

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: GR-N400, et al
Project Name/Number: 2015 N400 LTC Rate Increase/None

Filing at a Glance

Company: Bankers Life and Casualty Company
Product Name: GR-N400, et al
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.003 Other
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 11/25/2015
SERFF Tr Num: BNLB-130339371
SERFF Status: Assigned
State Tr Num: BNLB-130339371
State Status: Received Review in Progress
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Brian Millsap, Sanja Zehnder, Matt Pasyk, Jody Danna, Kiu Yuen, Christopher Bartley
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 15% rate increase on 626 PA policyholders of Bankers Life LTC forms GR-N400 and GR-N410.

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: GR-N400, et al
Project Name/Number: 2015 N400 LTC Rate Increase/None

General Information

Project Name: 2015 N400 LTC Rate Increase	Status of Filing in Domicile: Pending
Project Number: None	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Illinois is our domicile state.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 15%	Filing Status Changed: 11/30/2015
	State Status Changed: 11/30/2015
Deemer Date:	Created By: Christopher Bartley
Submitted By: Christopher Bartley	Corresponding Filing Tracking Number:

Filing Description:
2015 N400 Series Long Term Care Rate Increase, Policy Form GR-N400, et al.

Company and Contact

Filing Contact Information

Matt Pasyk, Assistant Actuary	matthew.pasyk@cnoinc.com
111 East Wacker Dr. Suite 2100	312-396-6055 [Phone]
Chicago, IL 60601	312-396-5906 [FAX]

Filing Company Information

Bankers Life and Casualty	CoCode: 61263	State of Domicile: Illinois
Company	Group Code: 233	Company Type:
111 East Wacker Drive	Group Name:	State ID Number:
Chicago, IL 60601	FEIN Number: 36-0770740	
(312) 396-6000 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

BNLB-130339371

State Tracking #:

BNLB-130339371

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

GR-N400, et al

Project Name/Number:

2015 N400 LTC Rate Increase/None

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Bankers Life and Casualty Company	15.000%	15.000%	\$82,643	626	\$550,951	15.000%	15.000%

SERFF Tracking #:

BNLB-130339371

State Tracking #:

BNLB-130339371

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

GR-N400, et al

Project Name/Number:

2015 N400 LTC Rate Increase/None

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GR-N400_N410_PA.pdf	GR-N400, N410	Revised	Previous State Filing Number: Percent Rate Change Request: 15	GR-N400_N410_PA.pdf,

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N400

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

Without Increasing Benefit Option

14 Day Elimination Period

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$13.11	\$15.19	\$16.56	\$18.63	\$20.71	\$22.08	\$25.53
35-39	14.49	16.56	18.63	20.71	23.47	24.84	29.67
40-44	15.87	18.63	21.39	24.84	27.60	29.67	35.88
45-49	19.32	22.77	26.23	31.05	35.19	37.95	45.55
50	21.39	25.53	30.36	35.88	40.03	43.47	52.44
51	22.77	26.23	31.75	37.27	42.09	45.55	55.20
52	23.47	27.60	33.12	39.33	44.16	47.61	57.96
53	24.84	28.99	34.51	41.40	46.23	50.37	60.72
54	26.23	31.05	36.57	44.16	48.99	53.13	64.86
55	27.60	32.43	38.64	46.92	52.44	56.58	68.31
56	28.99	34.51	41.40	49.68	55.20	59.34	72.45
57	30.36	36.57	43.47	52.44	58.65	62.79	76.59
58	32.43	38.64	46.23	55.89	62.10	66.93	80.73
59	34.51	40.71	48.99	59.34	65.55	71.07	85.56
60	36.57	43.47	52.44	62.79	69.69	75.21	90.39
61	38.64	46.23	55.89	66.93	73.83	80.04	95.91
62	40.71	48.99	59.34	71.07	78.66	84.87	101.43
63	44.16	52.44	63.48	76.59	84.18	90.39	108.33
64	46.92	56.58	67.62	82.11	89.70	96.60	115.23
65	50.37	60.03	72.45	87.63	95.91	103.50	122.82
66	53.83	64.17	77.97	93.84	102.12	110.40	131.10
67	57.27	69.00	83.49	100.74	109.71	117.99	139.38
68	61.41	73.83	89.70	108.33	117.30	126.27	148.35
69	66.24	79.35	96.60	115.92	125.58	134.55	158.01
70	71.07	85.56	103.50	124.89	133.86	144.21	167.67
71	75.90	91.77	111.09	133.86	143.52	153.87	178.02
72	81.42	98.67	119.37	143.52	153.18	164.91	189.06
73	85.56	103.50	125.58	151.11	160.08	171.81	195.96
74	90.39	109.02	131.79	158.70	167.67	178.71	202.86
75	95.22	114.54	138.69	166.29	175.26	186.99	209.76
76	100.05	120.75	146.28	174.57	182.85	194.58	216.66
77	104.88	126.96	153.87	183.54	191.13	202.86	224.25
78	109.71	133.17	160.08	190.44	200.10	211.83	231.84
79	115.23	138.69	166.98	198.03	209.07	220.80	240.12
80	120.06	144.90	173.88	205.62	218.73	230.46	247.71
81	125.58	151.80	181.47	213.21	229.08	240.12	256.68
82	131.79	158.70	189.06	221.49	239.43	250.47	264.96
83	138.00	165.60	197.34	229.77	250.47	260.82	273.92
84	144.21	173.19	205.62	238.05	262.20	271.86	282.90

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N400 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241A

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 5% Equal Increases Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$4.83	\$5.52	\$7.59	\$8.97	\$11.73	\$12.43	\$17.95
35-39	5.52	6.91	8.97	11.73	14.49	16.56	22.77
40-44	7.59	8.97	11.73	14.49	17.95	20.01	27.60
45-49	8.97	11.04	15.19	18.63	22.77	25.53	36.57
50	10.35	13.11	16.56	21.39	26.23	28.99	40.71
51	10.35	13.80	17.25	22.08	26.91	30.36	42.09
52	11.04	13.80	17.95	22.77	28.29	31.75	43.47
53	11.73	15.19	19.32	24.15	30.36	33.81	46.23
54	12.43	15.19	20.01	24.84	31.75	35.19	48.31
55	13.11	16.56	20.71	26.23	32.43	36.57	50.37
56	13.80	17.25	21.39	27.60	34.51	39.33	52.44
57	14.49	17.95	22.77	28.99	35.88	41.40	55.20
58	14.49	18.63	24.15	30.36	37.95	42.79	57.96
59	15.19	20.01	24.84	31.75	40.03	44.85	60.72
60	15.87	20.01	25.53	33.12	42.09	46.92	63.48
61	16.56	21.39	26.91	34.51	44.16	48.99	66.24
62	17.95	22.08	28.29	36.57	45.55	51.07	69.00
63	17.95	23.47	29.67	37.95	47.61	54.51	71.76
64	19.32	24.15	31.05	39.33	50.37	57.27	75.21
65	20.01	25.53	32.43	41.40	53.13	59.34	78.66
66	20.71	26.91	33.81	43.47	55.89	62.79	82.11
67	22.08	27.60	35.19	45.55	58.65	65.55	86.25
68	22.77	28.99	37.27	47.61	61.41	69.00	89.70
69	23.47	30.36	38.64	49.68	64.86	72.45	92.46
70	24.84	31.05	40.71	51.75	68.31	75.90	96.60
71	26.23	33.12	42.09	54.51	71.76	80.04	100.74
72	26.91	33.81	44.16	56.58	75.21	83.49	105.57
73	27.60	35.19	44.85	57.96	77.28	85.56	106.26
74	28.29	35.88	46.23	58.65	79.35	87.63	107.64
75	28.29	36.57	46.92	60.03	81.42	89.01	109.02
76	28.99	37.27	47.61	61.41	83.49	91.77	110.40
77	29.67	37.95	48.99	62.10	85.56	93.84	111.09
78	30.36	38.64	50.37	63.48	84.18	91.77	107.64
79	31.05	40.03	51.07	64.17	82.80	89.70	103.50
80	31.75	40.71	52.44	65.55	80.73	86.94	100.05
81	32.43	41.40	53.13	66.93	78.66	84.87	95.22
82	33.12	42.09	54.51	67.62	76.59	82.11	91.08
83	33.81	42.79	55.20	69.00	73.83	79.35	86.25
84	34.51	43.47	56.58	70.38	71.07	75.90	81.42

