Pa. Code § 89b.5	Duplicate copies of the Letter of Submission for hard copy submissions. Company must supply a listing of forms as required.
NA	FORMS REQUIREMENTS (See Form Requirements Section below for complete requirements)	31 Pa. Code §89b.4	Duplicate copies of the form(s) if submitted in hard copy. For electronic submissions, only one copy of form(s) is required.
NA	ADVERTISEMENTS	31 Pa. Code § 51 31 Pa. Code § 89a.120 40 P.S. § 1171.1 – § 1171.15 40 P.S. § 991.1113	Advertisements are included or will be filed.
X	ACTUARIAL DOCUMENTATION RATE TABLE NUMERICAL DATA (see Actuarial Requirements section below for complete requirements)	31 Pa. Code § 89a.109(b) 31 Pa. Code § 89a.108	Actuarial certification, memorandum and explanatory exhibits for new forms and/or rate changes are required. A rate table must be included with the submission. Numerical Data must be provided on Microsoft Excel spreadsheets (version 2000 or less), on a CD or electronically.
TRANSMITTAL LETTER REQUIREMENTS			
X	REPRESENTATIVE/INSURER IDENTITY & AUTHORIZATION TO FILE	31 Pa. Code § 89b.4(f) 31 Pa. Code § 89b.5 & § 89b.11(a)	1. Identify the insurer whose name appears on each filed form. 2. Identify the representative of the insurer or other party authorized to make the filing. 3. If the filing is being submitted by a separate party on behalf of the insurer, a letter of authorization is needed from the insurer authorizing the separate party to submit the filing.
NA	FORMS REQUIREMENT FOR EACH SUBMITTED FORM	31 Pa. Code § 89b.4 31 Pa. Code § 89b.5 31 Pa. Code § 89b.11 40 P.S. § 752	Duplicate copies of the form(s) if submitted in hard copy. For electronic submissions, only one copy of form(s) is required. A separate listing of all the submitted forms is required. When listing all submitted forms, identify each form by: 1. Type of form. 2. Form number. 3. Product category. Identify whether it is an individual or group policy form and the coverage of each policy form filed 4. State whether or not each submitted form is intended to replace a previously approved or filed form. If replacement is involved, the submission letter must identify:

			(a). The form number of the form to be replaced. (b). The date that the form was approved or filed. (c). All replacement forms that have the same form number as the original filing need a revision date as part of the form number. The form number shall be adequate to distinguish the policy from all others used by the insurer and placed in the lower left-hand corner of the document. (d). A description of the changes made to the form to be replaced. **The Department requires that a highlighted copy representing changes be submitted.
NA	STATEMENT OF ANY INTENDED VARIABILITY	31 Pa. Code § 89b.11(e)	An explanation of the variability of any information appearing in the contract which is noted as variable. All such information shall be bracketed to clearly denote variability.
NA	INNOVATIVE FEATURES	31 Pa. Code § 89b.5(4)	Briefly describe any new or innovative benefits to be offered in the policy form in addition to the benefits provided in the policy form that otherwise complies with the applicable Long Term Care standards.
NA	INSERT PAGE REQUIREMENTS	31 Pa. Code § 153.2	If the filing includes an insert page(s), an explanation of when the insert page(s) will be used.
X	RATE ADJUSTMENT REQUIREMENTS		Company must identify adjustment percentage and if the adjustment varies by age, benefit, etc., the range of variation, Pennsylvania form numbers affected and the number of Pennsylvania policyholders affected.

FORMS REQUIREMENTS

FORMS REQUIRED BY PRODUCT LINE:

LONG TERM CARE:

LONG TERM CARE PARTNERSHIP PROGRAM CERTIFICATION:

READABILITY REQUIREMENTS

NA	GENERAL READABILITY	31 Pa. Code § 89b.11(f) 31 Pa. Code § 89b.4(b)	Forms shall be clearly legible, concise, accurate and consistent.
NA	TYPE (FONT)	40 P.S. § 752(A)(4) 31 Pa. Code § 89.783(d)(3) 31 Pa. Code § 89.784(4)	Each form shall be presented in at least 10 point type with the exception of the Outline of Coverage and the Notice Regarding Replacement which are to be 12 point type.
NA	PROMINENCE	40 P.S. § 752(A)(4) 31 Pa. Code § 89b.1	The style, arrangement and overall appearance of the policy shall give no undue prominence to any portion of the text of the policy or to any endorsements or riders.
NA	VARIABILITY	31 Pa. Code § 89b.11(e)	1. The blank spaces of each form, except an application, shall be filled in with hypothetical data to indicate the purpose of the form. 2. The data shall be realistic and consistent with the other contents of the form. 3. Information appearing in a form, except an application, which is variable shall be bracketed or otherwise marked to denote variability.
NA	FORM NUMBER	31 Pa. Code § 89b.11(b) 40 P.S. § 752(A)(6)	Each form must encompass a form number in the lower left hand corner which is adequate to distinguish such form from all others used by the Insurer.

POLICY FORM GENERAL REQUIREMENTS

NA	COVER PAGE: COMPANY NAME & ADDRESS LOGO SIGNATURES	31 Pa. Code § 89b.11(a) 40 P.S. § 440	1. The full corporate name of the insuring company shall appear prominently on the first page of the policy. 2. The insuring company address, consisting of at least a city and state shall appear on the first page of the policy. 3. A marketing name or logo may be used on the first page of the policy provided that neither misleads as to the identity of the Insuring company. 4. Signatures of two company officers shall appear on the first page of the policy.
NA	COVER PAGE: FREE LOOK	40 P.S. § 991.1110	The policy shall contain a right to examine provision that shall appear on the cover page of the policy or is visible without opening the policy. This must include the address of the company so that the policy can be returned directly to the company rather than through the Producer.
NA	COVER PAGE: FORM NUMBER	31 Pa. Code § 89b.11(b) 40 P.S. § 752(A)(6)	A form identification number shall appear at the bottom of the policy. The form number shall be adequate to distinguish the form from all others used by the insurer and placed in the lower left-hand corner of the document.

NA	COVER PAGE: DESCRIPTION OF COVERAGE	31 Pa. Code § 89a. 107 31 Pa. Code § 89a. 108 31 Pa. Code § 89b.11(c)	The policy shall contain a brief description that shall appear prominently on the cover page of the policy or is visible without opening the policy. The brief description shall contain at least the following information: 1. A caption of the type of coverage provided (i.e.: Long Term Care Policy providing Nursing Home and Home Health Care Benefits.) 2. A provision indicating that the policy coverage shall be guaranteed renewable. 3. A provision that the insurer reserves the right to change premiums and a provision regarding any renewal premium increases.
NA	COVER PAGE: PARTICIPATING/NONPARTICIPATING	31 Pa. Code § 89b.11(c)(3)	Disclose whether or not the policy is participating or non-participating.
NA	COVER PAGE: NOTICE TO BUYER	31 Pa. Code § 89a.120(a)(2)	The policy shall display a notice that states "Notice to buyer: This policy may not cover all your medical expenses." Such notice shall appear prominently on the first page of the policy by type, stamp or other appropriate means.
NA	COVER PAGE: RENEWABILITY	31 Pa. Code § 88.11 31 Pa. Code § 89.74 31 Pa. Code § 89a.105(a) 31 Pa. Code § 89a.107(a) 31 Pa. Code § 89a.108(a) 31 Pa. Code § 89a.120	A Renewability provision must be appropriately captioned. It must include the insurers' right to change premiums. If applicable, it must include any automatic renewal premiums increases based on age and give 45 days prior notice of premium change.
NA	COVER PAGE: TAX-QUALIFIED/NON TAX-QUALIFIED	31 Pa. Code § 89a.107(g)&(h)	A disclosure statement must appear, stating that the policy is intended to be or not intended to be a qualified long-term care insurance contract.
NA	COVER PAGE: ASSESSABLE POLICY	31 Pa. Code § 88.122 31 Pa. Code § 89.73	A disclosure is required if the policy is assessable.
NA	COVER: CAUTION	31 Pa. Code § 89a.110	A "caution" notice of accuracy if the application contains medical questions.
NA	SCHEDULE OF BENEFITS PAGE	31 Pa. Code § 89b.11(e) 31 Pa. Code § 153.2 40 P.S. § 752	1. If the specifications page of the policy is submitted, it shall be completed with hypothetical data. This data must be realistic and consistent with the other contents of the policy. 2. Any variable information appearing in the policy shall be bracketed to clearly denote variability. 3. A complete statement of variability is required. **This information is required to be in the Policy: 1. Entire Money and Consideration. 2. Effective date of coverage. 3. Identification of Insured. 4. All eligible family members. 5. Overview of Coverage
POLICY FORM REQUIRED PROVISIONS			
40 P.S. § 753(C) Inapplicable or Inconsistent Provisions. If any provision of this section (40 P.S. § 753) is in whole or in part inapplicable to or inconsistent with the coverage provided by a particular form of policy, the insurer, with the approval of the commissioner, shall omit from such policy any inapplicable provision or part of a provision, and shall modify any inconsistent provision of part of the provision in such manner as to make the provision as contained in the policy consistent with the coverage provided by the policy. (D) Order of Certain Policy Provisions. The provisions which are the subject of subsections (A) and (B) of this section, or any corresponding provisions which are used in lieu there of in accordance with such subsections, shall be printed in the consecutive order of the provisions in such subsections or, at the option of the insurer, any such provision may appear as a unit in any part of the policy, with other provisions to which it may be logically related, provided the resulting policy shall not be in whole or in part unintelligible, uncertain, ambiguous, abstruse, or likely to mislead a person to whom the policy is offered, delivered or issued.			
NA	ENTIRE CONTRACT	40 P.S. § 753(a)(1) P.L. 682, No. 284 § 618	The policy shall contain a provision regarding what constitutes the entire contract between the insurer and the policyholder. If the application is to be a part of the policy the entire contract provision shall state that the application is a part of the policy.
NA	TIME LIMITS ON CERTAIN DEFENSES(Non-Tax Qualified)		1. The policy shall contain a provision regarding time limits on certain defenses. 2. The contestable period shall be no greater than 3 years from the date of policy issue. 3. Coverage may be contested based on a statement contained in an application made a part of the policy, therefore if the issuing company expects to rely on an

NA	INCONTESTABILITY (Tax Qualified)	40 P.S. § 753(a)(2) 40 P.S. § 991.1107 HIPAA § 326	application to contest the policy, the company must attach or otherwise make the application a part of the policy. 4. The policy may only include the following exception to the time limit on certain defense provisions: fraudulent misstatement. 5. Exclusionary riders are prohibited. 6. Previously paid LTC qualified benefits may NOT be recovered. 7. For tax qualified policies, use Incontestability Period instead of Time Limit on Certain Defenses.
NA	GRACE PERIOD	40 P.S. § 753 31 Pa. Code § 89a.106 P.L. 682, No. 284 § 618	1. The policy shall contain a grace period provision and include the conditions of the provision. 2. A minimum of 65 days grace period shall be provided for the payment of any premium due except the first. 3. The coverage shall continue in force during the grace period and may not be back-dated.
NA	REINSTATEMENT- GENERAL AND COGNITIVE IMPAIRMENT	31 Pa. Code § 89a.106 40 P.S. § 753(a)(4) P.L. 682, No. 284 § 618	1. The policy shall contain a reinstatement of the policy for nonpayment of premiums provision and include the conditions of the reinstatement. 2. Application/evidence of insurability may be required.
NA	NOTICE OF CLAIM	40 P.S. § 753(a)(5) P.L. 682, No. 284 § 618	1. The policy shall contain a notice of claim provision that provides for written notice of the claim by the policyholder within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. 2. The provision shall contain an address to which the policyholder shall submit the notice of claim.
NA	CLAIMS FORMS	40 P.S. § 753(a)(6) 40 P.S. § 991.1202 40 P.S. § 991.1205 P.L. 682, No.284 § 618	The policy shall contain a claim forms provision which provides the following: 1. The insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. 2. If such forms are not furnished within fifteen (15) days after such notice, the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss.
NA	PROOF OF LOSS	40 P.S. § 753(a)(7) P.L. 682, No. 284 § 618	1. The policy shall contain a proof of loss provision and include the conditions of the provision. 2. The provision shall provide that notice to the insurer be made within 90 days of the date of such loss. 3. The provision shall also provide that failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time.
NA	TIME OF PAYMENT OF CLAIMS	40 P.S. § 753(a)(8) P.L. 682, No. 284 § 618	The policy shall contain a time of payment of claims provision which shall provide for the immediate payment upon receipt of written proof of loss.
NA	PAYMENT OF CLAIMS	40 P.S. § 753(a)(9) P.L. 682, No. 284 § 618	The policy shall contain a payment of claims provision that includes conditions for payment of claims in the event where there is no beneficiary designation.
NA	PHYSICAL EXAMINATIONS	40 P.S. § 753(a)(10) 31 Pa. Code § 89a. 125 P.L. 682, No. 284 § 618	1. The policy shall contain a physical examination provision. 2. The provision shall indicate that the insurer, at its own expenses, shall have the right and opportunity to examine the person of the insured when and as often as it may reasonable require during the pendency of a claim. The initial certification by a Licensed Health Care Practitioner may not be rescinded and additional examinations/assessments may not occur until after the expiration of the 90-day certification period.
NA	LEGAL ACTIONS	40 P.S. § 753(a)911) P.L. 682, No. 284 § 618	1. The policy shall contain a legal actions provision. The provision shall indicate that no action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. 2. In addition, the provision shall indicate that no such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.
NA	MISSTATEMENT OF AGE	40 P.S. § 753(b)(2) & § 754 P.L. 682, No. 284 § 618 & § 619	The policy shall contain a misstatement of age provision providing that the amount payable shall be such as the premiums would have purchased at the correct age.

		31 Pa. Code § 88.41	
NA	OTHER INSURANCE WITH THIS INSURER AND OTHER INSURERS	40 P.S. § 753(B)	Sets forth requirements.
NA	CONFORMITY WITH STATE STATUTES	40 P.S. § 753(B)(9)	All provisions of this policy must conform with State Statutes.
BENEFIT PROVISIONS AND STANDARDS			
NA	POLICY DEFINITIONS	31 Pa. Code § 89a.103 & 104 31 Pa. Code § 89a.107 & 125 26 U.S.C.A. § 7702B(c)(2) 26 U.S.C.A. § 7702(c)(1) 40 P.S. § 991.1101(a)(7) 40 P.S. § 991.1103 & 1201 IRS Notice 9731	The policy definitions must contain at least the minimum language of the regulations. Thereafter, the company may add more liberal language in addition to the required minimum language.
NA	BENEFIT STANDARDS	31 Pa. Code § 89a.105(b) 31 Pa. Code § 89a.106 31 Pa. Code § 89a.107(f)(e) 31 Pa. Code § 89a.111 & 112 31 Pa. Code § 89a.123, 124, 125 40 P.S. § 991.1105	The policy provisions shall comply with all the standards provided, including: 1. A section captioned “Eligibility for the Payment of Benefits” is required. 2. A section titled “Limitations or Conditions on Eligibility for Benefits” is required of any limitations/conditions apply. 3. Benefit triggers, pre-existing requirements and the fact that services must be qualified LTC service shall be addressed.
NA	PRE-EXISTING CONDITIONS	31 Pa. Code § 88.51 & § 88.52 31 Pa. Code § 89a.107 40 P.S. § 753(a)(2) 40 P.S. § 991.1105 & 1107 P.L. 682, No. 284 § 618(a)(2)	Covered or Excluded?
NA	HOME HEALTH & COMMUNITY CARE STANDARDS	40 P.S. 991.1101 et. seq. 31 Pa. Code § 89a.111	If included, can be no less than 50% of the facility benefit.
NA	INFLATION PROTECTION	31 Pa. Code § 89a.112	Must be offered to the policyholder/certificate holder. Minimum requirements established.
NA	NONFORFEITURE REQUIREMENTS	31 Pa. Code § 89a.123	Required to be offered to the policyholder/certificate holder. Minimum requirements established. If insured does not elect nonforfeiture, they automatically receive contingent nonforfeiture benefits.
NA	EXTENSION OF BENEFITS AND TERMINATION OF COVERAGE	40 P.S. § 752 31 Pa. Code § 88.41 (6 – 9) 31 Pa. Code § 89a.105 31 Pa. Code § 89a.106 40 P.S. § 991.1105	Disclosure of when insurance terminates required. Unintentional lapse – insurer must provide “Notice Before Lapse or Termination”. Insured may name a third party to receive such notice. Notice cannot be given until 30 days after a premium is due and unpaid. Extension of coverage is required if insured was institutionalized while policy was in force, then lapses during institutionalization.
NA	EXCLUSIONS AND LIMITATIONS	31 Pa. Code § 89a.105 & 107 & 122 31 Pa. Code § 89a.126(10) 40 P.S. § 991.1107 & § 991.1105	Cannot limit or exclude coverage by type of illness, by type of treatment, by medical condition or accident unless permitted in these cites.
NA	DISCLOSURE: PERSON(S) INSURED	31 Pa. Code § 88.31 31 Pa. Code § 113.81 40 P.S. § 752	Disclose who is insured / named insured.
NA	DISCLOSURE: RATE INCREASE	31 Pa. Code § 89a.108	45-day notification required.
NA	DISCLOSURE: COPY OF REQUIRED DISCLOSURE OF RATING PRACTICES TO CONSUMERS	31 Pa. Code § 89a.108	Sets forth requirements.
NA	REPLACEMENT/PRE-EXISTING OR PROBATIONARY PERIODS	31 Pa. Code § 89a.122	If a LTC policy or certificate replaced another LTC policy or certificate, the replacing insurer shall waive time periods applicable to pre-existing conditions and probationary periods in the new LTC policy for similar benefits to the extent that similar exclusions have been satisfied under the original policy.