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N400 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241B

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 5% Compound Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 5% Compound Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$8.97	\$11.04	\$13.80	\$17.25	\$20.71	\$23.47	\$32.43
35-39	11.04	13.80	17.25	22.08	26.23	29.67	40.03
40-44	13.80	16.56	20.71	26.23	31.75	35.19	47.61
45-49	15.87	20.01	25.53	31.75	37.95	42.79	57.96
50	17.95	21.39	26.91	34.51	42.09	46.23	62.79
51	17.95	22.77	27.60	35.88	42.79	47.61	64.17
52	18.63	22.77	28.99	36.57	44.16	48.99	66.24
53	18.63	24.15	30.36	37.95	46.23	51.07	69.00
54	19.32	24.15	31.05	39.33	47.61	53.13	71.07
55	20.01	25.53	32.43	40.71	48.99	54.51	73.83
56	21.39	26.23	33.12	42.09	51.07	57.27	75.90
57	22.08	26.91	34.51	43.47	52.44	59.34	78.66
58	22.77	28.29	35.88	44.85	54.51	61.41	81.42
59	23.47	28.99	36.57	46.23	56.58	62.79	84.18
60	24.15	29.67	37.95	48.31	58.65	65.55	86.94
61	24.84	31.05	38.64	49.68	60.72	67.62	89.01
62	25.53	31.75	40.03	51.07	62.10	69.69	92.46
63	26.23	33.12	41.40	52.44	64.17	72.45	95.22
64	26.91	33.81	42.79	53.83	66.93	75.21	98.67
65	27.60	35.19	44.85	56.58	69.69	77.97	102.12
66	28.29	36.57	45.55	57.96	72.45	80.73	104.88
67	29.67	37.27	46.92	60.03	74.52	83.49	109.02
68	31.05	38.64	48.99	62.10	77.97	86.94	111.78
69	31.75	40.03	50.37	64.17	80.73	90.39	115.23
70	32.43	40.71	52.44	66.24	84.87	93.84	119.37
71	33.81	42.09	53.83	68.31	87.63	97.29	122.82
72	34.51	43.47	55.89	71.07	91.77	100.74	126.96
73	35.19	44.16	56.58	71.76	93.15	102.12	126.96
74	35.19	44.85	57.27	72.45	94.53	104.19	127.65
75	35.88	45.55	57.96	73.14	95.91	104.88	127.65
76	35.88	45.55	57.96	73.83	97.98	106.95	128.34
77	36.57	46.23	58.65	74.52	99.36	108.33	128.34
78	37.27	46.23	60.03	75.21	97.29	105.57	124.20
79	37.27	47.61	60.72	75.90	95.22	103.50	119.37
80	37.95	48.31	61.41	76.59	93.15	100.05	115.23
81	38.64	48.31	62.10	77.28	90.39	97.29	109.71
82	38.64	48.99	62.79	77.97	88.32	93.84	104.19
83	39.33	49.68	63.48	78.66	84.87	90.39	98.67
84	40.03	50.37	64.17	80.04	81.42	86.94	93.15

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N400 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241B

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 4% Compound Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 4% Compound Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$6.21	\$7.59	\$9.67	\$11.73	\$13.80	\$15.19	\$20.71
35-39	7.59	8.97	11.73	15.19	17.25	19.32	26.23
40-44	9.67	11.04	14.49	17.95	21.39	23.47	31.75
45-49	11.04	13.80	17.95	22.08	25.53	28.99	39.33
50	12.43	15.19	19.32	24.15	28.29	31.75	42.79
51	12.43	15.87	20.01	25.53	28.99	32.43	43.47
52	13.11	16.56	20.01	25.53	29.67	33.81	44.85
53	13.80	17.25	21.39	26.91	31.75	34.51	46.92
54	13.80	17.25	22.77	28.29	32.43	36.57	48.31
55	14.49	18.63	23.47	28.99	33.12	37.27	50.37
56	15.19	18.63	23.47	30.36	35.19	39.33	51.75
57	15.87	19.32	24.84	31.75	35.88	40.71	53.83
58	16.56	20.71	26.23	32.43	37.27	42.09	55.89
59	16.56	21.39	26.91	33.81	39.33	43.47	57.96
60	17.25	22.08	27.60	35.19	40.03	44.85	59.34
61	17.95	22.77	28.29	35.88	41.40	46.23	61.41
62	18.63	23.47	28.99	37.27	42.79	47.61	63.48
63	19.32	24.15	30.36	38.64	44.16	49.68	64.86
64	20.01	24.84	31.75	40.03	46.23	51.75	67.62
65	20.71	26.23	33.12	41.40	47.61	53.13	69.69
66	21.39	26.91	33.81	43.47	49.68	55.20	71.76
67	22.08	27.60	35.19	44.85	51.07	57.27	73.83
68	22.77	28.99	36.57	46.23	53.13	59.34	75.90
69	23.47	29.67	37.27	48.31	54.51	61.41	77.97
70	24.15	30.36	39.33	49.68	57.27	63.48	80.04
71	25.53	31.75	40.71	51.75	58.65	65.55	82.11
72	26.23	33.12	42.09	53.83	61.41	66.93	84.18
73	26.91	33.81	42.79	53.83	62.10	67.62	84.18
74	26.91	33.81	43.47	54.51	62.10	69.00	83.49
75	26.91	34.51	44.16	55.89	62.79	69.00	83.49
76	27.60	34.51	44.16	56.58	63.48	69.69	83.49
77	28.29	35.19	44.85	56.58	64.17	69.69	82.80
78	28.29	35.19	46.23	57.96	64.86	70.38	82.80
79	28.29	36.57	46.23	57.96	65.55	71.07	82.11
80	29.67	37.27	47.61	58.65	66.93	71.76	82.11
81	29.67	37.27	48.31	60.03	67.62	72.45	81.42
82	30.36	37.95	48.99	60.72	68.31	73.14	81.42
83	30.36	38.64	48.99	61.41	69.00	73.83	80.73
84	31.05	39.33	50.37	62.10	69.69	74.52	80.04

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N400 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Policy Form GR-N400

Additional Elimination Period Factors

To determine the annual premium rates for Policy Form GR-N400 for Elimination Periods other than 14 day, multiply the appropriate Elimination Period factor from below times the corresponding 14 day Elimination Period annual rate.

<u>Benefit Multiplier</u>	<u>Elimination Period</u>		
	<u>0 Day</u>	<u>28 Day</u>	<u>42 Day</u>
365	1.13	0.92	0.87
500	1.13	0.92	0.87
730	1.13	0.92	0.87
1,095	1.12	0.93	0.88
1,460	1.12	0.93	0.88
1,825	1.11	0.94	0.90
Unlimited	1.11	0.94	0.90

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 220A-PA
(When attached to Base Policy GR-N400)

Premium Rate Factors

To calculate the annual premium for Rider Form 220A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Maximum Benefit Multiplier Options					
Issue	<u>365-500</u>	<u>730</u>	<u>1,095</u>	<u>1,460-1,825</u>	<u>Unlimited</u>
<u>Age</u>					
49 & Under	0.520	0.420	0.380	0.330	0.270
50	0.500	0.390	0.350	0.300	0.250
51	0.500	0.390	0.340	0.290	0.250
52	0.500	0.390	0.330	0.290	0.240
53	0.500	0.390	0.320	0.280	0.240
54	0.470	0.360	0.320	0.280	0.230
55	0.440	0.360	0.310	0.270	0.230
56	0.440	0.350	0.310	0.270	0.220
57	0.440	0.340	0.300	0.260	0.220
58	0.420	0.330	0.290	0.260	0.220
59	0.400	0.320	0.280	0.250	0.210
60	0.390	0.310	0.280	0.250	0.210
61	0.370	0.300	0.270	0.240	0.200
62	0.360	0.290	0.260	0.240	0.200
63	0.350	0.280	0.250	0.230	0.200
64	0.340	0.270	0.250	0.230	0.190
65	0.320	0.270	0.240	0.220	0.190
66	0.310	0.260	0.240	0.220	0.180
67	0.300	0.250	0.230	0.210	0.180
68	0.290	0.240	0.220	0.200	0.180
69	0.280	0.240	0.210	0.200	0.170
70	0.280	0.230	0.210	0.190	0.170
71	0.270	0.230	0.200	0.190	0.160
72	0.260	0.220	0.190	0.180	0.160
73	0.250	0.210	0.180	0.170	0.150
74	0.230	0.200	0.170	0.160	0.150
75	0.220	0.180	0.170	0.160	0.140
76	0.200	0.170	0.160	0.150	0.140
77	0.190	0.160	0.150	0.140	0.130
78	0.180	0.150	0.140	0.130	0.120
79	0.170	0.140	0.140	0.130	0.120
80	0.160	0.140	0.130	0.120	0.110
81	0.150	0.130	0.130	0.120	0.110
82	0.140	0.120	0.120	0.110	0.100
83	0.130	0.110	0.110	0.100	0.090
84	0.120	0.100	0.110	0.100	0.090

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 226A
(When attached to Base Policy GR-N400)

Premium Rate Factors

To calculate the annual premium for Rider Form 226A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Maximum Benefit Multiplier Options

Issue Age	<u>365-500</u>	<u>730</u>	<u>1,095-1,460</u>
30-34	0.027	0.024	0.021
35-39	0.040	0.034	0.029
40-44	0.053	0.044	0.035
45-49	0.064	0.050	0.039
50	0.068	0.053	0.041
51	0.069	0.054	0.041
52	0.071	0.055	0.042
53	0.072	0.056	0.042
54	0.073	0.057	0.043
55	0.075	0.058	0.043
56	0.076	0.059	0.043
57	0.077	0.059	0.044
58	0.079	0.060	0.044
59	0.080	0.061	0.045
60	0.081	0.062	0.045
61	0.083	0.063	0.046
62	0.084	0.064	0.046
63	0.085	0.065	0.047
64	0.087	0.065	0.047
65	0.088	0.066	0.047
66	0.089	0.067	0.048
67	0.091	0.068	0.048
68	0.092	0.069	0.048
69	0.094	0.070	0.048
70	0.095	0.070	0.049
71	0.097	0.071	0.049
72	0.098	0.072	0.049
73	0.100	0.073	0.049
74	0.102	0.074	0.049
75	0.103	0.075	0.049
76	0.105	0.076	0.048
77	0.107	0.077	0.048
78	0.109	0.078	0.048
79	0.111	0.079	0.047
80	0.114	0.080	0.047
81	0.116	0.081	0.046
82	0.118	0.083	0.046
83	0.118	0.083	0.046
84	0.118	0.083	0.046

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 226G
(When attached to Base Policy GR-N400)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the base policy annual premium times the appropriate Inflation Option factor from below.

Inflation Options

Issue <u>Age</u>	<u>No Inflation</u>	<u>5% Equal Increases</u>	<u>5% Compound</u>	<u>4% Compound</u>
49 & Under	0.089	0.124	0.182	0.157
50	0.096	0.130	0.183	0.160
51	0.099	0.133	0.184	0.162
52	0.102	0.135	0.184	0.163
53	0.104	0.137	0.184	0.163
54	0.106	0.139	0.184	0.164
55	0.109	0.141	0.184	0.165
56	0.111	0.142	0.184	0.165
57	0.114	0.144	0.184	0.166
58	0.115	0.145	0.182	0.165
59	0.116	0.145	0.181	0.164
60	0.117	0.145	0.179	0.163
61	0.119	0.146	0.178	0.163
62	0.120	0.146	0.176	0.162
63	0.119	0.145	0.173	0.159
64	0.119	0.143	0.169	0.156
65	0.119	0.142	0.166	0.154
66	0.118	0.140	0.163	0.151
67	0.118	0.139	0.159	0.149
68	0.115	0.135	0.154	0.144
69	0.113	0.131	0.149	0.140
70	0.111	0.128	0.144	0.135
71	0.109	0.125	0.139	0.131
72	0.107	0.121	0.134	0.127
73	0.101	0.115	0.126	0.120
74	0.096	0.109	0.118	0.113
75	0.092	0.103	0.111	0.107
76	0.087	0.097	0.105	0.100
77	0.083	0.092	0.099	0.095
78	0.077	0.085	0.090	0.087
79	0.071	0.078	0.083	0.080
80	0.066	0.072	0.076	0.074
81	0.061	0.067	0.070	0.068
82	0.057	0.061	0.064	0.063
83	0.053	0.057	0.059	0.058
84	0.049	0.052	0.054	0.053