NA	REPLACEMENT/WAITING PERIOD	40 P.S. § 991.1105	Can't establish a new waiting period when existing coverage is converted or replaced by a new or other form within the same Company – except in respect to any increase in benefits voluntarily selected by the insured individual or group policyholder.
NA	CONVERSION/CONTINUATION	31 Pa. Code § 89a.105	Sets forth requirements.
NA	REPLACEMENT OF GROUP POLICY	31 Pa. Code § 89a.105	Sets forth requirements.
NA	MISCELLANEOUS PROVISIONS	40 P.S. § 991.1101 – § 991.1115	<ol style="list-style-type: none"> 1. Alternative Plan of Care is permitted. Alternative Plan of Care must provide the insured the ability at any time to discontinue the Alternative Plan of Care and resume the benefits provided in the policy. 2. Care Coordination is permitted. It must be at the option of the insured and cannot be a mandatory requirement. All benefits provided in the policy must be available to insureds whether or not care coordination is used. Disclosure must be made that the policy contains care coordination requirements. The policy must identify the appeal process and any other requirements relating to care coordination. 3. References to Tax Qualification should not be made in Non-Tax Qualified Policies.
REQUIREMENTS FOR APPLICATION			
NA	FRAUD LANGUAGE	18 Pa. C.S.A. § 4117	Applications for insurance must contain the required Pennsylvania fraud language.
NA	MEDICAL QUESTIONS APPLICATION/POST CLAIMS UNDERWRITING	31 Pa. Code § 88.121 31 Pa. Code § 89.12 31 Pa. Code § 89.72 31 Pa. Code § 89a.110	<ol style="list-style-type: none"> 1. Applications shall contain clear and direct questions by the insurer permitting answers by the applicant only in the form of direct statements of known facts. 2. Applications may not contain questions or representations based on indefinite or ambiguous terms(i.e.: Questions should be designed to elicit information as to whether the applicant has been medically diagnosed and/or advised by a member of the medical profession) 3. Opinion-type questions regarding the past or present health of the applicant should provide that the applicant answer to the best of his knowledge. 4. Except Guaranteed Issue Policy Forms, the application form must contain clear and unambiguous questions designed to ascertain the health condition of the applicant. 5. If the application questions whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication. 6. The Policy or Certificate may not be rescinded if the medication listed in the application were known by the insurer or should have been known at the time of the application to be directly related to the medical condition for which coverage would otherwise been denied.
NA	FRATERNAL BENEFIT SOCIETY		Refer to Fraternal Benefit Society Checklist
NA	APPLICATION TERMINOLOGY & NOTICE REQUIREMENTS	31 Pa. Code § 88.53 & 88.121 31 Pa. Code § 89.12 & 89.72 31 Pa. Code § 89a.106(a)(2) 31 Pa. Code § 89a. 108 31 Pa. Code § 89a.113 Title 18 Crimes and Offenses 4117(k)(1) 31 Pa. Code § 89b.11	<ol style="list-style-type: none"> 1. The application or enrollment form must clearly indicate the payment plan selected by the applicant. 2. Requirements/questions to elicit whether, as of the date of the application, the applicant has other insurance policies related to Long Term Care insurance currently in force.
NA	REQUIRED QUESTIONS	31 Pa. Code § 89a.113	Questions required to be answered by applicant and producer, if producer is involved in the sale.
NA	REPLACEMENT COVERAGE & NOTICE REQUIREMENTS	31 Pa. Code § 88.101 31 Pa. Code § 89a. 113 40 P.S. § 991.1103	Requirements for replacement coverage and notice of replacement.
NA	UNDERWRITING	40 P.S. § 991.1107	Insurer may use an application to elicit the complete health history of the applicant and on the basis of such answers, underwrite the applicant in accordance with the insurer's established underwriting standards.
NA	INFLATION PROTECTION REJECTION STATEMENT/ SIGNATURE REQUIREMENT	31 Pa. Code § 89a.112	Rejection statement with signature line required.

NA	CAUTION	31 Pa. Code § 89a.110	Must be set out conspicuously and in close conjunction to the applicant's signature block on the application for a LTC policy or certificate.
ADDITIONAL FORMS REQUIRED			
NA	OUTLINE OF COVERAGE	31 Pa. Code § 89.783(e) 31 Pa. Code § 89a.126 31 Pa. Code § 89a.107(g)&(h)	Filing must include an outline of coverage. It shall have: 1. A unique form number that is not the same as the policy number. 2. Standard Format Notice – This is not a Med Supp. 3. A disclosure statement must appear, stating that the policy is intended to be or not intended to be a qualified insurance product.
NA	APPENDIX B	31 Pa. Code § 89a.108(b), (c) 31 Pa. Code § 89a.120(a)(3) & 121 31 Pa. Code § 89a. Appendix B	LTCI Personal Worksheet required in format provided.
NA	APPENDIX C	31 Pa. Code § 89a.121(e) 31 Pa. Code § 89a. Appendix C	Things You Should Know Before Buying LTCI required in format provided. Must be given at same time Personal Worksheet is provided to the applicant. Must be in 12 point type.
NA	APPENDIX D	31 Pa. Code § 89a.121(f) 31 Pa. Code § 89a. Appendix D	LTCI Suitability Letter required in format provided or substantially similar language conveying same content.
NA	APPENDIX F	31 Pa. Code § 89a.108 (b), (c) 31 Pa. Code § 89a. Appendix F	Potential Rate Increase Disclosure form required in format provided.
NA	DISCLOSURE / SHOPPER'S GUIDE	31 Pa. Code § 89a. 127	Producer shall deliver the shopper's guide prior to the presentation of an application or enrollment form. Direct Response Solicitations must present a shopper's guide with an application or enrollment form.
NA	NOTICE: REPLACEMENT	31 Pa. Code § 88.102 & 103	Notice to applicant regarding replacement of accident and sickness insurance.

ELECTRONIC TRANSACTIONS ACT

****NOTICE REGARDING FILINGS SUBMITTED FOR ELECTRONIC TRANSACTIONS:

Electronic commerce is expanding rapidly and is an engine for economic growth in this Commonwealth and the United States. State laws recognizing the validity and enforceability of electronic signatures, records and writings are important to the continued expansion of electronic commerce. The rights of consumers under existing laws need to be protected and preserved; therefore the insurer must comply with the Unconsolidated Pennsylvania Statutes, Title 73 (Trade and Commerce), Electronic Transactions Act.

X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LONG TERM CARE PARTNERSHIP PROGRAM CERTIFICATION			
Act 40 of 2007: On September 28, 2007, the Secretary of the Department of Public Welfare (DPW) submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services for approval of Pennsylvania's qualified long-term care insurance partnership (Qualified Partnership). The SPA was approved on December 19, 2007, with an effective date of the Qualified Partnership of July 1, 2007. For information regarding the Long Term Care Partnership Program, please refer to Pa. Bulletin, Notice 2008-05 (38 Pa.B. 1907). This information can be found on the Department website at www.ins.state.pa.us . Forms to be completed, and additional information regarding the Long Term Care Partnership Program, can be found on the above referenced website under the Accident & Health Checklists - Long Term Care Partnership Program. Once a Carrier has a filing approved for use, the contact information for that carrier will be placed on a listing on the Department website. This listing is accessible by the general public.			
NA	ISSUER CERTIFICATION FORM	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the "PA Issuer Certification Form" found on the PA Insurance Department Website.	Under the DRA, at 42 U.S.C. § 1396p(b)(5)(B)(iii), the Insurance Commissioner may certify that policies identified as Qualified Partnership Policies meet certain consumer protection requirements set forth in the DRA. To provide to the Insurance Commissioner the information necessary to provide such certification, issuers of long-term care insurance policies identified as Qualified Partnership Policies may provide the Department information and a certification as described in Attachment A which is available on the Department's web site.
NA	LISTING OF FORMS AND FORM #	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the "PA Issuer	1. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form. 2. All Policies must be Tax qualified and comprehensive. 3. Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided

		Certification Form” found on the PA Insurance Department Website. Act 40 of 2007, Section 1103	with the filing. 4. Previously approved LTC Policies and Forms presented for Certification shall be presented with disclosure of the Department’s approval stamp as part of the form.
NA	INFLATION PROTECTION RIDERS	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the “PA Issuer Certification Form” found on the PA Insurance Department Website.	All Riders that will be used to comply with the above requirements must be listed and a copy included with filing. If the rider has been previously approved, include a copy of the rider with the Department’s approval stamp shown on the form. Identify the policy number the rider was approved to be used with.
NA	INFLATION PROTECTION REQUIREMENTS	Pa. Bulletin, Notice 2008-05 DRA at 42 U.S.C. § 1396p(b)(1)(A)(iii)(IV) 31 Pa. Code § 89a.112 Send Completed copy of all pages of the “PA Issuer Certification Form” found on the PA Insurance Department Website.	Inflation Protection must meet the requirements stipulated by the Deficit Reduction Act. On a separate page, stating the full corporate or legal name of the company, association, exchange or society, provide the Department with an explanation of how Inflation Protection Offers identified in the filing will be used by Issue Age of the Insured. The explanation must list compliance by issue age. The following is an example of acceptable Inflation Protection by issue age: 1. <u>Issue age 60 and under</u> : The policy must be <i>issued</i> with Annual <i>Compound</i> Inflation that automatically increases annually at a rate equal to the Consumer Price Index (CPI) or at a fixed compound rate of not less than 3%. Note: 31 Pa. Code Section 89a.112 requires an offer of a 5% Compound annual inflation protection be made on all long term care policies offered in Pennsylvania. 2. <u>Issue Ages 61 – 75</u> : The policy must be <i>issued</i> with some form of inflation protection –either compound or simple inflation protection at a rate equal to the Consumer Price Index (CPI) or at a fixed rate not less than 3%. 3. <u>Issue Age 76+</u> : Inflation protection must be <i>offered</i> . 4. <u>All issue ages</u> : 5% annual compound (lifetime) option must be <i>offered</i> . Note: A future or guaranteed purchase option for inflation protection does <i>not</i> meet the requirements of the Deficit Reduction Act except for Applicant’s age 76+. Note: Inflation Protection with a limited term (that is, 10-years or 20-years) does <i>not</i> meet the requirements of the Deficit Reduction Act.
NA	IMPORTANT POLICY LTCP STATUS NOTICE	Pa. Bulletin, Notice 2008-05, Attachment B	A copy of Attachment B on Issuer letterhead should be submitted with filing.
NA	LTCP PROGRAM POLICY SUMMARY	Pa. Bulletin, Notice 2008-05, Attachment C	A copy of Attachment C on Issuer letterhead should be submitted with filing.
NA	REQUIREMENT FOR POLICY EXCHANGES	Act 40 of 2007 (40-39-710.1) 40 P.S. § 991.1111	The Insurer must offer to exchange any policy or certificate issued between February 8, 2006 and the effective date of the State Plan Amendment with a Qualified LTC Partnership Program policy.
X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
ACTUARIAL CERTIFICATION			
X	STATEMENTS TO BE CERTIFIED IN ACTUARIAL CERTIFICATION	31 Pa. Code § 89a.109(b)(2)(i) 31 Pa. Code § 89a.109(b)(2)(ii) 31 Pa. Code § 89a.109(b)(2)(iii)	A statement that the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated. A statement that the policy design and coverage provided have been reviewed and taken into consideration. A statement that the underwriting and claims adjudication processes have been reviewed and taken into consideration. A complete description of the basis for contract reserves that are anticipated to be held under the form. To include

		31 Pa. Code § 89a.109(b)(2)(iv)	the following: Sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held. A statement that the assumptions used for reserves contain reasonable margins for adverse experience. A statement that the net valuation premium for renewal years does not increase (except for attained-age rating where permitted). A statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or if this statement cannot be made, a complete description of the situations where this does not occur.
		31 Pa. Code § 89a.109(b)(2)(v)	A statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits and a comparison of the premium schedules for similar policy forms that are currently available from the insurer with an explanation of the differences.
X	NET-TO-GROSS TEST	31 Pa. Code § 89a.109(b)(2)(iv)	The following information must be provided to show that the requirement that the present value of the difference between the renewal-year gross premiums and the renewal-year net valuation premiums exceeds the present value of the renewal expenses is met. 1.) A table that shows the present value of the gross premiums in renewal years, the present value of the net valuation premiums in renewal years, and the present value of the expenses in renewal years using issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70 and 75. The table should show values for each age for each combination of available benefit periods, elimination periods, inflation options (including the no inflation option) and HHC and Assisted Living Facility options of the nursing home daily maximum. 2.) Estimate the percent of expected sales that would come from pricing cells that fail this test. 3.) Include the expected distributional weight for each cell in the table.

ACTUARIAL MEMORANDUM

	SCOPE AND PURPOSE		The scope and purpose of the rate filing must be clearly indicated.
X	GENERAL DESCRIPTION		A general description of the policy and benefits included either within the policy or by optional rider should be provided and include the following items: Issuer name; Pennsylvania form number of the policy and any optional riders; Type of policy (i.e., comprehensive, nursing home, home health care, tax-qualified, non-tax qualified, etc.); Benefit description; Renewal provisions; Marketing approach; Underwriting method; Pre-existing condition exclusion; Issue-age limits; Premium basis (i.e., attained age or issue age); The date the form being submitted was approved by the issuer's domiciliary state (if it was filed in that state).
X	METHODOLOGY AND ASSUMPTIONS	31 Pa. Code § 89a.109(c) 31 Pa. Code § 89a.129 31 Pa. Code § 89a.109(c) 31 Pa. Code § 89a.129	The methodology and assumptions used to determine the rates should be provided and include the following items: The general rate methodology used to calculate the rates; The degree to which provisions for inflation trends, aging, and the wearing-off of the effects of selection have been provided for in the pricing; The commission schedule which must be in compliance with Section 89a.129 of Title 31; Actuarial assumptions, including: 1. Voluntary lapse rates and the basis for choosing the lapse rates. 2. Mortality assumptions. 3. Morbidity assumptions, including the source of the assumptions and the effects of selection year by year. 4. Expected distribution of insureds by type of inflation protection purchased. 6. Expected percentage of policyholders that will choose various optional riders to be offered with the policy. 7. Interest rate used to discount cash flows. 8. Expense assumptions by general expense application categories (i.e., percent of premium, cost per policy, percent of claims). 9. Average annual premium.
			Commission or other compensation to a producer is limited to a first year commission or other compensation to an amount not greater than 50% of the first year

X	PRODUCER COMPENSATION LIMITS	31 Pa. Code § 89a.129	premium. Renewal compensation for the next 5 subsequent years may not exceed 10% of the renewal premium. Replacement or Duplication of coverage shall be limited to the renewal compensation payable.
RATE TABLE			
X	RATE TABLE		A rate table showing the proposed rates for the state must be provided. This table should include all of the following: a.) Complete Pennsylvania form number for the policy and all riders to be offered with the policy, b.) All applicable rating factors such as area, smoker/non-smoker, standard/substandard, modal, etc., c.) Policy fees, if applicable, d.) Notation indicating if rates are based on issue age or attained age.
RATE ADJUSTMENTS			
ACTUARIAL CERTIFICATION FOR FORMS ISSUED AFTER 09/16/2002			
X	STATEMENTS TO BE CERTIFIED IN ACTUARIAL CERTIFICATION	31 Pa. Code § 89a.118(b)(2)(i) 31 Pa. Code § 89a.118(b)(2)(ii)	If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. The premium rate filing is in compliance with this section.
ACTUARIAL MEMORANDUM FOR FORMS ISSUED ON OR AFTER 09/16/2002			
X	STATEMENT OF PURPOSE		A statement that the purpose of the filing is to request a rate revision (increase, decrease, change in methodology) and demonstrate compliance with loss ratio standards. The reason for the rate revision must be clearly described.
X	SCOPE OF RATE REVISION		The reason for the rate revision must be clearly described. The scope of the rate revision must be clearly indicated – whether it applies uniformly or varies by area, age, etc. If there are variations, a strong justification based on actual company experience must be provided. The current average annual premium and expected average annual premium after the rate increase. The effective date and timing of the rate revision should be described.
X	GENERAL DESCRIPTION		A general description of the policy and benefits included either within the policy or by optional rider should be provided and include the following items: Issuer name; Pennsylvania form number of the policy and any optional riders; Type of policy (i.e., comprehensive, nursing home, home health care; tax-qualified, non-tax qualified), Benefit description, Renewal provision, Marketing approach, Underwriting method, Pre-existing condition exclusion, Issue-age limits, Premium basis (e.g., attained age or issue age).
X	NUMBER OF POLICIES		The number of policies in force for the policy form(s) in Pennsylvania and nationally must be shown.
X	HISTORY OF RATE CHANGES		The history of rate changes in Pennsylvania and nationally for the form(s) must be provided. The history needs to include the implementation dates and amount of change. If the rate revisions were not applied uniformly across all rating factors, this should be noted.
X	LIFETIME PROJECTIONS WHEN INCREASE IS NOT AN EXCEPTIONAL INCREASE	31 Pa. Code § 89a.118(b)(3)(i) 31 Pa. Code § 89a.118(b)(3)(i)(b)	Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions (morbidity, mortality, voluntary lapse, trend) used in determining the projected values, including reflection of assumptions that deviate from those used for pricing other forms currently available for sale. The projections shall include the development of the lifetime loss ratio.
			Two exhibits, one for the entire nation and one for Pennsylvania alone, of historical experience by calendar year that includes the following information for each year since policy inception:

X	EXHIBITS OF HISTORICAL EXPERIENCE	31 Pa. Code § 89a.118(c)(2)(i) 31 Pa. Code § 89a.118(c)(2)(iii)	i. Earned premiums, separated into premium earned at original rate level and premium earned at each rate increase level, ii. Paid claims, iii. Claim reserves (separated into reported and unreported accrued claim liabilities), iv. Incurred claims, v. Active life reserves held (as of a recent valuation date).
X	EXHIBITS OF PROJECTED EXPERIENCE	31 Pa. Code § 89a.118(c)(2)(ii) 31 Pa. Code § 89a.118(c)(2)(iv)	Two exhibits, one for the entire nation and one for Pennsylvania alone, of projected future calendar year experience for at least 25 years which include: i. Earned premiums, separated into premium earned at original rate level and premium earned at each rate increase level. ii. Incurred claims.
X	LOSS RATIO	31 Pa. Code § 89a.118(c)(2)(i) 31 Pa. Code § 89a.118(c)(2)(ii) 31 Pa. Code § 89a.118(c)(2)(iii) 31 Pa. Code § 89a.118(c)(2)(iv) 31 Pa. Code § 891.118(c)(3)	The increase shall be calculated so that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of 58% of the accumulated and discounted original premium plus 85% of the accumulated and discounted premium from non-exceptional rate increases plus 70% of the accumulated and discounted exceptional increase premium.
X	INTEREST RATE	31 Pa. Code § 89a.118(c)(4)	The calculation of the present and accumulated values used in the loss ratio calculation will use the maximum valuation interest rate for contract reserves as specified in Chapter 84a (relating to minimum reserve standards for individual and group health and accident insurance contracts). The actuary shall disclose as part of the actuarial memorandum the use of appropriate averages.
X	DISCLOSURE OF WHY INCREASE IS NECESSARY	31 Pa. Code § 89a.118(b)(3)(iii)	Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary.
X	DISCLOSURE OF RESERVES	31 Pa. Code § 89a.118(b)(3)(ii)	Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.
X	POLICY DESIGN AND CLAIMS ADJUDICATION STATEMENT	31 Pa. Code § 89a.118(b)(3)(iv)	A statement that policy design, underwriting and claims adjudication practices have been taken into consideration.
X	RATE COMPARISON STATEMENT	31 Pa. Code § 89a.118(g)(4)	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the Commissioner.
X	INFORMATION TO BE FILED WHEN MAJORITY OF POLICIES ARE ELIGIBLE FOR CONTINGENT NONFORFEITURE	31 Pa. Code § 89a.118(g)(1) 31 Pa. Code § 89a.118(g)(2)	A plan for improved administration and/or claims processing designed to eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases, or a plan that demonstrates that appropriate administration and claims processing have been implemented or are in effect. The original anticipated lifetime loss ratio, and the premium rate schedule increase that would have been calculated according to subsection (c) had the greater of the original anticipated lifetime loss ratio or 58% been used in the calculations described in 31 Pa. Code 89a.118 (c)(2)(i) and (iii).
X	INFORMATION TO BE FILED WHEN RATE INCREASE REQUESTED IS NOT THE FIRST REQUESTED FOR FORM AND MAJORITY OF POLICIES ARE ELIGIBLE FOR CONTINGENT BENEFIT UPON LAPSE	31 Pa. Code § 89a.118(h)	Provide the projected lapse rates and the past lapse rates during the 12 months following each increase.
			One copy of the current rate table must be provided with the filing. Two copies of a rate table showing the proposed rates for the state must also be provided. For electronic submissions, only one copy of the proposed rate table is required. The proposed rate table should

X	RATE TABLE	40 P.S. § 3803(c)	include all of the following: a. Complete Pennsylvania form number b. All applicable rating factors such as area, standard/substandard, modal, and spousal discounts, etc. c. Policy fee, if applicable d. Notation indicating if rates are based on issue age or attained age
ACTUARIAL MEMORANDUM FOR FORMS ISSUED PRIOR TO 09/16/2002			
NA	DEMONSTRATION OF RATE CHANGES		An actuarial memorandum that demonstrates that the proposed rates are expected to comply with the loss ratio standards of Section 89.117(b) of Title 31 (i.e. produce an expected loss ratio of 60% over the life of the policy).
NA	STATEMENT OF PURPOSE		A statement that the purpose of the filing is to request a rate revision (increase, decrease, change in methodology) and demonstrate compliance with loss ratio standards.
NA	GENERAL DESCRIPTION		A general description of the policy and benefits should be provided and include the following items: Issuer name; Form number; Type of policy (i.e., facility, home health, or comprehensive), Benefit description, Disclosure of whether or not the policy form is open or closed and if closed the date it was closed, The date the rate request being submitted was approved by the issuer's domiciliary state (if it was filed in that state). The name, address, and phone number of an insurance company representative who will be available to answer questions relating to the rate revision.
NA	SCOPE OF RATE REVISION		The reason for the rate revision must be clearly described. The scope of the rate revision must be clearly indicated – whether it applies uniformly or varies by area, age, etc. If there are variations, a strong justification based on actual company experience must be provided. The current average annual premium and expected average annual premium after the rate increase. The effective date and timing of the rate revision should be described.
NA	HISTORY OF RATE CHANGES	31 Pa. Code § 89a.117	The history of rate changes in Pennsylvania and nationally for the form(s) must be provided. The history needs to include the implementation dates and amount of change. If the rate revisions were not applied uniformly across all rating factors, this should be noted.
NA	NUMBER OF POLICIES		The number of policies in force for the policy form(s) in Pennsylvania and nationally must be shown.
NA	METHODOLOGY AND ASSUMPTIONS	31 Pa. code § 89a.117	The methodology and assumptions used to determine the new rates should be provided and include the following items: The general rate methodology used to calculate the revised rates, The basis of any change in the morbidity assumption, The voluntary lapse rates assumed, The mortality rates assumed, The interest rate used to discount cash flows A description of the original pricing assumptions, including: 1) Voluntary lapse rates, 2) Mortality assumptions, 3) Sample claim costs, 4) Interest rate used to discount cash flows. A description of any other change in the original pricing assumptions that materially affects the requested rate revision.
NA	EXHIBITS OF HISTORICAL EXPERIENCE	31 Pa. Code § 89a.117	Two exhibits, one for the entire nation and one for Pennsylvania alone, of historical experience by calendar year that includes the following information for each year since policy inception: i. Earned premiums. ii. Paid claims. iii. Claim reserves (separated into reported and unreported accrued claim liabilities). iv. Incurred claims. v. Active life reserves held (as of a recent valuation date).
			Four exhibits, two for the entire nation and two for Pennsylvania alone, of projected future calendar year experience. i. Two calendar year projections of future experience (for at least 25 years) on a nationwide basis must include: 1)

NA	EXHIBITS OF PROJECTED EXPERIENCE	31 Pa. Code § 89a.117	<p>Earned premiums, 2) Incurred claims, 3) The first national projection must assume the requested rate change is granted, 4) The second national projection must assume no rate change occurs.</p> <p>ii. Two projections of future experience (for at least 25 years) for Pennsylvania policyholders must include: 1) Earned premiums, 2) Incurred claims, 3) The first Pennsylvania projection must assume the requested rate change is granted, 4) The second Pennsylvania projection must assume no rate change occurs.</p>
NA	LOSS RATIO INFORMATION	31 Pa. Code § 89a.117	<p>The exhibits of historical and projected experience must demonstrate that the following loss ratio standards are expected to be met.</p> <p>The sum of accumulated past incurred claims plus the present value of projected future claims divided by the sum of accumulated past earned premiums plus projected future earned premiums must equal or exceed the 60% loss ratio required by Section 89.117 (b) of Title 31.</p> <p>If the anticipated loss ratio are expected to differ by age or age band or other rating factors, separate demonstrations of loss ratio compliance must be included by age band or rating factor as applicable.</p>
NA	ACTUARIAL CERTIFICATION		<p>An actuarial certification should state that, to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:</p> <p>i. The assumptions present the actuary's best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of the filing,</p> <p>ii. The anticipated lifetime loss ratio will exceed the applicable ratio,</p> <p>iii. The filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice,</p> <p>iv. The filing is in compliance with applicable laws and regulations in the state,</p> <p>v. The rates are reasonable in relationship to the benefits.</p>
NA	RATE TABLE	40 P.S. § 3803(c)	<p>One copy of the current rate table must be provided with the filing. Two copies of a rate table showing the proposed rates for the state must also be provided. For electronic submissions, only one copy of the proposed rate table is required. The proposed rate table should include all of the following:</p> <p>a. Complete Pennsylvania form number</p> <p>b. All applicable rating factors such as area, standard/substandard, modal, and spousal discounts, etc.</p> <p>c. Policy fee, if applicable</p> <p>d. Notation indicating if rates are based on issue age or attained age</p>

Extra/Additional information may be needed at a later date.

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August 25, 2015

**Actuarial Memorandum Supporting Rate Revision for
CMFG Life Insurance Company
Individual Long-Term Care Insurance Plan
2002 Product
(Page 1 of 5)**

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for CMFG Life Insurance Company's (the Company) individual long-term care product form series 2002-LTC-FAC, 2002-LTCR-HCC and associated riders. This product is referred to as the 2002 Product. (Some riders may not be available in all states.)

This product was sold nationwide from 2002 to 2009 and is no longer being marketed in any state.

The Company is requesting 65% rate increase; an initial 50% rate increase followed by an additional 10% increase two years later. The rate increase is necessary because the current estimate of the nationwide lifetime loss ratio is in excess of expected. This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where this product was issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 27 for a description of the information contained in each Appendix.

2. DESCRIPTION OF BENEFITS

This product provides long-term care coverage on an expense reimbursement basis up to policy limits. Depending on the state, the product provides either facility only coverage with the option to add a home and community care service rider or comprehensive coverage (providing both facility coverage and home and community care coverage). A benefit period, elimination period, daily benefit, home health care percentage and inflation protection option were selected at issue. Several additional optional benefits were available such as nonforfeiture benefits, expanded spousal benefits and limited premium payment options. The benefit eligibility criteria are based on the insured's loss of the ability to perform Activities of Daily Living (ADLs) or having a severe cognitive impairment. The available benefit choices can be found in the rate tables that accompany this filing. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

3. RENEWABILITY CLAUSE

This product is a Guaranteed Renewable, Individual Long Term Care policy.

4. MARKETING METHOD

This product was marketed to individuals by licensed agents. This product is not currently being marketed.

5. UNDERWRITING

All policies subject to this rate revision were subject to full medical underwriting in accordance with

Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience.

6. APPLICABILITY

The revised rates will be applicable to the product described in Section 1.

7. MORBIDITY

The morbidity assumptions are based on a combination of the Company's historical claim experience from 2002 through December 31, 2014, the Milliman 2014 *Long Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect over \$25 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity, including future improvement of 1% per year through 2029. The assumptions include a 10% load to future claims for moderately adverse experience.

8. MORTALITY

Mortality assumptions are based on Company experience from 2002 through December 31, 2014 and judgment. The best estimate mortality assumption is the Annuity 2000 Mortality Table on a sex distinct basis, projected forward with mortality improvement to 2029. Mortality improvement was based on 100% of Scale G for males and 50% of Scale G for females. The ultimate mortality table in 2029 was smoothed slightly to maintain a reasonable relationship of mortality rates between males and females. Mortality selection factors are also applied, starting at 0.20 in duration 1 and grading up to 0.95 in duration 14.

9. PERSISTENCY

Voluntary lapse assumptions are based on Company experience from 2002 through December 31, 2014 and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lapse rates are shown below and vary by premium payment option and policy duration.

<u>Policy Duration</u>	<u>Premium Payment Option:</u>	
	<u>Limited Pay</u>	<u>Lifetime Pay</u>
1	2.0%	6.0%
2	2.0	4.0
3	2.0	3.0
4	1.0	2.0
5	1.0	2.0
6	1.0	1.5
7	0.0	1.5
8	0.0	1.5
9	0.0	1.0
10+	0.0	1.0

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

10. EXPENSES

Expenses are not being projected. It is assumed that the originally filed expense assumptions are appropriate.

11. PREMIUM CLASSES

The rate revision will be applied as a consistent percentage to all premium classes.

12. ISSUE AGE RANGE

This product was available for issue ages 18 to 90. Premiums are based on issue age.

13. AREA FACTORS

The Company did not use area factors within the state in the premium scale for this product.

14. AVERAGE ANNUAL PREMIUM

The average annual premium for this product both prior to the impact of the requested rate increases, and after, is indicated in Appendix A to this memorandum.

15. MODAL PREMIUM FACTORS

The modal premium factors will remain unchanged from the current factors.

16. CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and for open claims on a disabled life basis. The claim reserves were discounted to the date of incurral for each claim and have been included in the historical incurred claims.

17. ACTIVE LIFE RESERVES

We have provided supporting evidence for the justification of the proposed increase based on the relationship of incurred claims divided by earned premium compared to the minimum loss ratio. Incurred claims are calculated without the impact of the change in active life reserves.

18. TREND ASSUMPTION

Benefits payable are equal to or less than the daily benefit limit. We have not included any medical trend in the projections.

19. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase is shown in Appendix A under two different approaches. The first approach applies to policies sold prior to the rate stabilization regulation date and is based on a minimum loss ratio. The state's rate stabilization regulation date (if applicable) and minimum loss ratio are shown in Appendix A. The second approach applies to policies sold on or after the rate stabilization regulation date and is based on a 58% loss ratio on the initial premium and an 85% loss ratio on the increased

premium. The requested rate increase is less than the maximum allowed increase under either approach.

20. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies.

21. EXPERIENCE – PAST AND FUTURE

The historical and projected experience, both with and without the requested rate increase(s), is contained in Appendices B and C. The premium in Appendix B is shown on this state's rate basis (applying the level of this state's rate increase(s) to every state).

22. LIFETIME LOSS RATIO

The development of the anticipated nationwide lifetime loss ratio, both without a rate increase and with the requested rate increase(s), is shown in Appendix B. An annual interest rate of 4.22% was used to calculate the lifetime loss ratio in the supporting appendices and was determined based on a weighted average of statutory valuation rates by policies sold by issue year. The initial rate increase of 50% is assumed effective October 1, 2015 (for simplicity, in the projections only, the impact of any rate guarantee period has not been modeled and the rate increase is conservatively assumed to occur on October 1, 2015). The second rate increase of 10% is assumed effective October 1, 2017.

23. HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of any rate adjustments that have been approved in this state.

24. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2014 in this state.

25. PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation. For policies still inside a rate guarantee period, the rate increase will become effective after the rate guarantee period has expired.

26. RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new proprietary long-term care products. Therefore, the comparison of renewal premium rates after the rate increases to the Company's current new business premium rate schedule is not applicable.

27. SUMMARY OF APPENDICES

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc.

Appendix B contains historical and projected nationwide experience for all policies issued under this

product. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

Appendix C contains the historical and projected experience of only the policies issued in the state.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

28. ACTUARIAL CERTIFICATION

I, James Switzer, am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

I, John Svedberg, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

To the best of our knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The projected experience shown in this Memorandum is based on assumptions that include provisions for moderately adverse experience. If the requested premium rate schedule increases are implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. In our opinions, the rates are not excessive or unfairly discriminatory.