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N410

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

Without Increasing Benefit Option

14 Day Elimination Period

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$14.03	\$16.24	\$17.72	\$19.93	\$22.16	\$23.62	\$27.32
35-39	15.50	17.72	19.93	22.16	25.10	26.59	31.76
40-44	16.99	19.93	22.89	26.59	29.53	31.76	38.39
45-49	20.67	24.36	28.05	33.22	37.65	40.61	48.73
50	22.89	27.32	32.48	38.39	42.82	46.52	56.12
51	24.36	28.05	33.96	39.87	45.04	48.73	59.06
52	25.10	29.53	35.44	42.08	47.25	50.95	62.01
53	26.59	31.01	36.92	44.30	49.46	53.89	64.97
54	28.05	33.22	39.13	47.25	52.42	56.85	69.40
55	29.53	34.70	41.35	50.20	56.12	60.54	73.09
56	31.01	36.92	44.30	53.16	59.06	63.49	77.52
57	32.48	39.13	46.52	56.12	62.75	67.18	81.95
58	34.70	41.35	49.46	59.80	66.46	71.61	86.38
59	36.92	43.56	52.42	63.49	70.14	76.05	91.55
60	39.13	46.52	56.12	67.18	74.57	80.48	96.71
61	41.35	49.46	59.80	71.61	79.00	85.65	102.62
62	43.56	52.42	63.49	76.05	84.16	90.82	108.53
63	47.25	56.12	67.92	81.95	90.08	96.71	115.91
64	50.20	60.54	72.35	87.85	95.99	103.36	123.29
65	53.89	64.23	77.52	93.76	102.62	110.75	131.41
66	57.59	68.66	83.43	100.42	109.28	118.12	140.28
67	61.29	73.83	89.33	107.79	117.39	126.24	149.14
68	65.72	79.00	95.99	115.91	125.52	135.12	158.74
69	70.89	84.90	103.36	124.04	134.38	143.97	169.08
70	76.05	91.55	110.75	133.64	143.24	154.31	179.41
71	81.22	98.19	118.86	143.24	153.57	164.65	190.47
72	87.12	105.58	127.72	153.57	163.91	176.45	202.30
73	91.55	110.75	134.38	161.68	171.28	183.84	209.67
74	96.71	116.65	141.01	169.81	179.41	191.21	217.06
75	101.88	122.55	148.40	177.93	187.53	200.07	224.44
76	107.05	129.21	156.51	186.78	195.64	208.20	231.83
77	112.22	135.84	164.65	196.38	204.50	217.06	239.94
78	117.39	142.49	171.28	203.77	214.11	226.66	248.07
79	123.29	148.40	178.67	211.90	223.71	236.26	256.93
80	128.46	155.05	186.05	220.01	234.03	246.59	265.05
81	134.38	162.42	194.18	228.14	245.11	256.93	274.64
82	141.01	169.81	202.30	237.00	256.19	268.00	283.50
83	147.66	177.19	211.15	245.86	268.00	279.07	293.09
84	154.31	185.31	220.01	254.70	280.55	290.89	302.70

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N410 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241A

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 5% Equal Increases Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$5.17	\$5.91	\$8.13	\$9.60	\$12.55	\$13.30	\$19.21
35-39	5.91	7.39	9.60	12.55	15.50	17.72	24.36
40-44	8.12	9.60	12.56	15.49	19.20	21.40	29.53
45-49	9.60	11.81	16.24	19.93	24.36	27.32	39.13
50	11.07	14.04	17.73	22.90	28.07	31.00	43.56
51	11.07	14.77	18.46	23.62	28.79	32.50	45.04
52	11.81	14.77	19.20	24.37	30.27	33.96	46.52
53	12.55	16.23	20.66	25.84	32.48	36.19	49.46
54	13.30	16.24	21.41	26.59	33.96	37.66	51.68
55	14.03	17.72	22.15	28.05	34.70	39.13	53.89
56	14.77	18.46	22.89	29.53	36.92	42.09	56.12
57	15.50	19.20	24.36	31.00	38.39	44.30	59.06
58	15.50	19.93	25.84	32.48	40.59	45.77	62.03
59	16.23	21.41	26.59	33.96	42.82	47.99	64.97
60	16.99	21.40	27.32	35.44	45.04	50.19	67.93
61	17.72	22.89	28.79	36.92	47.25	52.42	70.89
62	19.20	23.64	30.27	39.13	48.73	54.62	73.83
63	19.21	25.10	31.76	40.61	50.93	58.34	76.79
64	20.67	25.83	33.23	42.09	53.89	61.29	80.48
65	21.41	27.32	34.70	44.30	56.86	63.49	84.16
66	22.16	28.79	36.19	46.51	59.80	67.18	87.85
67	23.62	29.53	37.65	48.73	62.75	70.14	92.28
68	24.36	31.01	39.86	50.95	65.70	73.83	95.98
69	25.10	32.48	41.35	53.16	69.40	77.52	98.93
70	26.57	33.23	43.56	55.37	73.09	81.21	103.36
71	28.05	35.44	45.04	58.32	76.78	85.64	107.79
72	28.79	36.16	47.25	60.54	80.46	89.33	112.96
73	29.53	37.65	47.99	62.03	82.69	91.55	113.69
74	30.27	38.40	49.46	62.75	84.89	93.76	115.18
75	30.27	39.13	50.20	64.23	87.12	95.25	116.66
76	31.01	39.87	50.95	65.72	89.33	98.19	118.12
77	31.76	40.61	52.42	66.46	91.56	100.42	118.86
78	32.50	41.35	53.89	67.92	90.06	98.19	115.17
79	33.22	42.82	54.63	68.66	88.59	95.99	110.74
80	33.96	43.56	56.12	70.14	86.39	93.02	107.05
81	34.70	44.30	56.85	71.61	84.16	90.81	101.89
82	35.44	45.02	58.32	72.35	81.95	87.85	97.46
83	36.19	45.77	59.06	73.83	79.00	84.90	92.30
84	36.91	46.52	60.54	75.30	76.05	81.21	87.12

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N410 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241B

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 5% Compound Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 5% Compound Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$9.60	\$11.80	\$14.77	\$18.46	\$22.15	\$25.10	\$34.70
35-39	11.80	14.77	18.46	23.62	28.05	31.75	42.82
40-44	14.77	17.72	22.16	28.05	33.96	37.65	50.95
45-49	16.97	21.41	27.33	33.96	40.61	45.76	62.03
50	19.20	22.90	28.80	36.92	45.04	49.46	67.18
51	19.20	24.36	29.53	38.39	45.77	50.95	68.66
52	19.93	24.36	31.01	39.14	47.26	52.42	70.89
53	19.93	25.83	32.48	40.61	49.46	54.63	73.83
54	20.67	25.84	33.22	42.09	50.95	56.86	76.04
55	21.41	27.32	34.70	43.56	52.42	58.32	79.00
56	22.89	28.05	35.44	45.04	54.63	61.29	81.22
57	23.64	28.79	36.91	46.51	56.12	63.49	84.16
58	24.36	30.26	38.39	47.99	58.32	65.72	87.13
59	25.09	31.01	39.13	49.46	60.53	67.18	90.08
60	25.84	31.75	40.59	51.69	62.75	70.13	93.02
61	26.57	33.22	41.33	53.17	64.97	72.35	95.25
62	27.33	33.96	42.82	54.62	66.44	74.55	98.93
63	28.07	35.43	44.30	56.12	68.66	77.53	101.89
64	28.79	36.16	45.77	57.59	71.61	80.48	105.58
65	29.53	37.65	48.00	60.54	74.57	83.43	109.28
66	30.27	39.13	48.73	62.01	77.52	86.38	112.22
67	31.75	39.87	50.20	64.23	79.73	89.33	116.65
68	33.22	41.35	52.42	66.46	83.43	93.02	119.60
69	33.96	42.82	53.89	68.66	86.38	96.71	123.29
70	34.70	43.57	56.10	70.86	90.81	100.40	127.72
71	36.16	45.04	57.59	73.09	93.76	104.09	131.42
72	36.92	46.51	59.80	76.04	98.19	107.79	135.84
73	37.66	47.25	60.53	76.79	99.68	109.25	135.85
74	37.66	48.00	61.29	77.52	101.14	111.49	136.58
75	38.40	48.73	62.01	78.26	102.62	112.23	136.59
76	38.39	48.73	62.03	79.00	104.85	114.42	137.32
77	39.13	49.46	62.75	79.73	106.32	115.91	137.32
78	39.87	49.46	64.23	80.46	104.09	112.96	132.89
79	39.87	50.95	64.97	81.21	101.88	110.75	127.72
80	40.61	51.68	65.72	81.96	99.68	107.05	123.29
81	41.33	51.69	66.44	82.69	96.73	104.10	117.39
82	41.35	52.42	67.18	83.43	94.50	100.40	111.49
83	42.08	53.16	67.92	84.16	90.81	96.73	105.58
84	42.82	53.89	68.66	85.65	87.12	93.02	99.66

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N410 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 241B

Annual Premium Rates* - Male or Female
Per \$10 Daily Home Health Care Benefit Amount

With 4% Compound Benefit Option

14 Day Elimination Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the With 4% Compound Benefit Option

Age	Maximum Benefit Multiplier						
	365	500	730	1,095	1,460	1,825	Unlimited
30-34	\$6.65	\$8.12	\$10.34	\$12.55	\$14.77	\$16.24	\$22.16
35-39	8.12	9.60	12.55	16.23	18.46	20.66	28.05
40-44	10.32	11.81	15.50	19.20	22.89	25.09	33.96
45-49	11.80	14.77	19.20	23.62	27.33	31.00	42.09
50	13.30	16.24	20.67	25.84	30.27	33.96	45.76
51	13.29	16.99	21.41	27.32	31.01	34.70	46.52
52	14.03	17.72	21.40	27.33	31.76	36.16	48.00
53	14.77	18.46	22.89	28.79	33.96	36.92	50.20
54	14.77	18.47	24.36	30.27	34.70	39.14	51.68
55	15.50	19.93	25.10	31.01	35.43	39.87	53.89
56	16.23	19.92	25.10	32.50	37.65	42.09	55.37
57	16.99	20.67	26.57	33.96	38.39	43.57	57.60
58	17.72	22.15	28.05	34.70	39.86	45.04	59.80
59	17.72	22.90	28.80	36.19	42.08	46.51	62.03
60	18.46	23.62	29.53	37.66	42.82	47.99	63.49
61	19.20	24.36	30.27	38.40	44.30	49.46	65.72
62	19.93	25.10	31.01	39.86	45.77	50.93	67.92
63	20.67	25.83	32.50	41.35	47.25	53.17	69.40
64	21.40	26.57	33.96	42.82	49.45	55.37	72.35
65	22.16	28.05	35.44	44.30	50.95	56.85	74.57
66	22.90	28.79	36.19	46.51	53.16	59.06	76.78
67	23.62	29.53	37.65	47.99	54.63	61.29	79.00
68	24.36	31.01	39.13	49.46	56.85	63.49	81.21
69	25.10	31.75	39.87	51.68	58.32	65.70	83.43
70	25.83	32.50	42.08	53.16	61.28	67.92	85.64
71	27.32	33.96	43.56	55.37	62.75	70.13	87.85
72	28.07	35.43	45.04	57.59	65.70	71.62	90.08
73	28.80	36.16	45.76	57.59	66.46	72.35	90.08
74	28.80	36.19	46.52	58.32	66.44	73.83	89.33
75	28.79	36.92	47.25	59.80	67.18	73.83	89.33
76	29.53	36.91	47.26	60.54	67.92	74.57	89.33
77	30.27	37.66	47.99	60.54	68.67	74.57	88.59
78	30.27	37.65	49.46	62.01	69.39	75.30	88.59
79	30.27	39.13	49.46	62.01	70.13	76.05	87.85
80	31.75	39.86	50.95	62.76	71.62	76.78	87.85
81	31.75	39.87	51.68	64.23	72.36	77.52	87.13
82	32.50	40.59	52.42	64.97	73.09	78.26	87.13
83	32.48	41.35	52.42	65.72	73.83	79.00	86.39
84	33.22	42.09	53.89	66.46	74.57	79.73	85.64

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

- 0.08583 for Monthly Bank Draft/Payroll Deduction
- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

Premiums for Policy Form GR-N410 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. Multiply the rate shown above by 1.25 for special applicants who do not qualify for coverage under the current issue standards. Multiply the rate shown above by 0.90 for applicants who qualify for select coverage.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Policy Form GR-N410

Additional Elimination Period Factors

To determine the annual premium rates for Policy Form GR-N410 for Elimination Periods other than 14 day, multiply the appropriate Elimination Period factor from below times the corresponding 14 day Elimination Period annual rate.

Benefit <u>Multiplier</u>	<u>Elimination Period</u>		
	<u>0 Day</u>	<u>28 Day</u>	<u>42 Day</u>
365	1.13	0.92	0.87
500	1.13	0.92	0.87
730	1.13	0.92	0.87
1,095	1.12	0.93	0.88
1,460	1.12	0.93	0.88
1,825	1.11	0.94	0.90
Unlimited	1.11	0.94	0.90

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 220A-PA
(When attached to Base Policy GR-N410)

Premium Rate Factors

To calculate the annual premium for Rider Form 220A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Maximum Benefit Multiplier Options					
Issue	<u>365-500</u>	<u>730</u>	<u>1,095</u>	<u>1,460-1,825</u>	<u>Unlimited</u>
<u>Age</u>					
49 & Under	0.520	0.420	0.380	0.330	0.270
50	0.500	0.390	0.350	0.300	0.250
51	0.500	0.390	0.340	0.290	0.250
52	0.500	0.390	0.330	0.290	0.240
53	0.500	0.390	0.320	0.280	0.240
54	0.470	0.360	0.320	0.280	0.230
55	0.440	0.360	0.310	0.270	0.230
56	0.440	0.350	0.310	0.270	0.220
57	0.440	0.340	0.300	0.260	0.220
58	0.420	0.330	0.290	0.260	0.220
59	0.400	0.320	0.280	0.250	0.210
60	0.390	0.310	0.280	0.250	0.210
61	0.370	0.300	0.270	0.240	0.200
62	0.360	0.290	0.260	0.240	0.200
63	0.350	0.280	0.250	0.230	0.200
64	0.340	0.270	0.250	0.230	0.190
65	0.320	0.270	0.240	0.220	0.190
66	0.310	0.260	0.240	0.220	0.180
67	0.300	0.250	0.230	0.210	0.180
68	0.290	0.240	0.220	0.200	0.180
69	0.280	0.240	0.210	0.200	0.170
70	0.280	0.230	0.210	0.190	0.170
71	0.270	0.230	0.200	0.190	0.160
72	0.260	0.220	0.190	0.180	0.160
73	0.250	0.210	0.180	0.170	0.150
74	0.230	0.200	0.170	0.160	0.150
75	0.220	0.180	0.170	0.160	0.140
76	0.200	0.170	0.160	0.150	0.140
77	0.190	0.160	0.150	0.140	0.130
78	0.180	0.150	0.140	0.130	0.120
79	0.170	0.140	0.140	0.130	0.120
80	0.160	0.140	0.130	0.120	0.110
81	0.150	0.130	0.130	0.120	0.110
82	0.140	0.120	0.120	0.110	0.100
83	0.130	0.110	0.110	0.100	0.090
84	0.120	0.100	0.110	0.100	0.090

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 226A
(When attached to Base Policy GR-N410)

Premium Rate Factors

To calculate the annual premium for Rider Form 226A, multiply the base policy annual premium times the appropriate Maximum Benefit Multiplier factor from below.