James Switzer, ASA, MAAA, CERA
Actuarial Associate, Corporate Actuarial



John Svedberg, FSA, MAAA
Director and Actuary, Corporate Actuarial

**Appendix A
CMFG Life Insurance Company
2002 Product**

Pennsylvania

Requested Rate Increases: 50% effective 10/01/2015 followed by a 10% effective 10/01/2017

14. Average Annual Premium

The average annual premium for this form and associated riders,
prior to the rate increase, is:

Pennsylvania	\$1,570
Nationwide	\$1,634

The average annual premium for this form and associated riders,
after the rate increase, is:

Pennsylvania	\$2,590
Nationwide	\$2,696

19. Maximum Allowable Rate Increase

Rate Stabilization Date for Pennsylvania	09/16/02
Approach 1: 60% Minimum Loss Ratio	280%
Approach 2: 58% Loss Ratio on Initial Premium / 85% on Increased Premium	197%

Requested rate increase

Effective 10/01/2015	50%
Effective 10/01/2017	10%

22. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	141%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	112%

23. History of Rate Adjustments

20% increase effective 06/01/2014

24. Number of Policyholders and Annualized Premium as of December 31, 2014

	All Policies	
	Policies	Premium
Pennsylvania	516	\$809,965
Nationwide	14,505	\$23,700,859

Appendix B
CMFG Life Insurance Company
Historical and Projected Experience
Nationwide Experience
Pennsylvania Rate Basis
2002 Product

Historical

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2002	312	0	0%
2003	712,519	3,952	1%
2004	4,261,538	106,176	2%
2005	9,273,223	302,516	3%
2006	16,118,489	534,878	3%
2007	22,909,360	907,687	4%
2008	25,441,758	1,696,035	7%
2009	25,518,640	1,521,886	6%
2010	24,712,443	1,961,759	8%
2011	24,238,330	3,351,921	14%
2012	23,734,207	3,603,117	15%
2013	22,066,665	4,571,208	21%
2014	23,125,273	9,707,102	42%

Projection without Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015	23,209,947	7,273,035	31%
2016	22,150,527	8,460,060	38%
2017	21,380,822	9,757,198	46%
2018	20,641,926	11,197,056	54%
2019	19,914,208	12,782,040	64%
2020	19,172,060	14,524,746	76%
2021	18,440,809	16,452,771	89%
2022	17,728,287	18,575,323	105%
2023	17,031,312	20,906,451	123%
2024	16,331,732	23,458,908	144%
2025	15,631,780	26,233,876	168%
2026	14,925,863	29,220,667	196%
2027	14,228,464	32,416,361	228%
2028	13,515,601	35,812,542	265%
2029	12,805,614	39,377,539	308%
2030	12,095,819	43,489,848	360%
2031	11,375,665	47,723,450	420%
2032	10,655,855	51,981,996	488%
2033	9,936,051	56,216,769	566%
2034	9,218,474	60,300,152	654%
2035	8,513,613	64,068,066	753%
2036	7,822,475	67,358,034	861%
2037	7,147,155	70,128,387	981%
2038	6,493,755	72,325,065	1114%
2039	5,865,729	73,834,118	1259%
2040	5,265,534	74,481,564	1415%
2041	4,696,169	74,151,838	1579%
2042	4,160,039	72,736,113	1748%
2043	3,658,968	70,609,466	1930%
2044	3,194,575	67,857,975	2124%
2045	2,767,898	64,545,196	2332%
2046	2,379,370	60,683,915	2550%
2047	2,028,673	56,366,403	2778%
2048	1,715,072	51,676,008	3013%
2049	1,437,448	46,774,717	3254%
2050	1,194,217	41,828,739	3503%
2051	983,412	36,949,679	3757%
2052	802,632	32,260,693	4019%
2053	649,212	27,849,499	4290%
2054 and later	2,359,867	149,472,347	6334%

*Projections include a 10% moderately adverse experience load to claims

Projection with Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015	25,141,755	7,307,844	29%
2016	33,189,004	8,679,426	26%
2017	32,605,102	9,987,015	31%
2018	34,048,894	11,506,991	34%
2019	32,858,443	13,117,985	40%
2020	31,633,899	14,886,301	47%
2021	30,427,335	16,639,759	55%
2022	29,251,674	18,987,994	65%
2023	28,101,665	21,344,381	76%
2024	26,947,456	23,921,142	89%
2025	25,792,436	26,719,141	104%
2026	24,627,675	29,726,752	121%
2027	23,473,665	32,940,968	140%
2028	22,300,741	36,353,909	163%
2029	21,129,263	39,932,401	189%
2030	19,958,102	44,070,917	221%
2031	18,769,848	48,306,038	257%
2032	17,582,160	52,571,948	299%
2033	16,394,484	56,809,974	347%
2034	15,210,482	60,891,245	400%
2035	14,047,461	64,651,194	460%
2036	12,907,083	67,926,678	526%
2037	11,792,805	70,677,667	599%
2038	10,714,696	72,850,905	680%
2039	9,678,453	74,332,620	768%
2040	8,688,131	74,949,132	863%
2041	7,748,679	74,584,008	963%
2042	6,864,064	73,129,115	1065%
2043	6,037,298	70,964,121	1175%
2044	5,271,049	68,175,427	1293%
2045	4,567,032	64,827,474	1419%
2046	3,925,960	60,932,344	1552%
2047	3,347,310	56,582,490	1690%
2048	2,829,869	51,861,428	1833%
2049	2,371,789	46,931,905	1979%
2050	1,970,458	41,960,600	2129%
2051	1,622,631	37,058,986	2284%
2052	1,324,344	32,350,221	2443%
2053	1,071,200	27,922,045	2607%
2054 and later	3,893,780	149,756,560	3846%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2014	272,091,769	31,750,218	12%	272,091,769	31,750,218	12%
Present Value of Future to 12/31/2014	256,338,432	715,875,824	279%	404,495,718	723,497,570	179%
Total Values (Discounted at 4.22%)	528,430,201	747,626,042	141%	676,587,487	755,247,788	112%
Projected Loss Ratio without Rate Increase			141%	Projected Loss Ratio with Rate Increase		112%
Minimum Lifetime Loss Ratio			60%			
Maximum Allowable Increase						
Approach 1: 60% Minimum Loss Ratio			280%			
Approach 2: 58% Loss Ratio on Initial Premium / 85% on Increased Premium			197%			
Requested Rate Increase			50%	Effective 10/01/2015		
			10%	Effective 10/01/2017		

Appendix C
CMFG Life Insurance Company
Historical and Projected Experience
Pennsylvania Experience
2002 Product

Historical

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2002	0	0	0%
2003	0	0	0%
2004	98,511	0	0%
2005	394,397	0	0%
2006	700,664	0	0%
2007	948,964	0	0%
2008	936,095	0	0%
2009	910,849	0	0%
2010	892,544	348,679	39%
2011	882,617	18,844	2%
2012	856,051	334,806	39%
2013	833,075	0	0%
2014	741,294	195,638	26%

Projection without Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015	698,407	263,494	38%
2016	644,148	302,196	47%
2017	611,624	345,064	56%
2018	585,985	392,186	67%
2019	557,714	444,451	80%
2020	535,109	501,452	94%
2021	513,824	564,977	110%
2022	492,967	636,234	129%
2023	472,576	714,108	151%
2024	451,759	799,163	177%
2025	431,331	889,052	206%
2026	411,664	984,566	239%
2027	391,626	1,087,034	278%
2028	365,113	1,196,522	328%
2029	344,688	1,313,663	381%
2030	325,226	1,450,436	446%
2031	305,675	1,592,141	521%
2032	286,171	1,739,172	608%
2033	266,803	1,890,335	709%
2034	245,719	2,040,959	831%
2035	226,564	2,182,840	963%
2036	208,238	2,312,161	1110%
2037	189,033	2,429,758	1285%
2038	171,555	2,536,091	1478%
2039	155,036	2,621,162	1691%
2040	139,264	2,674,110	1920%
2041	124,305	2,687,642	2162%
2042	110,206	2,663,585	2417%
2043	97,007	2,619,467	2700%
2044	84,765	2,543,673	3001%
2045	73,506	2,439,625	3319%
2046	63,234	2,316,005	3663%
2047	53,941	2,181,046	4043%
2048	45,619	2,030,973	4452%
2049	38,248	1,870,425	4890%
2050	31,787	1,700,874	5351%
2051	26,181	1,533,355	5857%
2052	21,370	1,374,079	6430%
2053	17,280	1,226,302	7097%
2054 and later	60,625	8,444,611	13929%

Projection with Rate Increase*

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015	756,536	264,482	35%
2016	965,152	308,304	32%
2017	932,708	351,849	38%
2018	966,584	400,989	41%
2019	920,228	453,635	49%
2020	882,930	510,928	58%
2021	847,809	574,742	68%
2022	813,396	646,314	79%
2023	779,750	724,490	93%
2024	745,402	809,832	109%
2025	711,696	899,975	126%
2026	679,245	995,712	147%
2027	646,183	1,098,391	170%
2028	602,436	1,208,040	201%
2029	568,736	1,325,374	233%
2030	536,623	1,462,406	273%
2031	504,363	1,604,309	318%
2032	472,182	1,751,488	371%
2033	440,225	1,902,753	432%
2034	405,436	2,053,385	506%
2035	373,830	2,195,143	587%
2036	343,592	2,324,213	676%
2037	311,905	2,441,474	783%
2038	283,066	2,547,445	900%
2039	255,809	2,632,085	1029%
2040	229,785	2,694,483	1168%
2041	205,103	2,697,335	1315%
2042	181,839	2,672,523	1470%
2043	160,061	2,627,854	1642%
2044	139,862	2,551,106	1824%
2045	121,285	2,446,299	2017%
2046	104,335	2,321,938	2225%
2047	89,003	2,186,272	2456%
2048	75,272	2,035,518	2704%
2049	63,109	1,874,322	2970%
2050	52,448	1,704,170	3249%
2051	43,199	1,536,107	3556%
2052	35,261	1,376,352	3903%
2053	28,512	1,228,160	4308%
2054 and later	100,031	8,451,826	8449%

*Projections include a 10% moderately adverse experience load to claims

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2014	10,080,936	1,012,713	10%	10,080,936	1,012,713	10%
Present Value of Future to 12/31/2014	7,158,799	25,819,291	361%	11,263,245	25,995,815	231%
Total Values (Discounted at 4.22%)	17,239,735	26,832,004	156%	21,344,181	27,008,528	127%
Projected Loss Ratio without Rate Increase		156%		Projected Loss Ratio with Rate Increase		127%

CMFG Life Insurance Company
c/o Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901

<Policyholder Name>
<Address1>
<Address2>
<Address 3>

RE: Important Changes to Your Long-Term Care Insurance Policy
<Policy #>

Dear <Policyholder Name>:

The purpose of this letter is to inform you that CMFG Life Insurance Company (CMFG Life) will soon increase the premium on the Long-Term Care product that you purchased. If your policy is currently on claim and your premiums are being waived, the premium increase will have no impact on you at this time. If in the future you no longer qualify for waiver of premium benefits, the new premium rate would be in effect. While it has been a difficult decision to increase premiums, we find it necessary to ensure that we have a sustainable, economically sound product to support the needs of our policyholders.

When will my premium change and what will my new premium be?

- Your premium will change on <Premium Due Date>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

What are my options?

- There is nothing additional you need to do if you want to continue your current coverage other than pay your new premium when due.
- If your premiums are currently being waived, CMFG Life will continue to pay the premiums for your Long-Term Care coverage as long as you qualify for waiver of premium benefits.
- If you want to keep your premium as close to your premium prior to the increase, there are options you may want to consider such as:
 - Reduce your maximum Daily Benefit Amount
 - Reduce your Benefit Period
 - Increase your Elimination Period
 - Remove any optional riders/benefits
- Exercise the Nonforfeiture Rider if included on your policy.
- Exercise the Contingent Benefit Upon Lapse Option if eligible.

If you have any questions, want additional details, or would like a revised schedule of benefits for your policy please contact us toll free at 1.866.245.7133. Our business hours are 7 a.m. to 7 p.m., Monday-Friday, Central time.

Following is CMFG Life's history with respect to adjusting premium rates on our Long-Term Care insurance products.

CMFG Life has sold Long-Term Care insurance since 1992. CMFG Life is no longer offering new Long-Term Care insurance policies at this time, including increases to existing coverage. CMFG Life recently obtained acceptance to increase its rates for the Long-Term Care insurance policies, which include your policy, shown in the chart below.

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	2011, 2012, 2013	X% - 50%
97-LTC-HHC1	1997 - 2004	2011, 2012, 2013	X% - 50%
2002-LTC-FAC	2002 - 2008	2011, 2012, 2013	X% - 50%
2006-LTC-COMP	2006 - 2010	2011, 2012, 2013	X% - 50%

Future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

We continue to believe in the value of Long-Term Care insurance as an important part of any financial plan. Long-Term Care insurance can help you protect your income and assets, enabling you to use them for retirements needs. It also helps you preserve your independence and avoid depending on your family for care. Thank you for choosing CMFG Life for your Long-Term Care insurance needs.

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

02 PP 4.30.11 0913

DRAFT

Contingent Benefit Upon Lapse Option

If the premium rate for your policy goes up and you didn't buy a nonforfeiture benefit rider, you may be eligible for the contingent benefit upon lapse option. If you are eligible for this benefit, this means that you have the option to keep some "paid-up" long-term care insurance coverage.

You are eligible for this benefit **ONLY** if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page; **and**
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

EXAMPLE:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

- This option provides VERY LIMITED coverage – coverage only for benefits under your contract terms, up to the total amount that you have paid in premiums to date.
- If you choose this option, your policy can not be reinstated at a later date at the current benefit level.

Please contact us to verify your eligibility of this option. If eligible, you can simply stop paying your premium within 120 days of the effective date of the rate increase and allow your policy to lapse. Your policy with this reduced maximum benefit amount will then automatically be considered "paid-up" with no further premiums due.

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse
Cumulative Premium Increase over Initial Premium
That qualifies for Contingent Benefit Upon Lapse Option

(Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

CMFG Life Insurance Company Long Term Care Insurance Rate Increase Filings

SUPPLEMENTAL INFORMATION – KEY ASSUMPTIONS

CONFIDENTIAL

CMFG Life Insurance Company (CMFG Life) is seeking rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime loss ratios are in excess of expected. Persistency experience is the *primary* driver of our higher-than-expected loss ratios. The Company's LTC policy voluntary lapse rates and mortality experience are both emerging well below initial pricing assumptions, especially for older products.

Lapses, mortality and morbidity business drivers are inter-related, and we have not isolated each assumption to determine the independent impact of each. Although morbidity projections are also less favorable than expected in original pricing, the overwhelming issues are lower lapse and mortality rates; as a result, the Company will ultimately pay out much more in claims than was originally expected. We are now projecting lifetime loss ratios far in excess of what was assumed when the product was priced.

Model

The projections of future experience were modeled using Milliman's modeling software, MG-ALFA. The assumptions and methodology are listed in the Actuarial Memorandum supporting the rate increase filing and described in further detail in this document. The attached file called "Model Formulas" provides further information on the formulas used to calculate the key components of the loss ratio. The model used the inforce policies as of 12/31/2014. The file called "DOB Exhibit" contains a distribution of business for each product by the key demographic and benefit characteristics.

Lapse Study Details

Voluntary lapse rates were determined based on two approaches. In the first method, "actual lapses" were determined by subtracting actual deaths from total terminations. In the second method, "implied lapses" were determined by subtracting expected deaths from total terminations. To the extent that the actual deaths are understated (due to incorrect coding of Social Security Numbers), actual mortality will increase while actual lapses will decrease under the second method. The total termination rates will not change.

The lapse study is based fully upon CMFG Life's own experience, for all four proprietary LTC products, from inception. All of the business is individual; no group LTC experience is included. The study includes *only lifetime pay* policies; it excludes policies that were issued as single pay, 10 pay and paid-up at 65.

Detailed results of CMFG Life's internal lapse study are provided in the attached file called "Lapse Analysis Details". Exhibits provide the number of exposures and *total terminations* for each policy duration, in total (for the entire LTC block of four products), by gender, by product (for each of the four products), by marital status, and by inflation protection option. The current voluntary lapse rate assumptions are shown alongside the actual and *implied* voluntary lapse rates for each duration on each exhibit. Also included in this response is a file called "Total Persistency Comparisons (App D)", which contains a persistency summary. It shows a comparison of actual persistency experience to what was assumed in original pricing and to our current assumptions -- in total and by product.

Mortality Study Details

The analysis was built on the exposure calculations used in our incurred claim analysis. Actual deaths were determined using two techniques. First, an individual's Social Security Number was compared against the Social Security Death Master File to identify deceased individuals. Second, the policy termination reason code of "death" was used. A terminated policy was considered a death if the policyholder was determined to have died under either approach.

Expected mortality is based upon the Annuity 2000 table projected forward using Scale G (100% for males and 50% for females), along with mortality selection factors. The 2002 and 2006 Products have slightly lower mortality experience than the 1993 and 1997 Products. The mortality selection factors for the 1993 and 1997 Products start at 0.20 in year 1, grading up by 0.1 per year to 1.0 in year 9. The mortality selection factors for the 2002 and 2006 Products also start at 0.20 in duration 1 but grade to an ultimate of 0.95 in duration 14. The central point of the study period was 2009; therefore, the mortality table was projected to 2009 and used throughout the study. (Note that the *projections* assume continued mortality improvement, on same bases, to 2029. This is consistent with our assumption that morbidity will improve at the rate of 1% per year through 2029.)

The mortality study is based fully upon CMFG Life's own experience, for all four proprietary LTC products, from inception. All of the business is individual; no group experience is included.

Detailed results of CMFG Life's internal mortality study are provided in the attached file called "**Mortality Analysis Details**". Exhibits provide the number of exposures and *total terminations* for the entire LTC block of four products, by policy duration, by attained age, by gender, by product (for each of the four products), and by marital status. "Actual to Expected" mortality ratios are shown alongside the actual and expected mortality rates on each exhibit. As noted above, also included is a file called "**Total Persistency Comparisons (App D)**", which contains a persistency summary. It shows a comparison of actual persistency experience to what was assumed in original pricing and to our current assumptions -- in total and by LTC plan.

Morbidity Study Details

A claim experience analysis was performed on all of the Company's LTC business in order to develop appropriate morbidity assumptions for the loss ratio projections. Projection assumptions are based on a combination of CMFG Life's LTC historical claim experience, Milliman's 2014 LTC *Guidelines* and judgment. The *Guidelines* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long term care benefit packages and are based on over \$25 billion of incurred LTC claims and 29 million life years of exposure. In addition to the information provided in this section, please see the file called "**Morbidity Analysis Details**", included with this response.

CMFG Life's claim experience was analyzed by incidence, severity, and incurred claims. The primary finding from the claim analysis was that the Company's overall claim experience fit reasonably well to the *Guidelines*. Limited adjustments were then made to the *Guidelines*, to develop a better fit to actual experience by product.

Claim Reserve Review

As the majority of incurred claims is derived from the claim reserve (\$57.0 million incurred claims is made up of approximately \$24.7 million paid claims and \$32.4 remaining claim reserve), any assessment of the Company's incurred claims would be heavily impacted by the accuracy of the claim reserves. Therefore, a high level retrospective test was conducted to review the claim

reserves. Historical reserve balances, along with historical claim payment amounts, were used. Over the five prior year-ends tested (2008, 2009, 2010, 2011, and 2012), the claim reserve has been sufficient in all years. Please see the file called “Claim Reserve Retro Test” for further details. Therefore, it was concluded that the claim reserves were a reasonable basis to use in the incurred claim analysis.

Claim Analysis Approach

The approach to developing a set of morbidity assumptions for projections was first to establish initial Baseline Expectations, based on the underwriting, claim management practices, and benefit design for each of CMFG Life’s products. The starting assumptions were based on Milliman’s *Guidelines*. Next, factors were established for each of our products.