<u>Maximum Benefit Multiplier Options</u>			
Issue <u>Age</u>	<u>365-500</u>	<u>730</u>	<u>1,095-1,460</u>
30-34	0.027	0.024	0.021
35-39	0.040	0.034	0.029
40-44	0.053	0.044	0.035
45-49	0.064	0.050	0.039
50	0.068	0.053	0.041
51	0.069	0.054	0.041
52	0.071	0.055	0.042
53	0.072	0.056	0.042
54	0.073	0.057	0.043
55	0.075	0.058	0.043
56	0.076	0.059	0.043
57	0.077	0.059	0.044
58	0.079	0.060	0.044
59	0.080	0.061	0.045
60	0.081	0.062	0.045
61	0.083	0.063	0.046
62	0.084	0.064	0.046
63	0.085	0.065	0.047
64	0.087	0.065	0.047
65	0.088	0.066	0.047
66	0.089	0.067	0.048
67	0.091	0.068	0.048
68	0.092	0.069	0.048
69	0.094	0.070	0.048
70	0.095	0.070	0.049
71	0.097	0.071	0.049
72	0.098	0.072	0.049
73	0.100	0.073	0.049
74	0.102	0.074	0.049
75	0.103	0.075	0.049
76	0.105	0.076	0.048
77	0.107	0.077	0.048
78	0.109	0.078	0.048
79	0.111	0.079	0.047
80	0.114	0.080	0.047
81	0.116	0.081	0.046
82	0.118	0.083	0.046
83	0.118	0.083	0.046
84	0.118	0.083	0.046

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60601

Rider Form 226G
(When attached to Base Policy GR-N410)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the base policy annual premium times the appropriate Inflation Option factor from below.

Inflation Options

Issue <u>Age</u>	<u>No Inflation</u>	<u>5% Equal Increases</u>	<u>5% Compound</u>	<u>4% Compound</u>
49 & Under	0.089	0.124	0.182	0.157
50	0.096	0.130	0.183	0.160
51	0.099	0.133	0.184	0.162
52	0.102	0.135	0.184	0.163
53	0.104	0.137	0.184	0.163
54	0.106	0.139	0.184	0.164
55	0.109	0.141	0.184	0.165
56	0.111	0.142	0.184	0.165
57	0.114	0.144	0.184	0.166
58	0.115	0.145	0.182	0.165
59	0.116	0.145	0.181	0.164
60	0.117	0.145	0.179	0.163
61	0.119	0.146	0.178	0.163
62	0.120	0.146	0.176	0.162
63	0.119	0.145	0.173	0.159
64	0.119	0.143	0.169	0.156
65	0.119	0.142	0.166	0.154
66	0.118	0.140	0.163	0.151
67	0.118	0.139	0.159	0.149
68	0.115	0.135	0.154	0.144
69	0.113	0.131	0.149	0.140
70	0.111	0.128	0.144	0.135
71	0.109	0.125	0.139	0.131
72	0.107	0.121	0.134	0.127
73	0.101	0.115	0.126	0.120
74	0.096	0.109	0.118	0.113
75	0.092	0.103	0.111	0.107
76	0.087	0.097	0.105	0.100
77	0.083	0.092	0.099	0.095
78	0.077	0.085	0.090	0.087
79	0.071	0.078	0.083	0.080
80	0.066	0.072	0.076	0.074
81	0.061	0.067	0.070	0.068
82	0.057	0.061	0.064	0.063
83	0.053	0.057	0.059	0.058
84	0.049	0.052	0.054	0.053

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

- .08583 for Monthly Bank Draft/Payroll Deduction
- .515 for Semi-Annual
- .2625 for Quarterly
- .09167 for Renewal Direct Bill

SERFF Tracking #:

BNLB-130339371

State Tracking #:

BNLB-130339371

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

GR-N400, et al

Project Name/Number:

2015 N400 LTC Rate Increase/None

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Transmittal Form_N400.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA Memo - N400.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	This is not a third party filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

BNLB-130339371

State Tracking #:

BNLB-130339371

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

GR-N400, et al

Project Name/Number:

2015 N400 LTC Rate Increase/None

Satisfied - Item:	Rate Table (A&H)
Comments:	N/A This is a rate filing, not a form filing. Please see our rate sheets attached to the 'Rate/Rule Schedule' tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	PA Cover Letter - N400.pdf
Item Status:	
Status Date:	

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Pennsylvania
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Bankers Life & Casualty Company 111 E. Wacker Dr. Chicago, IL 60601	Illinois		233	61263	36-0770740	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Matt Pasyk 111 E. Wacker Dr. Chicago, IL 60601	(312) 396-6055	(312) 396-5906	matthew.pasyk@cnoinc.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____


9.	Type of Insurance	LTC03I Individual Long Term Care
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10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
------------	--	-----------------------------

11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other	_____
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input checked="" type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other	_____											

12.	Filing Submission Date	12/18/2015	
13	Filing Fee (If required)	Amount <u> \$0 </u>	Check Date <u> </u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> </u>
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>Individual Policy Form Series: GR-N400, GR-N410 Rider Form Series: 220A, 226A, 226G, 228R</p> <p>Dear Commissioner:</p> <p>We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 15% higher for all policies with policy forms listed above.</p> <p>All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 2001 through 2007.</p> <p>The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There have been no previous rate increases on these policy forms. The current request is for a uniform 15% increase.</p> <p>Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 60 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.</p> <p>We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6055, fax (312)396-5906, or e-mail matthew.pasyk@cnoinc.com.</p>			

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16. Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Pennsylvania</u> .
Print Name <u>Sanja Zehnder</u> Title <u>Managing Actuary</u>

Signature _____ Date: <u>11/17/15</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)		15%		
Overall percentage rate impact for this filing		15%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	PA Memo – N400.pdf Actuarial Memorandum		<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ - ___ % <input type="checkbox"/> Other _____	
02	GR-N400_N410_PA.pdf Rates	GR-N400, N410	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +15% - ___ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ % - ___ % <input type="checkbox"/> Other _____	

LH RFA-1

Bankers Life and Casualty Company

Rate Increase Memorandum Individual Long Term Care

I. Purpose of Filing

To request a 15% rate increase due to significantly higher than anticipated future and lifetime loss ratios. The rate increase applies to the base policy forms and all riders listed in **Table 1**. These policies were generally sold from 2001-2007 nationwide.

II. Scope of Filing

This filing applies to inforce policies issued in your state. These policy forms are no longer being marketed. **Table 1** includes the issue years for these policy forms as well as the number of policyholders and average monthly premium inforce as of 9/30/2014 in your state and nationwide.