More specifically, Baseline Expectations were comprised of the following factors:

- 1) Ultimate Claim Costs – Claim costs were generated using Milliman’s claim cost model which reflected differences in benefit design, age, and gender.
- 2) Selection Factors – The underwriting for each product was aligned to one of Milliman’s underwriting categories. Underwriting for the 1993 and 1997 products was approximately done at the “Moderate” level. Underwriting for the 2002 and 2006 products was a blend of “Tight” and “Moderate” levels, with higher proportions of “Tight” as issue ages increased.
- 3) Salvage Factors – Salvage factors were used to reflect that the CMFG Life maximum benefits will not be paid out, depending on the benefit design. An LTC inflation rate of 5.0% was assumed in determining the rate at which LTC expenses increase (and resulting salvage values).
- 4) Claim Management Factor – Based on the level of claim management CMFG Life conducts, a 5% reduction to claims was assumed.
- 5) Area Factors – For each product, the actual utilization differences by state were determined and a composite area factor was developed.
- 6) Risk Class Factors – The morbidity difference for each risk class was reflected in the risk class factor. Outside of the substandard factors, the risk class factors composite approximately to 1.00.
- 7) Additional Rider Factors – Several products have riders which include benefits above what is normally included in the *Guidelines*. The general approach was to apply a claim cost factor equal to the premium loads for the rider.

Table 1 shows that, overall, CMFG Life’s claim experience (01/01/02 – 12/31/14) fits reasonably well to the Baseline Expectations. (Note that incurred claims on Waiver of Premium are not included in the Table 1 numbers.)

Table 1
CMFG Life LTC Products – Actual to “Baseline Expected” Claims

	<u>Actual</u>	<u>Baseline Expected*</u>	<u>Actual to Expected</u>
Life Yrs of Exposure	270,256	N/A	N/A
Count of Claims	660	686	96%
Severity per Claim	\$86,356	\$81,290	106%
Incurred Claims	\$57.0 million	\$55.8 million	102%

* The Baseline Expected is based on Milliman’s LTC Guidelines without any Product fitting factors.

Table 2 provides additional insights about the variability of experience by product. (Note that incurred claims on Waiver of Premium are not included in the Table 2 numbers.)

Table 2
CMFG Life LTC Products – Actual to “Baseline Expected” Claims

<u>Product</u>	<u>Actual Incurred Claims</u>	<u>Baseline Expected* Incurred Claims</u>	<u>Actual to Expected</u>
1993	\$ 5.8 Million	\$ 7.0 Million	82%
1997	13.2	10.5	126%
2002	27.3	29.5	93%
2006	10.7	8.8	122%
Total	\$ 57.0 Million	\$ 55.8 Million	102%

* The Baseline Expected is based on Milliman’s LTC Guidelines without any Product fitting factors.

Please note that the expected claims in Tables 1 and 2 do not include any Product fitting factors. The expected claims shown in the file “Morbidity Analysis Details” do include the Product fitting factors.

8) Product Factors – The final step of the claim analysis was to review the experience by product. Since the experience of each product was not credible by itself, judgment, along with the experience on each product, was considered. The 1993 Product has very little credibility and experience in recent years has been fairly close to the “baseline expectations”, so a constant factor of 1.00 was selected. The 1997 Product has significantly worse experience, although not fully credible. It is anticipated that over time, the experience will trend back towards the Guidelines; however, it likely will remain at an elevated level. Therefore, the product factor for 1997 Product starts at 1.20 and grades down to 1.10 by 2022. The 2002 Product has lower actual claims than expected, although the majority of the experience is in the underwriting select period. Therefore, a product factor of 0.85 was selected. The 2006 Product has higher actual claims than expected, therefore a product factors of 1.01 was selected.

(Note that the *projections* assume morbidity will improve at the rate of 1% per year through 2029. This is consistent with our assumption that mortality will improve for 15 years into the future.)

General Model Framework

The formulas listed below describe the calculations used in the model to determine the lifetime loss ratio. The model makes further, more complex calculations in order to consider the timing related to different modal options. The assumptions and other methodologies are further described in the Actuarial Memorandum filed with the state.

Lives Calculations

$$lx(t) = lx(t-1) * (1-qxd(t)) * (1-qxw(t)),$$

where,

$lx(t)$ is the number of lives at time t
 x is the issue age of the policy
 $qxd(t)$ is the mortality rate for time t
 $qxw(t)$ is the voluntary lapse rate for time t

Note: Policies that exhaust benefits are also decremented from the population.

Premium Calculation

$$PP(t) = lx(t-1) * modal_premium * modal_indicator$$
$$EP(t) = PP(t) + [UePR(t) - UePR(t-1)]$$

where,

$PP(t)$ is the paid premium in month t .
 $modal_indicator$ is the a flag used to indicate if a premium is paid during the month, based on the bill mode of the policy.

$EP(t)$ is the earned premium in month t .

$UePR(t)$ is the unearned premium reserve at time t .

Note: Waived premium is included in the premium calculation

Incurred Claim Calculation

$$IC(t) = lx(t-1) * CC(t) * SF(t) * salvage(t) * clm_mgt * composite_area * risk_class * j_prime(t) * morb_improvement(t) * DB(t) * WOP_load$$

where,

$IC(t)$ is the incurred claims in month t

$CC(t)$ is the claim cost per \$1 daily benefit at time t (based on the policy benefits and demographics such as product, benefit period, elimination period, type of coverage and various riders).

$SF(t)$ is the selection factor for month t .

$salvage(t)$ is the salvage factor for month t (reflects that the full daily benefits are not paid out).

clm_mgt is the claim management factor to reflect the level of claim management CUNA Mutual conducts.

$composite_area$ is the composite area factor for a product to reflect the utilization differences by state (one composite factor is used for each product based on the distribution by state).

General Model Framework

Risk_class is the risk class factor which reflects the different morbidity levels for each risk class.

$j\text{-prime}(t)$ is the factor to convert all lives ($l_x(t-1)$) to active, healthy lives. The claim cost assumptions should only be applied to those people not already on claim.

morb_improvement(t) is the future morbidity improvement factor for month t.

DB(t) is the current daily benefit at time t (i.e. daily benefit increased for any inflation benefit option).

WOP_Load is the load to include waiver of premium costs in incurred claims.

Lifetime Loss Ratio

$$LR = (\text{Accum_IC} + \text{PV_IC}) / (\text{Accum_EP} + \text{PV_EP}),$$

where,

LR is the lifetime loss ratio as of 12/31/2014.

Accum_IC is the historical incurred claims accumulated with interest to 12/31/2014.

PV_IC is the future incurred claims discounted with interest to 12/31/2014.

Accum_EP is the historical earned premium accumulated with interest to 12/31/2014.

PV_EP is the future earned premium discounted with interest to 12/31/2014.

For the purposes of accumulating and discounting, a middle of the year timing is assumed.

CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2014
All Policies - Nationwide

	1993 Product				1997 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Inflation Protection								
None	124	42.6%	175,673	37.3%	762	33.9%	825,970	27.8%
Future Purchase Option	49	16.8%	101,482	21.6%	93	4.1%	176,451	5.9%
5% Simple - Twenty Years	0	0.0%	0	0.0%	248	11.0%	435,882	14.7%
5% Simple - Lifetime	0	0.0%	0	0.0%	284	12.6%	354,080	11.9%
5% Compound - Twenty Years	96	33.0%	155,761	33.1%	127	5.6%	300,521	10.1%
5% Compound - Lifetime	22	7.6%	37,975	8.1%	737	32.7%	875,359	29.5%
Total	291	100.0%	470,890	100.0%	2,251	100.0%	2,968,263	100.0%
Other Optional Riders								
Return of Premium	6	2.1%	7,358	1.6%	111	4.9%	113,416	3.8%
Nonforfeiture Rider	0	0.0%	0	0.0%	77	3.4%	62,369	2.1%
Limited Payment Options								
Single Pay	0	0.0%	0	0.0%	2	0.1%	111,929	3.8%
10 Pay	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Paid up 65	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Lifetime	291	100.0%	470,890	100.0%	2,249	99.9%	2,856,335	96.2%
Total	291	100.0%	470,890	100.0%	2,251	100.0%	2,968,263	100.0%
Elimination Period								
0	0	0.0%	0	0.0%	493	21.9%	434,513	14.6%
10	0	0.0%	0	0.0%	34	1.5%	55,533	1.9%
20	0	0.0%	0	0.0%	612	27.2%	711,877	24.0%
30	137	47.1%	207,585	44.1%	0	0.0%	0	0.0%
60	0	0.0%	0	0.0%	374	16.6%	618,382	20.8%
90	123	42.3%	201,412	42.8%	628	27.9%	1,010,790	34.1%
180	31	10.7%	61,893	13.1%	110	4.9%	137,168	4.6%
Total	291	100.0%	470,890	100.0%	2,251	100.0%	2,968,263	100.0%
Benefit Period								
730	20	6.9%	23,943	5.1%	156	6.9%	157,955	5.3%
1095	0	0.0%	0	0.0%	19	0.8%	21,493	0.7%
1460	70	24.1%	109,133	23.2%	462	20.5%	585,952	19.7%
2190	45	15.5%	77,030	16.4%	744	33.1%	718,945	24.2%
10950	156	53.6%	260,785	55.4%	870	38.6%	1,483,919	50.0%
Total	291	100.0%	470,890	100.0%	2,251	100.0%	2,968,263	100.0%
Marital Status								
Single	291	100.0%	470,890	100.0%	900	40.0%	1,455,657	49.0%
Married 1-insured	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Married 2-insureds	0	0.0%	0	0.0%	1,351	60.0%	1,512,606	51.0%
Total	291	100.0%	470,890	100.0%	2,251	100.0%	2,968,263	100.0%

CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2014
All Policies - Nationwide

Issue Year	2002 Product				2006 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
2002	2	0.0%	1,651	0.0%	0	0.0%	0	0.0%
2003	1,006	6.9%	1,737,155	7.3%	0	0.0%	0	0.0%
2004	2,126	14.7%	3,693,924	15.6%	0	0.0%	0	0.0%
2005	3,063	21.1%	5,034,481	21.2%	0	0.0%	0	0.0%
2006	4,209	29.0%	6,483,631	27.4%	5	0.0%	6,538	0.0%
2007	2,996	20.7%	4,830,561	20.4%	2,199	15.7%	3,147,252	14.5%
2008	1,058	7.3%	1,843,879	7.8%	3,551	25.3%	5,466,088	25.2%
2009	45	0.3%	75,578	0.3%	4,255	30.3%	6,623,751	30.5%
2010	0	0.0%	0	0.0%	4,028	28.7%	6,436,086	29.7%
2011	0	0.0%	0	0.0%	2	0.0%	3,153	0.0%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%

Issue Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	14	0.1%	7,214	0.0%	2	0.0%	949	0.0%
25-30	9	0.1%	4,178	0.0%	7	0.0%	3,236	0.0%
30-35	30	0.2%	20,154	0.1%	14	0.1%	12,210	0.1%
35-40	56	0.4%	47,826	0.2%	51	0.4%	54,332	0.3%
40-45	165	1.1%	156,750	0.7%	95	0.7%	108,664	0.5%
45-50	923	6.4%	1,058,315	4.5%	636	4.5%	718,863	3.3%
50-55	2,873	19.8%	3,767,529	15.9%	2,331	16.6%	2,831,796	13.1%
55-60	4,144	28.6%	6,271,888	26.5%	3,806	27.1%	5,257,979	24.2%
60-65	3,458	23.8%	6,211,521	26.2%	4,039	28.8%	6,451,248	29.8%
65-70	1,795	12.4%	3,588,342	15.1%	2,177	15.5%	4,131,169	19.1%
70-75	822	5.7%	1,928,717	8.1%	750	5.3%	1,708,599	7.9%
75-80	207	1.4%	605,661	2.6%	124	0.9%	373,260	1.7%
80-85	9	0.1%	32,765	0.1%	8	0.1%	30,562	0.1%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%

Average Age 58.6 59.5

Attained Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-30	10	0.1%	5,311	0.0%	2	0.0%	949	0.0%
30-35	5	0.0%	2,100	0.0%	7	0.0%	3,236	0.0%
35-40	11	0.1%	5,619	0.0%	13	0.1%	11,038	0.1%
40-45	40	0.3%	27,846	0.1%	50	0.4%	51,923	0.2%
45-50	82	0.6%	74,280	0.3%	91	0.6%	109,870	0.5%
50-55	285	2.0%	301,725	1.3%	617	4.4%	702,415	3.2%
55-60	1,568	10.8%	1,846,309	7.8%	2,151	15.3%	2,606,636	12.0%
60-65	3,231	22.3%	4,450,761	18.8%	3,586	25.5%	4,963,439	22.9%
65-70	3,931	27.1%	6,276,830	26.5%	3,928	28.0%	6,216,045	28.7%
70-75	2,968	20.5%	5,625,455	23.7%	2,252	16.0%	4,194,489	19.3%
75-80	1,409	9.7%	2,879,671	12.2%	836	6.0%	1,860,919	8.6%
80-85	965	6.7%	2,204,953	9.3%	507	3.6%	961,909	4.4%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%

Average Attained Age 68.1 66.3

Gender	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Male	5,949	41.0%	9,881,552	41.7%	5,885	41.9%	9,123,085	42.1%
Female	8,556	59.0%	13,819,307	58.3%	8,155	58.1%	12,559,783	57.9%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%

CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2014
All Policies - Nationwide

	2002 Product				2006 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Inflation Protection								
None	1,812	12.5%	2,622,919	11.1%	1,839	13.1%	2,484,289	11.5%
3% Compound - Lifetime	5,868	40.5%	8,827,298	37.2%	5,565	39.6%	8,378,777	38.6%
5% Simple - Lifetime	0	0.0%	0	0.0%	3,691	26.3%	5,630,074	26.0%
5% Compound - Fifteen Years	462	3.2%	751,178	3.2%	0	0.0%	0	0.0%
5% Compound - Twenty Years	80	0.6%	105,676	0.4%	0	0.0%	0	0.0%
5% Compound - Lifetime	6,283	43.3%	11,393,786	48.1%	2,945	21.0%	5,189,728	23.9%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%
Other Optional Riders								
Return of Premium	147	1.0%	186,145	0.8%	97	0.7%	137,514	0.6%
Nonforfeiture Rider	55	0.4%	111,099	0.5%	51	0.4%	95,190	0.4%
HHEP 10 Day	3,082	21.2%	5,165,253	21.8%	4,789	34.1%	7,652,663	35.3%
Restoration of Benefits	2,875	19.8%	4,630,449	19.5%	2,811	20.0%	4,407,822	20.3%
Shared Extended Expense	3,040	21.0%	4,654,961	19.6%	1,907	13.6%	2,892,126	13.3%
Surviving Spousal	142	1.0%	194,198	0.8%	1,505	10.7%	2,207,740	10.2%
Living at Home	0	0.0%	0	0.0%	1,083	7.7%	1,930,650	8.9%
Limited Payment Options								
Single Pay	0	0.0%	0	0.0%	0	0.0%	0	0.0%
10 Pay	1,104	7.6%	2,500,315	10.5%	63	0.4%	237,796	1.1%
Paid up 65	792	5.5%	1,275,384	5.4%	66	0.5%	194,741	0.9%
Lifetime	12,609	86.9%	19,925,160	84.1%	13,911	99.1%	21,250,331	98.0%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%
Elimination Period								
30	4,081	28.1%	6,894,214	29.1%	1,183	8.4%	1,960,783	9.0%
60	1,992	13.7%	3,354,451	14.2%	2,036	14.5%	3,141,922	14.5%
90	8,203	56.6%	13,082,038	55.2%	8,464	60.3%	13,146,703	60.6%
100	0	0.0%	0	0.0%	2,086	14.9%	3,049,225	14.1%
180	229	1.6%	370,155	1.6%	271	1.9%	384,234	1.8%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%
Benefit Period								
365	231	1.6%	189,233	0.8%	218	1.6%	141,809	0.7%
730	1,529	10.5%	2,051,622	8.7%	2,299	16.4%	2,953,208	13.6%
1095	5,630	38.8%	8,434,485	35.6%	6,627	47.2%	9,723,797	44.8%
1460	2,011	13.9%	3,344,556	14.1%	1,995	14.2%	3,387,891	15.6%
1825	3,431	23.7%	6,010,780	25.4%	2,240	16.0%	3,978,387	18.3%
10950	1,673	11.5%	3,670,184	15.5%	661	4.7%	1,497,776	6.9%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%
Marital Status								
Single	2,604	18.0%	4,929,066	20.8%	2,200	15.7%	4,165,511	19.2%
Married 1-insured	2,551	17.6%	4,525,867	19.1%	2,526	18.0%	4,472,655	20.6%
Married 2-insureds	9,350	64.5%	14,245,925	60.1%	9,314	66.3%	13,044,703	60.2%
Total	14,505	100.0%	23,700,859	100.0%	14,040	100.0%	21,682,868	100.0%

Exhibit 3A - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	39,359	2,337	5.9%	0.1%	0.1%	5.8%	5.8%	6.0%
2	37,022	1,441	3.9%	0.2%	0.2%	3.7%	3.7%	4.0%
3	35,579	991	2.8%	0.3%	0.3%	2.5%	2.5%	3.0%
4	34,568	847	2.5%	0.3%	0.4%	2.2%	2.1%	2.0%
5	28,941	667	2.3%	0.3%	0.4%	2.0%	1.9%	2.0%
6	23,989	493	2.1%	0.5%	0.5%	1.6%	1.5%	1.5%
7	18,813	406	2.2%	0.6%	0.6%	1.5%	1.5%	1.5%
8	13,232	241	1.8%	0.5%	0.8%	1.3%	1.0%	1.5%
9	8,862	167	1.9%	0.6%	1.0%	1.3%	0.9%	1.0%
10	5,909	161	2.7%	0.6%	1.1%	2.1%	1.6%	1.0%
11	3,716	102	2.7%	0.8%	1.3%	1.9%	1.5%	1.0%
12	2,683	82	3.1%	0.8%	1.4%	2.3%	1.6%	1.0%
13	2,207	88	4.0%	1.4%	1.6%	2.6%	2.4%	1.0%
14	1,697	63	3.7%	1.5%	1.7%	2.2%	2.0%	1.0%
15	1,215	41	3.4%	1.6%	2.0%	1.7%	1.4%	1.0%
16	593	24	4.0%	1.7%	2.9%	2.4%	1.1%	1.0%
17	329	13	4.0%	3.0%	3.8%	0.9%	0.1%	1.0%
18	257	28	10.9%	7.0%	4.1%	3.9%	6.8%	1.0%
19	156	6	3.8%	1.9%	4.5%	1.9%	-0.6%	1.0%
20	62	4	6.5%	6.5%	4.7%	0.0%	1.7%	1.0%
21	20	1	5.0%	5.0%	6.0%	0.0%	-1.0%	1.0%
Total	259,209	8,203	3.2%	0.4%	0.5%	2.8%	2.7%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.4%
Weighted Average Lapse Rate Durations 8+ =>	1.7%	1.3%
Weighted Average Lapse Rate Durations 10+ =>	2.1%	1.7%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Exhibit 3B - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Female

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	23,213	1,460	6.3%	0.1%	0.1%	6.2%	6.2%	6.0%
2	21,753	864	4.0%	0.2%	0.1%	3.8%	3.8%	4.0%
3	20,887	610	2.9%	0.2%	0.2%	2.7%	2.7%	3.0%
4	20,263	478	2.4%	0.2%	0.3%	2.2%	2.1%	2.0%
5	17,025	377	2.2%	0.2%	0.3%	2.0%	1.9%	2.0%
6	14,136	266	1.9%	0.3%	0.4%	1.5%	1.5%	1.5%
7	11,172	236	2.1%	0.6%	0.5%	1.5%	1.6%	1.5%
8	7,902	130	1.6%	0.3%	0.6%	1.3%	1.0%	1.5%
9	5,351	95	1.8%	0.5%	0.8%	1.2%	1.0%	1.0%
10	3,607	102	2.8%	0.6%	1.0%	2.2%	1.9%	1.0%
11	2,279	59	2.6%	0.8%	1.1%	1.8%	1.5%	1.0%
12	1,648	51	3.1%	0.4%	1.2%	2.7%	1.9%	1.0%
13	1,352	53	3.9%	1.2%	1.4%	2.7%	2.5%	1.0%
14	1,033	39	3.8%	1.4%	1.5%	2.4%	2.3%	1.0%
15	739	25	3.4%	1.6%	1.7%	1.8%	1.7%	1.0%
16	364	12	3.3%	1.4%	2.4%	1.9%	0.9%	1.0%
17	209	5	2.4%	1.9%	3.3%	0.5%	-0.9%	1.0%
18	162	18	11.1%	7.4%	3.7%	3.7%	7.4%	1.0%
19	103	3	2.9%	1.9%	4.3%	1.0%	-1.4%	1.0%
20	43	3	7.0%	7.0%	4.7%	0.0%	2.3%	1.0%
21	13	1	7.7%	7.7%	6.6%	0.0%	1.0%	1.0%
Total	153,254	4,887	3.2%	0.3%	0.4%	2.9%	2.8%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.7%	1.4%
Weighted Average Lapse Rate Durations 10+ =>	2.2%	1.9%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3C - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Male**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,146	877	5.4%	0.2%	0.2%	5.3%	5.3%	6.0%
2	15,269	577	3.8%	0.3%	0.3%	3.4%	3.5%	4.0%
3	14,692	381	2.6%	0.3%	0.4%	2.3%	2.2%	3.0%
4	14,305	369	2.6%	0.4%	0.5%	2.2%	2.1%	2.0%
5	11,916	290	2.4%	0.5%	0.6%	2.0%	1.9%	2.0%
6	9,853	227	2.3%	0.7%	0.7%	1.6%	1.6%	1.5%
7	7,641	170	2.2%	0.7%	0.8%	1.5%	1.4%	1.5%
8	5,330	111	2.1%	0.8%	1.0%	1.3%	1.1%	1.5%
9	3,511	72	2.1%	0.7%	1.2%	1.3%	0.8%	1.0%
10	2,302	59	2.6%	0.6%	1.4%	2.0%	1.2%	1.0%
11	1,437	43	3.0%	0.9%	1.5%	2.1%	1.5%	1.0%
12	1,035	31	3.0%	1.4%	1.7%	1.6%	1.3%	1.0%
13	855	35	4.1%	1.8%	1.9%	2.3%	2.2%	1.0%
14	664	24	3.6%	1.7%	2.1%	2.0%	1.5%	1.0%
15	476	16	3.4%	1.7%	2.4%	1.7%	1.0%	1.0%
16	229	12	5.2%	2.2%	3.6%	3.1%	1.6%	1.0%
17	120	8	6.7%	5.0%	4.7%	1.7%	1.9%	1.0%
18	95	10	10.5%	6.3%	4.8%	4.2%	5.7%	1.0%
19	53	3	5.7%	1.9%	4.9%	3.8%	0.7%	1.0%
20	19	1	5.3%	5.3%	4.9%	0.0%	0.4%	1.0%
21	7	0	0.0%	0.0%	4.7%	0.0%	-4.7%	1.0%
Total	105,955	3,316	3.1%	0.5%	0.6%	2.6%	2.6%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.4%
Weighted Average Lapse Rate Durations 8+ =>	1.6%	1.2%
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.5%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3D - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1993 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	547	22	4.0%	0.5%	0.2%	3.5%	3.8%	6.0%
2	525	15	2.9%	0.4%	0.3%	2.5%	2.6%	4.0%
3	510	11	2.2%	1.0%	0.4%	1.2%	1.7%	3.0%
4	499	14	2.8%	2.0%	0.6%	0.8%	2.2%	2.0%
5	485	5	1.0%	0.4%	0.8%	0.6%	0.2%	2.0%
6	480	4	0.8%	0.8%	1.0%	0.0%	-0.2%	1.5%
7	476	11	2.3%	1.5%	1.3%	0.8%	1.0%	1.5%
8	465	4	0.9%	0.9%	1.6%	0.0%	-0.7%	1.5%
9	461	16	3.5%	2.6%	1.9%	0.9%	1.6%	1.0%
10	445	9	2.0%	1.3%	2.1%	0.7%	-0.1%	1.0%
11	436	16	3.7%	2.5%	2.3%	1.1%	1.4%	1.0%
12	420	13	3.1%	1.2%	2.5%	1.9%	0.6%	1.0%
13	407	17	4.2%	2.5%	2.7%	1.7%	1.4%	1.0%
14	390	13	3.3%	2.8%	3.0%	0.5%	0.4%	1.0%
15	377	18	4.8%	2.9%	3.2%	1.9%	1.6%	1.0%
16	357	11	3.1%	2.0%	3.5%	1.1%	-0.4%	1.0%
17	323	13	4.0%	3.1%	3.9%	0.9%	0.2%	1.0%
18	257	28	10.9%	7.0%	4.1%	3.9%	6.8%	1.0%
19	156	6	3.8%	1.9%	4.5%	1.9%	-0.6%	1.0%
20	62	4	6.5%	6.5%	4.7%	0.0%	1.7%	1.0%
21	20	1	5.0%	5.0%	6.0%	0.0%	-1.0%	1.0%
Total	8,098	251	3.1%	1.8%	1.9%	1.3%	1.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.1%	0.8%
Weighted Average Lapse Rate Durations 8+ =>	1.2%	0.9%
Weighted Average Lapse Rate Durations 10+ =>	1.4%	1.0%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3E - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1997 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	3,331	135	4.1%	0.2%	0.1%	3.9%	4.0%	6.0%
2	3,196	98	3.1%	0.3%	0.1%	2.7%	2.9%	4.0%
3	3,097	85	2.7%	0.2%	0.2%	2.5%	2.5%	3.0%
4	3,012	73	2.4%	0.3%	0.3%	2.1%	2.1%	2.0%
5	2,939	70	2.4%	0.4%	0.4%	1.9%	2.0%	2.0%
6	2,869	61	2.1%	0.6%	0.5%	1.5%	1.7%	1.5%
7	2,808	71	2.5%	0.7%	0.6%	1.8%	1.9%	1.5%
8	2,737	66	2.4%	0.7%	0.7%	1.7%	1.7%	1.5%
9	2,671	63	2.4%	0.7%	0.9%	1.6%	1.5%	1.0%
10	2,608	64	2.5%	0.5%	1.0%	2.0%	1.5%	1.0%
11	2,527	58	2.3%	0.6%	1.1%	1.7%	1.2%	1.0%
12	2,263	69	3.0%	0.7%	1.2%	2.3%	1.8%	1.0%
13	1,800	71	3.9%	1.2%	1.3%	2.8%	2.6%	1.0%
14	1,307	50	3.8%	1.1%	1.4%	2.8%	2.4%	1.0%
15	838	23	2.7%	1.1%	1.4%	1.7%	1.3%	1.0%
16	236	13	5.5%	1.3%	2.0%	4.2%	3.5%	1.0%
17	6	0	0.0%	0.0%	2.9%	0.0%	-2.9%	1.0%
Total	38,245	1,070	2.8%	0.6%	0.6%	2.2%	2.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.9%	1.7%
Weighted Average Lapse Rate Durations 8+ =>	2.0%	1.7%
Weighted Average Lapse Rate Durations 10+ =>	2.2%	1.8%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3F - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2002 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	18,559	1,136	6.1%	0.1%	0.1%	6.0%	6.0%	6.0%
2	17,423	682	3.9%	0.2%	0.2%	3.7%	3.7%	4.0%
3	16,741	480	2.9%	0.3%	0.3%	2.6%	2.6%	3.0%
4	16,261	402	2.5%	0.2%	0.4%	2.2%	2.1%	2.0%
5	15,859	328	2.1%	0.3%	0.4%	1.8%	1.6%	2.0%
6	15,315	289	1.9%	0.5%	0.5%	1.4%	1.4%	1.5%
7	13,847	273	2.0%	0.6%	0.6%	1.3%	1.3%	1.5%
8	10,030	171	1.7%	0.5%	0.8%	1.2%	0.9%	1.5%
9	5,730	88	1.5%	0.4%	0.9%	1.1%	0.6%	1.0%
10	2,856	88	3.1%	0.6%	1.1%	2.5%	2.0%	1.0%
11	753	28	3.7%	0.7%	1.2%	3.1%	2.5%	1.0%
Total	133,374	3,965	3.0%	0.3%	0.4%	2.6%	2.5%	

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3G - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2006 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,922	1,044	6.2%	0.1%	0.1%	6.1%	6.1%	6.0%
2	15,878	646	4.1%	0.2%	0.2%	3.8%	3.9%	4.0%
3	15,231	415	2.7%	0.2%	0.3%	2.5%	2.4%	3.0%
4	14,796	358	2.4%	0.2%	0.4%	2.2%	2.1%	2.0%
5	9,658	264	2.7%	0.4%	0.4%	2.4%	2.3%	2.0%
6	5,325	139	2.6%	0.5%	0.5%	2.2%	2.1%	1.5%
7	1,682	51	3.0%	0.4%	0.7%	2.7%	2.4%	1.5%
Total	79,492	2,917	3.7%	0.2%	0.3%	3.4%	3.4%	

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Exhibit 3H - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Single

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	8,665	694	8.0%	0.2%	0.1%	7.8%	7.9%	6.0%
2	7,971	443	5.6%	0.2%	0.2%	5.4%	5.4%	4.0%
3	7,527	287	3.8%	0.3%	0.3%	3.5%	3.5%	3.0%
4	7,236	235	3.2%	0.3%	0.4%	2.9%	2.9%	2.0%
5	6,213	195	3.1%	0.4%	0.5%	2.7%	2.7%	2.0%
6	5,369	133	2.5%	0.5%	0.6%	1.9%	1.9%	1.5%
7	4,501	140	3.1%	1.0%	0.7%	2.1%	2.4%	1.5%
8	3,534	90	2.5%	0.6%	0.9%	2.0%	1.6%	1.5%
9	2,700	80	3.0%	1.1%	1.2%	1.9%	1.8%	1.0%
10	2,108	78	3.7%	1.0%	1.4%	2.7%	2.3%	1.0%
11	1,621	47	2.9%	1.3%	1.6%	1.6%	1.3%	1.0%
12	1,308	47	3.6%	0.8%	1.8%	2.8%	1.8%	1.0%
13	1,092	42	3.8%	2.0%	2.0%	1.8%	1.9%	1.0%
14	873	31	3.6%	1.7%	2.2%	1.8%	1.3%	1.0%
15	671	27	4.0%	2.4%	2.6%	1.6%	1.4%	1.0%
16	440	14	3.2%	1.6%	3.3%	1.6%	-0.1%	1.0%
17	324	13	4.0%	3.1%	3.9%	0.9%	0.2%	1.0%
18	257	28	10.9%	7.0%	4.1%	3.9%	6.8%	1.0%
19	156	6	3.8%	1.9%	4.5%	1.9%	-0.6%	1.0%
20	62	4	6.5%	6.5%	4.7%	0.0%	1.7%	1.0%
21	20	1	5.0%	5.0%	6.0%	0.0%	-1.0%	1.0%
Total	62,648	2,635	4.2%	0.6%	0.7%	3.6%	3.5%	

Weighted Average Lapse Rate Durations 6+ =>	2.0%	1.9%
Weighted Average Lapse Rate Durations 8+ =>	2.0%	1.7%
Weighted Average Lapse Rate Durations 10+ =>	2.1%	1.7%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3I - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Married**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	30,694	1,643	5.4%	0.1%	0.1%	5.2%	5.2%	6.0%
2	29,051	998	3.4%	0.2%	0.2%	3.2%	3.2%	4.0%
3	28,052	704	2.5%	0.2%	0.3%	2.3%	2.2%	3.0%
4	27,332	612	2.2%	0.2%	0.3%	2.0%	1.9%	2.0%
5	22,728	472	2.1%	0.3%	0.4%	1.8%	1.7%	2.0%
6	18,620	360	1.9%	0.5%	0.5%	1.5%	1.4%	1.5%
7	14,312	266	1.9%	0.5%	0.6%	1.3%	1.2%	1.5%
8	9,698	151	1.6%	0.5%	0.7%	1.1%	0.8%	1.5%
9	6,162	87	1.4%	0.4%	0.9%	1.0%	0.5%	1.0%
10	3,801	83	2.2%	0.4%	1.0%	1.8%	1.2%	1.0%
11	2,095	55	2.6%	0.5%	1.0%	2.1%	1.6%	1.0%
12	1,375	35	2.5%	0.8%	1.1%	1.7%	1.5%	1.0%
13	1,115	46	4.1%	0.8%	1.2%	3.3%	3.0%	1.0%
14	824	32	3.9%	1.2%	1.2%	2.7%	2.7%	1.0%
15	544	14	2.6%	0.7%	1.2%	1.8%	1.4%	1.0%
16	153	10	6.5%	2.0%	1.7%	4.6%	4.8%	1.0%
17	5	0	0.0%	0.0%	2.6%	0.0%	-2.6%	1.0%
Total	196,561	5,568	2.8%	0.3%	0.4%	2.5%	2.4%	

Weighted Average Lapse Rate Durations 6+ =>	1.4%	1.2%
Weighted Average Lapse Rate Durations 8+ =>	1.5%	1.1%
Weighted Average Lapse Rate Durations 10+ =>	2.1%	1.7%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3J - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies with Inflation Protection**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	32,881	1,866	5.7%	0.1%	0.1%	5.6%	5.6%	6.0%
2	31,015	1,161	3.7%	0.2%	0.2%	3.6%	3.6%	4.0%
3	29,853	808	2.7%	0.2%	0.2%	2.5%	2.5%	3.0%
4	29,025	689	2.4%	0.2%	0.3%	2.2%	2.1%	2.0%
5	24,181	514	2.1%	0.3%	0.4%	1.8%	1.8%	2.0%
6	19,868	387	1.9%	0.4%	0.5%	1.6%	1.5%	1.5%
7	15,362	285	1.9%	0.5%	0.5%	1.3%	1.3%	1.5%
8	10,476	172	1.6%	0.3%	0.6%	1.3%	1.0%	1.5%
9	6,670	112	1.7%	0.4%	0.8%	1.2%	0.9%	1.0%
10	4,188	97	2.3%	0.4%	0.9%	1.9%	1.4%	1.0%
11	2,423	63	2.6%	0.5%	1.0%	2.1%	1.6%	1.0%
12	1,626	38	2.3%	0.4%	1.1%	1.9%	1.3%	1.0%
13	1,292	44	3.4%	0.8%	1.2%	2.6%	2.2%	1.0%
14	981	21	2.1%	0.6%	1.3%	1.5%	0.8%	1.0%
15	724	17	2.3%	1.1%	1.5%	1.2%	0.9%	1.0%
16	322	7	2.2%	0.9%	2.4%	1.2%	-0.2%	1.0%
17	177	5	2.8%	2.8%	3.3%	0.0%	-0.5%	1.0%
18	142	9	6.3%	4.2%	3.5%	2.1%	2.8%	1.0%
19	91	3	3.3%	1.1%	3.9%	2.2%	-0.6%	1.0%
20	33	0	0.0%	0.0%	4.0%	0.0%	-4.0%	1.0%
21	10	0	0.0%	0.0%	5.1%	0.0%	-5.1%	1.0%
Total	211,340	6,298	3.0%	0.3%	0.4%	2.7%	2.6%	