III. General Description

- A. Policy Type - **Table 1** includes a description of each Policy Form and Rider.
- B. Renewability – All Policy Forms and Riders are Guaranteed Renewable.
- C. Proposed Effective Date – Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 60 day policyholder notification period.

IV. Rate Justification Standard - Minimum Loss Ratios

Exhibit 1 contains nationwide (excluding FL and CA) experience projections by policy form or form grouping and illustrates that the anticipated lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%. The lifetime loss ratio based on claims incurred through 9/30/2014 and paid through 12/31/2014 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at 4.5%. A summary of the anticipated lifetime loss ratios with and without the requested rate increase are shown by policy form or form grouping below.

*Summary of Anticipated Lifetime Loss Ratios
By Policy Form/Form Grouping*

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N400/N410	68.7%	66.2%

Furthermore, the requested rate increase complies with the current NAIC Model where the present value of past and future projected incurred claims (both without active life reserves) is not less than 58% of the present value of past and future projected earned premiums at the original level plus 85% of the present value of past and future projected earned premiums attributable to premium rate increases.

V. Reason for Rate Increase

A rate increase is necessary at this time due to significantly higher than anticipated future and lifetime loss ratios. The higher than anticipated loss ratios are primarily driven by higher than expected claim costs, resulting in inadequate premium rates over the lifetime of the policy forms. Premiums for our currently sold policy forms already reflect updated claim cost assumptions based on emerging experience in their pricing.

VI. Actuarial Assumptions

- A. Interest - A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to the present.
- B. Mortality Rates - The 1994 GAM (sex-distinct) table has been assumed for modeling future policy terminations due to death.
- C. Lapse Rates - In addition to deaths, an ultimate annual voluntary lapse rate of 4.0% was used in the projections.
- D. Expected Claim Costs – Expected claim costs used in the projection of future experience were developed in a comprehensive 2014 actual-to-expected study performed on actual past experience to date on the affected policy forms and other similar inforce long-term care policies. A complete set of revised base claim cost tables varying by policy type, attained age, benefit multiplier, inflation protection benefit, and gender were built, and adjustment factors that reflect actual emerging experience on each policy form group generation were applied to the respective form groupings.
- E. Rate Increase History – There have been no previous rate increases on these forms.
- F. Effective Date Assumption – For the projections, the rate increase is assumed to be 50% effective in 2015 and 100% effective thereafter.

VII. Premium Rates

Premium rates are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily maximum amounts and inflation protection option. Rate Sheets for each policy form and available riders are attached.

VIII. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed, and that it complies with all the appropriate Actuarial Standards of Practice as adopted by the Actuarial Standards Board. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage, and that the benefits are reasonable in relation to the premiums charged.

A handwritten signature in black ink, appearing to read "Sanja Zehnder". The signature is written in a cursive style with a large initial 'S'.

Sanja Zehnder, FSA, MAAA
Managing Actuary

Table I

Base Policy Forms

Policy Form Series	Policy Type	Dates of Issue ⁽¹⁾	Rate Increase Request	Number of Affected Policies Inforce ⁽²⁾		Average Monthly Premium ⁽²⁾			
						Nationwide		Pennsylvania	
				Nationwide	Pennsylvania	Before Increase	After Increase	Before Increase	After Increase
GR-N400	Home Health Care	2001-2007	15.0%	22,760	570	103	118	80	92
GR-N410				9,237	56	129	149	88	101

Rider Forms Also Affected When Attached to Any of the Above Policy Forms⁽³⁾

Rider Form Series:

220A – Shortened Benefit Period Nonforfeiture Rider

228R – Return of Premium Rider

226A – Survivor Maximum Benefit Increase Rider

226G – Paid-Up Survivorship Benefit Rider

⁽¹⁾ Issue Date ranges are based on nationwide availability and may vary slightly from state to state.

⁽²⁾ Inforce Counts and Average Monthly Premium are as of 9/30/2014. Policy count is a member count since we allow two members to a policy in spousal cases. Average Monthly Premium includes Riders. Some Forms are not available in certain states.

⁽³⁾ Riders are based on nationwide availability. Some Riders are not available in certain states.

EXHIBIT I
BANKERS LIFE AND CASUALTY COMPANY
NATIONWIDE (EXCLUDING FL AND CA) EXPERIENCE PROJECTIONS WITH AND WITHOUT RATE INCREASE
POLICY FORMS: GR-N400, GR-N410