Weighted Average Lapse Rate Durations 6+ =>	1.5%	1.3%
Weighted Average Lapse Rate Durations 8+ =>	1.5%	1.1%
Weighted Average Lapse Rate Durations 10+ =>	1.9%	1.4%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3K - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies without Inflation Protection**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	6,478	471	7.3%	0.2%	0.2%	7.0%	7.1%	6.0%
2	6,007	280	4.7%	0.4%	0.3%	4.2%	4.4%	4.0%
3	5,726	183	3.2%	0.6%	0.5%	2.6%	2.7%	3.0%
4	5,543	158	2.9%	0.6%	0.6%	2.3%	2.3%	2.0%
5	4,760	153	3.2%	0.6%	0.7%	2.6%	2.5%	2.0%
6	4,121	106	2.6%	0.9%	0.9%	1.7%	1.7%	1.5%
7	3,451	121	3.5%	1.1%	1.1%	2.4%	2.4%	1.5%
8	2,756	69	2.5%	1.2%	1.3%	1.3%	1.2%	1.5%
9	2,192	55	2.5%	1.2%	1.5%	1.3%	1.0%	1.0%
10	1,721	64	3.7%	1.2%	1.7%	2.6%	2.0%	1.0%
11	1,293	39	3.0%	1.4%	1.8%	1.6%	1.2%	1.0%
12	1,057	44	4.2%	1.3%	1.9%	2.8%	2.2%	1.0%
13	915	44	4.8%	2.3%	2.1%	2.5%	2.7%	1.0%
14	716	42	5.9%	2.7%	2.3%	3.2%	3.6%	1.0%
15	491	24	4.9%	2.4%	2.7%	2.4%	2.2%	1.0%
16	271	17	6.3%	2.6%	3.5%	3.7%	2.8%	1.0%
17	152	8	5.3%	3.3%	4.4%	2.0%	0.8%	1.0%
18	115	19	16.5%	10.4%	4.8%	6.1%	11.7%	1.0%
19	65	3	4.6%	3.1%	5.4%	1.5%	-0.8%	1.0%
20	29	4	13.8%	13.8%	5.6%	0.0%	8.2%	1.0%
21	10	1	10.0%	10.0%	6.9%	0.0%	3.1%	1.0%
Total	47,869	1,905	4.0%	0.8%	0.9%	3.1%	3.1%	

Weighted Average Lapse Rate Durations 6+ =>	2.0%	1.9%
Weighted Average Lapse Rate Durations 8+ =>	2.0%	1.8%
Weighted Average Lapse Rate Durations 10+ =>	2.5%	2.3%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2007 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
All Products

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions						Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	39,359	5.9%		8.6%	3,404	0.5%	185	9.1%	6.0%	0.1%	6.1%	
2	37,022	3.9%		7.1%	2,612	0.6%	206	7.6%	4.0%	0.2%	4.2%	
3	35,579	2.8%		5.6%	1,986	0.7%	232	6.2%	3.0%	0.3%	3.3%	
4	34,568	2.5%		4.5%	1,572	0.8%	265	5.3%	2.0%	0.4%	2.4%	
5	28,941	2.3%		4.2%	1,230	0.9%	270	5.2%	2.0%	0.4%	2.4%	
6	23,989	2.1%		4.0%	968	1.1%	268	5.2%	1.5%	0.5%	2.0%	
7	18,813	2.2%		3.5%	655	1.3%	242	4.8%	1.5%	0.6%	2.1%	
8	13,232	1.8%		3.5%	467	1.4%	185	4.9%	1.5%	0.8%	2.3%	
9	8,862	1.9%		3.6%	323	1.4%	126	5.1%	1.0%	1.0%	2.0%	
10	5,909	2.7%		4.1%	245	1.5%	91	5.7%	1.0%	1.1%	2.1%	
11	3,716	2.7%		5.3%	197	1.7%	64	7.0%	1.0%	1.3%	2.3%	
12	2,683	3.1%		6.2%	165	1.9%	52	8.1%	1.0%	1.4%	2.4%	
13	2,207	4.0%		6.2%	136	2.1%	47	8.3%	1.0%	1.6%	2.6%	
14	1,697	3.7%		6.2%	106	2.4%	40	8.6%	1.0%	1.7%	2.7%	
15	1,215	3.4%		6.3%	77	2.6%	32	8.9%	1.0%	2.0%	3.0%	
16	593	4.0%		6.6%	39	3.9%	23	10.4%	1.0%	2.9%	3.9%	
17	329	4.0%		7.0%	23	5.0%	16	11.9%	1.0%	3.8%	4.8%	
18	257	10.9%		7.0%	18	5.3%	14	12.3%	1.0%	4.1%	5.1%	
19	156	3.8%		7.0%	11	5.7%	9	12.7%	1.0%	4.5%	5.5%	
20	62	6.5%		7.0%	4	6.0%	4	12.9%	1.0%	4.7%	5.7%	
21	20	5.0%		7.0%	1	7.5%	1	14.4%	1.0%	6.0%	7.0%	

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price each product.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2014

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
1993 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions						Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	547		4.0%	22.4%	123	1.2%	7	23.6%		6.0%	0.2%	6.2%
2	525		2.9%	17.4%	91	1.3%	7	18.7%		4.0%	0.3%	4.3%
3	510		2.2%	13.5%	69	1.5%	7	14.9%		3.0%	0.4%	3.4%
4	499		2.8%	11.9%	60	1.6%	8	13.5%		2.0%	0.6%	2.6%
5	485		1.0%	10.4%	51	1.7%	8	12.2%		2.0%	0.8%	2.8%
6	480		0.8%	8.9%	43	1.9%	9	10.8%		1.5%	1.0%	2.5%
7	476		2.3%	8.4%	40	2.1%	10	10.5%		1.5%	1.3%	2.8%
8	465		0.9%	7.9%	37	2.3%	11	10.2%		1.5%	1.6%	3.1%
9	461		3.5%	7.5%	34	2.5%	12	10.0%		1.0%	1.9%	2.9%
10	445		2.0%	7.0%	31	2.7%	12	9.7%		1.0%	2.1%	3.1%
11	436		3.7%	7.0%	30	3.0%	13	10.0%		1.0%	2.3%	3.3%
12	420		3.1%	7.0%	29	3.3%	14	10.2%		1.0%	2.5%	3.5%
13	407		4.2%	7.0%	28	3.6%	14	10.5%		1.0%	2.7%	3.7%
14	390		3.3%	7.0%	27	3.8%	15	10.8%		1.0%	3.0%	4.0%
15	377		4.8%	7.0%	26	4.1%	16	11.1%		1.0%	3.2%	4.2%
16	357		3.1%	7.0%	25	4.5%	16	11.5%		1.0%	3.5%	4.5%
17	323		4.0%	7.0%	23	5.0%	16	11.9%		1.0%	3.9%	4.9%
18	257		10.9%	7.0%	18	5.3%	14	12.3%		1.0%	4.1%	5.1%
19	156		3.8%	7.0%	11	5.7%	9	12.7%		1.0%	4.5%	5.5%
20	62		6.5%	7.0%	4	6.0%	4	12.9%		1.0%	4.7%	5.7%
21	20		5.0%	7.0%	1	7.5%	1	14.4%		1.0%	6.0%	7.0%

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 IAM table.
The original ultimate lapse assumption was 6.0% for issue ages 59 and younger and 8.0% for issue ages 60 and older.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2014

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
1997 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions						Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	3,331		4.1%	10.8%	359	0.5%	18	11.3%		6.0%	0.1%	6.1%
2	3,196		3.1%	8.8%	280	0.6%	19	9.4%		4.0%	0.1%	4.1%
3	3,097		2.7%	6.8%	210	0.7%	21	7.4%		3.0%	0.2%	3.2%
4	3,012		2.4%	6.6%	198	0.7%	22	7.3%		2.0%	0.3%	2.3%
5	2,939		2.4%	6.4%	188	0.8%	24	7.2%		2.0%	0.4%	2.4%
6	2,869		2.1%	6.2%	178	0.9%	26	7.1%		1.5%	0.5%	2.0%
7	2,808		2.5%	6.0%	168	1.0%	28	7.0%		1.5%	0.6%	2.1%
8	2,737		2.4%	6.0%	164	1.1%	30	7.1%		1.5%	0.7%	2.2%
9	2,671		2.4%	6.0%	160	1.2%	33	7.2%		1.0%	0.9%	1.9%
10	2,608		2.5%	6.0%	156	1.4%	35	7.4%		1.0%	1.0%	2.0%
11	2,527		2.3%	6.0%	152	1.5%	38	7.5%		1.0%	1.1%	2.1%
12	2,263		3.0%	6.0%	136	1.7%	38	7.7%		1.0%	1.2%	2.2%
13	1,800		3.9%	6.0%	108	1.8%	33	7.8%		1.0%	1.3%	2.3%
14	1,307		3.8%	6.0%	78	1.9%	25	7.9%		1.0%	1.4%	2.4%
15	838		2.7%	6.0%	50	2.0%	16	8.0%		1.0%	1.4%	2.4%
16	236		5.5%	6.0%	14	2.9%	7	8.9%		1.0%	2.0%	3.0%
17	6		0.0%	6.0%	0	4.1%	0	10.1%		1.0%	2.9%	3.9%

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption was 6.0%.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2014

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
2002 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions						Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	18,559	6.1%		10.3%	1,916	0.7%	137	11.1%	6.0%	0.1%	6.1%	
2	17,423	3.9%		8.3%	1,453	0.8%	142	9.2%	4.0%	0.2%	4.2%	
3	16,741	2.9%		6.6%	1,104	0.9%	151	7.5%	3.0%	0.3%	3.3%	
4	16,261	2.5%		5.4%	874	1.0%	162	6.4%	2.0%	0.4%	2.4%	
5	15,859	2.1%		4.7%	752	1.1%	174	5.8%	2.0%	0.4%	2.4%	
6	15,315	1.9%		4.4%	668	1.2%	187	5.6%	1.5%	0.5%	2.0%	
7	13,847	2.0%		3.2%	446	1.3%	185	4.6%	1.5%	0.6%	2.1%	
8	10,030	1.7%		2.7%	266	1.4%	144	4.1%	1.5%	0.8%	2.3%	
9	5,730	1.5%		2.2%	128	1.4%	82	3.7%	1.0%	0.9%	1.9%	
10	2,856	3.1%		2.0%	57	1.5%	44	3.5%	1.0%	1.1%	2.1%	
11	753	3.7%		2.0%	15	1.6%	12	3.6%	1.0%	1.2%	2.2%	

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption reached 2.0% by duration 10.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
- 5) Experience is through December 31, 2014

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
2006 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions						Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	16,922	6.2%		5.9%	1,007	0.1%	24	6.1%	6.0%	0.1%	6.1%	
2	15,878	4.1%		5.0%	787	0.2%	38	5.2%	4.0%	0.2%	4.2%	
3	15,231	2.7%		4.0%	604	0.4%	54	4.3%	3.0%	0.3%	3.3%	
4	14,796	2.4%		3.0%	440	0.5%	73	3.5%	2.0%	0.4%	2.4%	
5	9,658	2.7%		2.5%	239	0.6%	63	3.1%	2.0%	0.4%	2.4%	
6	5,325	2.6%		1.5%	79	0.9%	46	2.3%	1.5%	0.5%	2.0%	
7	1,682	3.0%		0.0%	0	1.1%	18	1.1%	1.5%	0.7%	2.2%	

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1994 GAM table, projected to 2006. The original ultimate lapse assumption reached 1.0% by duration 7.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
- 5) Experience is through December 31, 2014

**Exhibit 2A - Mortality Study
CMFG Life Insurance Company
Experience by Policy Duration**

Policy Duration	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
1 to 3	113,006	4,903	232	218	0.21%	0.19%	107%
4 to 6	88,058	2,088	311	376	0.35%	0.43%	83%
7 to 9	41,048	864	267	312	0.65%	0.76%	86%
10 to 12	12,326	354	94	152	0.76%	1.23%	62%
13+	6,540	268	122	140	1.87%	2.14%	87%
Total	260,978	8,477	1,026	1,197	0.39%	0.46%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

**Exhibit 2B - Mortality Study
CMFG Life Insurance Company
Experience by Attained Age**

Attained Age	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
<=49	16,169	702	7	9	0.04%	0.06%	77%
50-54	28,847	1,138	34	30	0.12%	0.10%	115%
55-59	53,509	1,620	82	90	0.15%	0.17%	91%
60-64	65,906	1,798	126	178	0.19%	0.27%	71%
65-69	51,408	1,477	234	243	0.46%	0.47%	96%
70-74	27,954	916	191	243	0.68%	0.87%	79%
75-79	12,424	495	175	209	1.41%	1.68%	84%
80-84	3,808	224	118	128	3.10%	3.37%	92%
85-89	846	90	50	53	5.91%	6.30%	94%
90+	107	17	9	13	8.41%	12.09%	70%
Total	260,978	8,477	1,026	1,197	0.39%	0.46%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

**Exhibit 2C - Mortality Study
CMFG Life Insurance Company
Experience by Gender**

Gender	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
Female	154,226	5,048	466	581	0.30%	0.38%	80%
Male	106,752	3,429	560	616	0.52%	0.58%	91%
Total	260,978	8,477	1,026	1,197	0.39%	0.46%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

**Exhibit 2D - Mortality Study
CMFG Life Insurance Company
Experience by Product**

Product	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
1993	8,098	251	146	150	1.80%	1.85%	97%
1997	38,273	1,070	212	246	0.55%	0.64%	86%
2002	134,460	4,223	486	571	0.36%	0.42%	85%
2006	80,147	2,933	182	230	0.23%	0.29%	79%
Total	260,978	8,477	1,026	1,197	0.39%	0.46%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

**Exhibit 2E - Mortality Study
CMFG Life Insurance Company
Experience by Marital Status**

Marital Status	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
Single	63,082	2,718	377	416	0.33%	0.42%	78%
Married - 1 Insured	39,367	1,908	128	164	0.33%	0.39%	85%
Married - 2 Insured	158,529	3,851	521	616	0.60%	0.66%	91%
Total	260,978	8,477	1,026	1,197	0.39%	0.46%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

**Exhibit 2F - Mortality Study
CMFG Life Insurance Company
Experience by Policy Duration**

Policy Duration	Mortality Rate - Actual to Expected				Total
	1993	1997	2002	2006	
1 to 3	210%	175%	105%	93%	107%
4 to 6	137%	120%	81%	70%	83%
7 to 9	104%	97%	82%	55%	86%
10 to 12	73%	54%	69%		62%
13+	92%	80%			87%
Total	97%	86%	85%	79%	86%

Notes:

- 1) Experience from inception through December 31, 2014
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2007 along with selection factors

Exhibit 1A - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
All Business

Calendar Year	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	3,141	8	957,535	84,890	130,303	1,042,426	8	63,175	530,414	9%	95%	206%	197%
2003	3,927	16	527,034	-	32,940	527,034	10	65,971	692,288	12%	152%	50%	76%
2004	6,182	2	123,092	-	61,546	123,092	14	68,401	956,723	4%	14%	90%	13%
2005	9,222	15	1,572,050	259,815	122,124	1,831,865	19	70,721	1,312,326	12%	81%	173%	140%
2006	13,551	18	1,356,412	62,244	78,814	1,418,656	24	72,933	1,759,633	13%	75%	108%	81%
2007	19,078	28	1,337,968	192,588	54,663	1,530,557	31	74,606	2,348,475	16%	89%	73%	65%
2008	24,265	34	2,234,160	681,638	85,759	2,915,797	40	76,423	3,069,087	18%	85%	112%	95%
2009	28,628	46	3,170,895	700,742	84,166	3,871,637	50	78,505	3,939,969	21%	92%	107%	98%
2010	32,906	54	2,960,589	756,315	68,832	3,716,904	62	80,950	4,984,770	22%	88%	85%	75%
2011	33,558	82	4,172,385	2,207,792	77,807	6,380,178	73	83,877	6,146,901	28%	112%	93%	104%
2012	32,643	89	3,593,791	3,833,150	83,449	7,426,942	84	87,202	7,335,436	29%	106%	96%	101%
2013	31,948	92	2,159,742	7,195,799	101,691	9,355,541	97	90,997	8,857,909	29%	95%	112%	106%
2014	31,208	176	502,930	16,387,807	95,739	16,890,737	112	94,536	10,590,991	40%	157%	101%	159%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1B - Claim Study
CMFG Life Insurance Company
Experience by Product Series
All Business**

Product Series	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1993	4,943	70	3,510,521	2,265,705	83,011	5,776,226	99	70,786	7,037,561	25%	70%	117%	82%
1997	34,290	143	7,645,281	5,570,241	92,478	13,215,522	142	88,788	12,573,941	36%	101%	104%	105%
2002	142,633	311	10,807,387	16,488,728	87,632	27,296,115	269	89,216	24,017,041	54%	116%	98%	114%
2006	88,390	136	2,705,395	8,038,106	78,735	10,743,501	116	77,023	8,896,378	36%	118%	102%	121%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082)^{0.5}$
- 8) Expected values include product fitting factors

Exhibit 1C - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1993

Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	462	6	581,029	-	96,838	581,029	5	57,969	261,918	7%	133%	167%	222%
2003	450	5	112,377	-	22,475	112,377	5	59,448	301,425	7%	99%	38%	37%
2004	443	0	-	-	-	-	6	61,265	358,419	0%	0%	0%	0%
2005	433	4	247,713	-	61,928	247,713	7	62,982	419,364	6%	60%	98%	59%
2006	415	2	137,255	-	68,627	137,255	7	64,731	464,298	4%	28%	106%	30%
2007	398	2	156,622	-	78,311	156,622	8	66,707	513,928	4%	26%	117%	30%
2008	388	2	16,609	-	8,304	16,609	8	67,996	549,736	4%	25%	12%	3%
2009	376	11	954,151	76,496	93,695	1,030,647	9	69,575	595,459	10%	129%	135%	173%
2010	356	2	190,070	108,604	149,337	298,674	9	72,450	638,255	4%	23%	206%	47%
2011	337	8	317,539	93,444	51,373	410,982	9	75,331	680,376	9%	89%	68%	60%
2012	315	11	533,987	569,373	100,305	1,103,360	9	77,166	709,998	10%	120%	130%	155%
2013	292	8	253,076	515,085	96,020	768,162	9	81,378	744,895	9%	87%	118%	103%
2014	278	9	10,092	902,703	106,341	912,795	10	83,221	799,491	9%	89%	128%	114%
Total	4,943	70	3,510,521	2,265,705	83,011	5,776,226	99	70,786	7,037,561	25%	70%	117%	82%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1D - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1997

Calendar Year	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	2,679	2	376,506	84,890	230,698	461,396	4	69,244	268,458	4%	52%	333%	172%
2003	2,996	9	410,840	-	45,649	410,840	5	72,479	371,334	9%	176%	63%	111%
2004	2,979	1	20,568	-	20,568	20,568	6	75,180	479,026	3%	16%	27%	4%
2005	2,898	5	1,032,225	259,815	258,408	1,292,040	8	77,677	585,813	7%	66%	333%	221%
2006	2,801	9	702,673	62,244	84,991	764,917	9	79,909	696,469	9%	103%	106%	110%
2007	2,729	11	497,462	-	45,224	497,462	10	81,435	810,487	10%	111%	56%	61%
2008	2,659	10	924,102	164,575	108,868	1,088,677	11	83,663	930,172	10%	90%	130%	117%
2009	2,599	12	768,948	417,083	98,836	1,186,031	12	86,091	1,059,989	11%	97%	115%	112%
2010	2,547	16	797,171	170,648	60,489	967,819	14	88,972	1,202,373	12%	118%	68%	80%
2011	2,492	13	856,052	348,168	92,632	1,204,221	15	91,874	1,361,324	11%	88%	101%	88%
2012	2,377	12	594,701	645,667	103,364	1,240,367	15	96,045	1,469,450	11%	78%	108%	84%
2013	2,295	16	559,197	1,415,930	123,445	1,975,127	16	99,986	1,605,796	12%	100%	123%	123%
2014	2,239	27	104,837	2,001,220	78,277	2,106,057	17	102,475	1,733,250	16%	159%	76%	122%
Total	34,290	143	7,645,281	5,570,241	92,478	13,215,522	142	88,788	12,573,941	36%	101%	104%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1E - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2002

Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	0	0	-	-	-	0	55,453	38	0%	0%	0%	0%	
2003	480	2	3,816	-	1,908	3,816	0	65,074	19,529	4%	666%	3%	20%
2004	2,760	1	102,525	-	102,525	102,525	2	67,585	119,278	3%	57%	152%	86%
2005	5,891	6	292,112	-	48,685	292,112	4	70,509	307,148	7%	138%	69%	95%
2006	10,335	7	516,484	-	73,783	516,484	8	72,694	598,845	8%	85%	101%	86%
2007	14,771	15	683,884	192,588	58,432	876,473	13	74,931	991,206	12%	113%	78%	88%
2008	16,283	18	1,120,647	517,062	90,984	1,637,710	18	77,904	1,419,787	13%	99%	117%	115%
2009	16,321	18	1,376,609	92,941	81,642	1,469,549	23	81,064	1,867,971	13%	78%	101%	79%
2010	15,824	26	1,727,222	167,074	72,858	1,894,296	28	84,379	2,351,719	16%	93%	86%	81%
2011	15,440	44	2,181,990	1,054,661	73,560	3,236,651	33	88,118	2,912,048	20%	133%	83%	111%
2012	15,110	38	1,569,523	1,909,686	91,558	3,479,209	39	92,057	3,559,966	19%	98%	99%	98%
2013	14,862	40	915,135	3,498,873	110,350	4,414,008	46	96,133	4,446,167	19%	86%	115%	99%
2014	14,557	96	317,440	9,055,843	97,148	9,373,283	54	100,051	5,423,338	30%	178%	97%	173%
Total	142,633	311	10,807,387	16,488,728	87,632	27,296,115	269	89,216	24,017,041	54%	116%	98%	114%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

Exhibit 1F - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2006

Calendar Year	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2006	0	0	-	-	-	-	0	55,940	21	0%	0%	0%	0%
2007	1,180	0	-	-	-	-	1	55,362	32,855	0%	0%	0%	0%
2008	4,935	4	172,802	-	43,200	172,802	3	62,020	169,392	6%	146%	70%	102%
2009	9,333	5	71,188	114,222	37,082	185,410	6	66,398	416,551	7%	80%	56%	45%
2010	14,179	10	246,126	309,989	55,611	556,115	11	69,609	792,423	10%	88%	80%	70%
2011	15,289	17	816,804	711,519	89,901	1,528,324	16	72,804	1,193,153	13%	104%	123%	128%
2012	14,840	28	895,580	708,425	57,286	1,604,005	21	76,190	1,596,021	16%	134%	75%	101%
2013	14,499	28	432,334	1,765,910	78,509	2,198,244	26	79,641	2,061,050	16%	108%	99%	107%
2014	14,134	44	70,561	4,428,041	101,201	4,498,602	31	84,169	2,634,912	20%	142%	120%	171%
Total	88,390	136	2,705,395	8,038,106	78,735	10,743,501	116	77,023	8,896,378	36%	118%	102%	121%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1G - Claim Study
CMFG Life Insurance Company
Experience by Attained Age
All Business**

Attained Age	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
<60	97,009	48	2,630,264	3,179,695	122,225	5,809,959	35	103,900	3,644,497	21%	136%	118%	159%
60 - 69	124,318	151	5,097,403	9,125,014	94,203	14,222,417	145	98,018	14,187,876	37%	104%	96%	100%
70 - 79	43,864	282	10,513,266	12,360,492	81,191	22,873,758	266	82,374	21,889,487	51%	106%	99%	104%
80 - 89	4,943	171	6,235,577	7,163,198	78,310	13,398,775	165	72,436	11,924,234	40%	104%	108%	112%
90 +	122	9	192,074	534,381	79,958	726,455	16	56,448	878,827	9%	58%	142%	83%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1H - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business**

Policy Duration	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	104,547	91	4,580,875	2,083,474	73,234	6,664,349	83	72,953	6,022,338	29%	110%	100%	111%
4 - 6	92,062	185	7,531,854	6,712,688	77,124	14,244,541	167	81,818	13,635,567	41%	111%	94%	104%
7 - 9	49,922	173	5,921,415	11,566,207	100,933	17,487,622	169	89,185	15,110,275	40%	102%	113%	116%
10 - 12	15,890	113	3,214,252	6,274,022	83,764	9,488,273	99	89,393	8,869,079	32%	114%	94%	107%
13 +	7,836	98	3,420,189	5,726,390	93,147	9,146,579	108	82,374	8,887,662	30%	91%	113%	103%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1I - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Single Insureds**

Policy Duration	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	20,296	29	2,529,829	878,092	117,515	3,407,921	33	69,748	2,282,837	16%	89%	168%	149%
4 - 6	18,379	72	3,737,076	1,566,170	73,664	5,303,246	63	78,366	4,960,069	26%	114%	94%	107%
7 - 9	11,829	65	2,782,034	3,028,561	89,064	5,810,595	73	83,513	6,114,789	25%	89%	107%	95%
10 - 12	5,655	59	1,961,093	2,803,739	80,647	4,764,832	60	83,111	5,011,200	23%	98%	97%	95%
13 +	4,411	78	3,080,923	4,226,073	93,541	7,306,996	91	79,844	7,300,265	27%	85%	117%	100%
Total	60,569	303	14,090,955	12,502,635	87,643	26,593,590	321	79,974	25,669,160	53%	95%	110%	104%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1J - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Married Insureds**

Policy Duration	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	84,251	62	2,051,046	1,205,383	52,523	3,256,428	50	75,058	3,739,501	24%	124%	70%	87%
4 - 6	73,682	113	3,794,777	5,146,518	79,334	8,941,295	103	83,932	8,675,498	32%	109%	95%	103%
7 - 9	38,093	108	3,139,382	8,537,646	108,102	11,677,028	96	93,503	8,995,486	32%	112%	116%	130%
10 - 12	10,236	54	1,253,158	3,470,283	87,163	4,723,441	39	99,128	3,857,878	22%	139%	88%	122%
13 +	3,425	20	339,266	1,500,317	91,617	1,839,583	16	96,421	1,587,398	14%	122%	95%	116%
Total	209,687	357	10,577,629	19,860,146	85,261	30,437,775	305	88,117	26,855,761	57%	117%	97%	113%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

Exhibit 1K - Claim Study
CMFG Life Insurance Company
Experience by Issue Age
All Business

Issue Age	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
<=49	29,314	20	1,848,301	1,663,692	174,837	3,511,992	12	115,827	1,343,458	14%	173%	151%	261%
50-54	49,675	35	1,090,189	2,506,793	103,263	3,596,982	28	113,232	3,154,203	18%	125%	91%	114%
55-59	70,518	72	1,723,772	5,432,341	99,231	7,156,113	62	105,740	6,582,637	26%	116%	94%	109%
60-64	65,126	119	3,881,765	6,589,564	88,156	10,471,329	112	94,376	10,604,306	33%	106%	93%	99%
65-69	35,796	160	7,006,736	7,042,492	87,774	14,049,228	152	83,109	12,636,686	38%	105%	106%	111%
70-74	15,708	157	5,818,036	6,417,320	77,697	12,235,356	164	71,943	11,800,527	38%	96%	108%	104%
75-79	3,747	77	2,432,354	2,333,688	62,129	4,766,042	76	69,540	5,297,041	27%	101%	89%	90%
80+	373	20	867,432	376,891	61,123	1,244,322	19	56,941	1,106,063	14%	105%	107%	113%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1L - Claim Study
CMFG Life Insurance Company
Experience by Coverage Type
All Business**

Coverage Type	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Home Care Only	5,077	7	222,653	267,141	67,124	489,794	17	64,933	1,073,215	8%	44%	103%	46%
Facility Only	11,243	31	965,497	1,841,060	90,097	2,806,557	37	97,751	3,607,895	17%	84%	92%	78%
Comprehensive	253,936	622	23,480,434	30,254,580	86,394	53,735,014	572	83,598	47,843,811	76%	109%	103%	112%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1M - Claim Study
CMFG Life Insurance Company
Experience by Benefit Period
All Business**

Benefit Period	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Non-Lifetime	233,243	523	17,905,116	23,954,049	80,097	41,859,165	487	74,553	36,323,169	69%	107%	107%	115%
Lifetime	37,013	138	6,763,468	8,408,731	110,087	15,172,200	139	116,954	16,201,752	36%	99%	94%	94%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1N - Claim Study
CMFG Life Insurance Company
Experience by Elimination Period
All Business**

Elimination Period (days)	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 and 30	66,221	163	6,760,127	6,902,567	83,662	13,662,694	186	78,770	14,681,312	39%	88%	106%	93%
31 to 90	184,178	432	16,159,575	21,883,875	87,977	38,043,450	389	86,922	33,773,703	63%	111%	101%	113%
91 +	19,857	65	1,748,882	3,576,339	82,316	5,325,221	51	80,105	4,069,906	24%	127%	103%	131%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 10 - Claim Study
CMFG Life Insurance Company
Experience by Daily Benefit
All Business**

Daily Benefit	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 to 99	36,278	182	6,603,720	6,142,478	70,129	12,746,198	190	59,234	11,276,627	41%	95%	118%	113%
100 to 149	118,450	300	10,162,305	13,395,458	78,611	23,557,764	286	84,853	24,248,300	53%	105%	93%	97%
150 +	115,528	179	7,902,559	12,824,844	115,798	20,727,403	150	113,635	16,999,995	41%	120%	102%	122%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082)^{0.5}$
- 8) Expected values include product fitting factors

Exhibit 1P - Claim Study
CMFG Life Insurance Company
Experience by Inflation Protection Option
All Business

Inflation Type	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
None	47,503	272	10,839,521	9,099,140	73,278	19,938,661	289	66,265	19,126,388	50%	94%	111%	104%
Simple	31,313	64	2,385,165	3,637,683	94,167	6,022,847	55	104,549	5,787,321	24%	116%	90%	104%
Compound	191,298	320	11,157,809	19,363,460	95,269	30,521,269	279	98,137	27,415,157	54%	115%	97%	111%
GPO	142	4	286,090	262,497	137,126	548,587	2	81,739	196,055	6%	167%	168%	280%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1Q - Claim Study
CMFG Life Insurance Company
Experience by Home Health Percentage
All Business**

Home Health Percentage	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 pct	11,243	31	965,497	1,841,060	90,097	2,806,557	37	97,751	3,607,895	17%	84%	92%	78%
1 to 99 pct	58,359	216	9,869,084	8,350,462	84,224	18,219,546	231	76,618	17,673,946	45%	94%	110%	103%
100 pct	189,755	357	12,563,508	19,586,133	89,960	32,149,641	327	87,576	28,652,666	57%	109%	103%	112%
101+ pct	10,899	56	1,270,496	2,585,125	69,379	3,855,621	31	83,611	2,590,414	23%	179%	83%	149%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082)^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1R - Claim Study
CMFG Life Insurance Company
Experience by Gender
All Business**

Gender	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Female	159,371	423	15,797,167	20,940,004	86,827	36,737,171	408	87,809	35,816,191	63%	104%	99%	103%
Male	110,885	237	8,871,417	11,422,776	85,515	20,294,194	218	76,696	16,708,731	47%	109%	111%	121%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1S - Claim Study
CMFG Life Insurance Company
Experience by Risk Class
All Business**

Risk Class	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Preferred	97,197	162	5,714,901	8,690,272	89,051	14,405,173	194	83,546	16,174,024	39%	84%	107%	89%
Standard	163,003	467	18,053,020	21,397,289	84,388	39,450,309	408	84,717	34,569,851	66%	115%	100%	114%
Sub Standard	10,057	31	900,663	2,275,219	101,878	3,175,882	24	73,941	1,781,046	17%	129%	138%	178%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Count of Actual Claims} / 1,082)^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1T - Claim Study
CMFG Life Insurance Company
Experience by Marital Status
All Business**

Marital Status	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Single	60,569	303	14,090,955	12,502,635	87,643	26,593,590	321	79,974	25,669,160	53%	95%	110%	104%
Married - 1 Insured	41,971	107	2,968,403	5,737,158	81,315	8,705,561	97	81,115	7,882,689	31%	110%	100%	110%
Married - 2 Insureds	167,716	250	7,609,226	14,122,987	86,952	21,732,213	208	91,395	18,973,072	48%	120%	95%	115%
Total	270,256	660	24,668,584	32,362,780	86,356	57,031,365	626	83,940	52,524,921	78%	106%	103%	109%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2014
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2014 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Count of Actual Claims / 1,082) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit
CMFG Life Insurance Company
Long Term Care Insurance
Claim Reserve Retrospective Test

Test Valuation Date	IBNR	IBNR / Total	DLR + ICOS	Starting Claim Reserve	Claims Paid								Present Value Of Paid Claims	Present Value of Remaining Claim Reserve	Percent Remaining	Retrospective Test Reserve	Amount of Excess / (Deficiency)	Percent Excess / (Deficiency)
					2007	2008	2009	2010	2011	2012	2013	2014						
12/31/2006	1,470,000	27%	3,878,364	5,348,364	951,410	939,676	778,788	586,465	464,525	250,128	232,705	193,829	3,806,338	417,982	8%	4,224,320	1,124,044	21%
12/31/2007	1,156,000	16%	6,253,520	7,409,520		1,409,626	1,125,668	800,959	575,368	306,557	295,496	259,397	4,233,052	612,908	8%	4,845,961	2,563,560	35%
12/31/2008	960,000	12%	6,914,698	7,874,698			1,801,588	1,334,797	985,909	593,897	519,099	405,493	5,050,611	1,270,541	16%	6,321,152	1,553,546	20%
12/31/2009	1,027,000	11%	8,208,685	9,235,685				2,275,882	1,830,489	1,258,687	1,025,433	721,862	6,423,503	1,982,681	21%	8,406,184	829,502	9%
12/31/2010	566,000	5%	10,914,592	11,480,592					2,764,753	2,140,856	1,728,442	1,152,695	7,134,988	2,798,203	24%	9,933,191	1,547,401	13%
12/31/2011	559,000	4%	14,925,454	15,484,454						3,731,467	3,080,113	2,201,084	8,400,649	5,037,992	33%	13,438,641	2,045,813	13%
12/31/2012	721,000	4%	18,086,848	18,807,848							4,728,628	3,851,409	8,157,913	9,001,388	48%	17,159,301	1,648,547	9%
Average =																1,616,059	17%	

Notes:

- 1) Starting Claim Reserve is made up of ICOS, DLR, and IBNR.
- 2) Claims Paid include only claim payments for claims incurred before the test valuation date.
- 3) Present Value of Paid Claims assume middle of year payment and are discounted back to the test valuation date.
- 4) Remaining Claim Reserve as of 12/31/2014 for claims incurred prior to the test valuation date, discounted back to the test valuation date.
- 5) Present values calculated at 5.50% (both paid claims and remaining claim reserve).
- 6) Retrospective Test Reserve is the sum of present value of paid claim plus the present value of remaining claim reserve.
- 7) A minor inconsistency exists between claim incurred dates. The claim reserves are based on CMFG Life's incurred date while the paid claims are based on Milliman's date.