Without Interest

Year	Current Earned Premium	Incurred Claims	Loss Ratio without Proposed Rate Incr.	Active Life Reserves	Fut. Earned Premium Shock Lapse	Percent of Future Increase Implemented	Future Claim Shock Lapse	Revised Earned Premium	Revised Incurred Claims	Proposed Increased Earned Premium	Loss Ratio with Proposed Rate Incr.
2000	1,567	-	0.0%	-	0.0%	0.0%	0.0%	1,567	-	-	0.0%
2001	2,015,051	29,026	1.4%	-	0.0%	0.0%	0.0%	2,015,051	29,026	-	1.4%
2002	8,962,353	1,239,970	13.8%	-	0.0%	0.0%	0.0%	8,962,353	1,239,970	-	13.8%
2003	15,894,915	1,616,762	10.2%	-	0.0%	0.0%	0.0%	15,894,915	1,616,762	-	10.2%
2004	22,793,394	4,470,303	19.6%	-	0.0%	0.0%	0.0%	22,793,394	4,470,303	-	19.6%
2005	29,838,906	4,658,258	15.6%	-	0.0%	0.0%	0.0%	29,838,906	4,658,258	-	15.6%
2006	36,603,362	7,369,809	20.1%	-	0.0%	0.0%	0.0%	36,603,362	7,369,809	-	20.1%
2007	40,078,100	10,883,889	27.2%	-	0.0%	0.0%	0.0%	40,078,100	10,883,889	-	27.2%
2008	37,518,806	13,644,199	36.4%	-	0.0%	0.0%	0.0%	37,518,806	13,644,199	-	36.4%
2009	33,828,143	17,083,720	50.5%	-	0.0%	0.0%	0.0%	33,828,143	17,083,720	-	50.5%
2010	30,169,490	16,164,454	53.6%	-	0.0%	0.0%	0.0%	30,169,490	16,164,454	-	53.6%
2011	27,245,428	20,952,354	76.9%	-	0.0%	0.0%	0.0%	27,245,428	20,952,354	-	76.9%
2012	25,657,408	20,975,620	81.8%	-	0.0%	0.0%	0.0%	25,657,408	20,975,620	-	81.8%
2013	23,170,459	18,442,235	79.6%	-	0.0%	0.0%	0.0%	23,170,459	18,442,235	-	79.6%
2014	15,615,457	15,998,262	102.5%	-	0.0%	0.0%	0.0%	15,615,457	15,998,262	-	102.5%
Subtotal Actual	\$ 349,392,838	\$ 153,528,861	43.9%	\$ 64,042,757				\$ 349,392,838	\$ 153,528,861	\$ -	43.9%
2014	\$ 5,129,782	\$ 4,293,097	83.7%		0.0%	0.0%	0.0%	\$ 5,129,782	\$ 4,293,097	\$ -	83.7%
2015	19,172,560	17,658,235	92.1%		5.0%	50.0%	1.0%	18,213,932	17,481,652	1,366,045	89.3%
2016	17,125,993	18,164,114	106.1%		0.0%	100.0%	1.0%	16,269,693	17,800,831	2,440,454	95.1%
2017	15,220,715	18,342,492	120.5%		0.0%	100.0%	1.0%	14,459,680	17,792,217	2,168,952	107.0%
2018	13,457,217	18,281,683	135.9%		0.0%	100.0%	1.0%	12,784,356	17,550,416	1,917,653	119.4%
2019	11,834,820	18,048,344	152.5%		0.0%	100.0%	1.0%	11,243,079	17,145,927	1,686,462	132.6%
2020	10,351,606	17,688,771	170.9%		0.0%	100.0%	0.0%	9,834,025	16,804,332	1,475,104	148.6%
2021	9,004,399	17,225,066	191.3%		0.0%	100.0%	0.0%	8,554,179	16,363,813	1,283,127	166.3%
2022	7,788,799	16,676,351	214.1%		0.0%	100.0%	0.0%	7,399,359	15,842,533	1,109,904	186.2%
2023	6,699,234	16,059,724	239.7%		0.0%	100.0%	0.0%	6,364,272	15,256,738	954,641	208.5%
2024	5,729,109	15,382,443	268.5%		0.0%	100.0%	0.0%	5,442,654	14,613,321	816,398	233.5%
2025	4,871,009	14,648,581	300.7%		0.0%	100.0%	0.0%	4,627,458	13,916,152	694,119	261.5%
2026	4,116,938	13,865,895	336.8%		0.0%	100.0%	0.0%	3,911,091	13,172,600	586,664	292.9%
2027	3,458,552	13,036,270	376.9%		0.0%	100.0%	0.0%	3,285,624	12,384,456	492,844	327.8%
2028	2,887,362	12,161,864	421.2%		0.0%	100.0%	0.0%	2,742,994	11,553,771	411,449	366.3%
2029	2,394,936	11,250,751	469.8%		0.0%	100.0%	0.0%	2,275,190	10,688,213	341,278	408.5%
2030	1,973,129	10,323,972	523.2%		0.0%	100.0%	0.0%	1,874,472	9,807,774	281,171	455.0%
2031	1,614,185	9,392,934	581.9%		0.0%	100.0%	0.0%	1,533,476	8,923,287	230,021	506.0%
2032	1,310,825	8,363,331	638.0%		0.0%	100.0%	0.0%	1,245,284	7,945,165	186,793	554.8%
2033	1,056,321	7,401,562	700.7%		0.0%	100.0%	0.0%	1,003,505	7,031,484	150,526	609.3%
2034	844,427	6,473,993	766.7%		0.0%	100.0%	0.0%	802,205	6,150,294	120,331	666.7%
2035	669,442	5,596,077	835.9%		0.0%	100.0%	0.0%	635,970	5,316,273	95,395	726.9%
2036	526,168	4,783,126	909.0%		0.0%	100.0%	0.0%	499,860	4,543,970	74,979	790.5%
2037	409,903	4,048,537	987.7%		0.0%	100.0%	0.0%	389,408	3,846,110	58,411	858.9%
2038	316,443	3,395,750	1073.1%		0.0%	100.0%	0.0%	300,621	3,225,963	45,093	933.1%
2039	242,053	2,822,958	1166.3%		0.0%	100.0%	0.0%	229,950	2,681,810	34,493	1014.1%
2040	183,440	2,325,106	1267.5%		0.0%	100.0%	0.0%	174,268	2,208,850	26,140	1102.2%
2041	137,727	1,896,884	1377.3%		0.0%	100.0%	0.0%	130,841	1,802,040	19,626	1197.6%
2042	102,447	1,533,680	1497.0%		0.0%	100.0%	0.0%	97,325	1,456,996	14,599	1301.8%
2043	75,502	1,229,637	1628.6%		0.0%	100.0%	0.0%	71,727	1,168,155	10,759	1416.2%
2044	55,137	976,638	1771.3%		0.0%	100.0%	0.0%	52,381	927,806	7,857	1540.2%
2045	39,903	768,197	1925.1%		0.0%	100.0%	0.0%	37,908	729,787	5,686	1674.0%
2046	28,623	598,105	2089.6%		0.0%	100.0%	0.0%	27,191	568,200	4,079	1817.1%
2047	20,350	460,536	2263.1%		0.0%	100.0%	0.0%	19,333	437,509	2,900	1967.9%
2048	14,340	349,896	2439.9%		0.0%	100.0%	0.0%	13,623	332,401	2,044	2121.7%
2049	10,013	262,419	2620.7%		0.0%	100.0%	0.0%	9,513	249,298	1,427	2278.8%
2050	6,928	194,404	2806.3%		0.0%	100.0%	0.0%	6,581	184,684	987	2440.2%
2051	4,747	142,234	2996.5%		0.0%	100.0%	0.0%	4,509	135,122	676	2605.7%
2052	3,217	102,695	3192.7%		0.0%	100.0%	0.0%	3,056	97,560	458	2776.2%
2053	2,153	73,091	3394.6%		0.0%	100.0%	0.0%	2,046	69,436	307	2951.8%
2054	1,422	51,225	3602.0%		0.0%	100.0%	0.0%	1,351	48,663	203	3132.2%
2055	925	35,302	3815.3%		0.0%	100.0%	0.0%	879	33,537	132	3317.7%
Subtotal Projected	\$ 148,892,802	\$ 316,385,972	212.5%					\$ 141,704,651	\$ 302,582,247	\$ 19,120,185	188.1%
Total Actual + Proj. (no interest)	\$ 498,285,639	\$ 469,914,832	94.3%					\$ 491,097,488	\$ 456,111,108	\$ 19,120,185	89.4%
<u>Present Valued to 12/31/2014 @ 4.5% interest:</u>											
Subtotal Actual	\$ 467,000,788	\$ 188,457,889	40.4%					\$ 467,000,788	\$ 188,457,889	\$ -	40.4%
Subtotal Projected	\$ 118,416,438	\$ 213,910,070	180.6%					\$ 112,757,813	\$ 205,120,396	\$ 14,790,773	160.8%
Total Actual + Proj.	\$ 585,417,226	\$ 402,367,959	68.7%					\$ 579,758,600	\$ 393,578,284	\$ 14,790,773	66.2%



November 17, 2015

Matt Pasyk, ASA
Product & Risk Management Dept

VIA SERFF

Honorable Teresa D Millier
Insurance Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120

NAIC: 233-61263
FEIN: 36-0770740

Attention: Commissioner

RE: Bankers Life & Casualty Company - Long Term Care Insurance

Individual Policy Form Series: GR-N400, GR-N410
Rider Form Series: 220A, 226A, 226G, 228R

Dear Commissioner:

We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 15% higher for all policies with policy forms listed above.

All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 2001 through 2007.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There have been no previous rate increases on these policy forms. The current request is for a uniform 15% increase.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 60 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6055, fax (312)396-5906, or e-mail matthew.pasyk@cnoinc.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Pasyk'.

Matt Pasyk, ASA
Assistant Actuary
Enclosures