

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N050 & GR-N055
Project Name/Number: 2017 Legacy Rate Increases/

Filing at a Glance

Company: Bankers Life and Casualty Company
Product Name: GR-N050 & GR-N055
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 12/29/2017
SERFF Tr Num: BNLB-131320064
SERFF Status: Assigned
State Tr Num: BNLB-131320064
State Status: Received Review in Progress
Co Tr Num:

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

State Filing Description:

Proposed 35% increase on 378 PA policyholders of Bankers Life forms GR-N050 & GR-N055.

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N050 & GR-N055
Project Name/Number: 2017 Legacy Rate Increases/

General Information

Project Name: 2017 Legacy Rate Increases
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 35%

Deemer Date:
Submitted By: Jody Danna

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/08/2016
Domicile Status Comments: Illinois is our domicile state.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/29/2017
State Status Changed: 12/29/2017
Created By: Jody Danna
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

2017 Legacy Block Rate Increases, Policy Forms GR-N050 & GR-N055

Company and Contact

Filing Contact Information

Sanja Zehnder, Managing Actuary s.zehnder@banklife.com
111 E Wacker Dr 312-396-6051 [Phone]
Suite 2100
Chicago, IL 60601

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-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

14.000%

Effective Date of Last Rate Revision:

06/27/2012

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

BNLB-128205181

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	35.000%	35.000%	\$176,666	378	\$504,760	35.000%	35.000%

SERFF Tracking #:

BNLB-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GR-N050_N055_PA.pdf	GR-N050, GR-N055	Revised	Previous State Filing Number: BNLB-128205181 Percent Rate Change Request: 14	GR-N050_N055_PA.pdf,

POLICY FORM SERIES GR-N050

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

1 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	
	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	
18-50	35.70	30.21	24.72	27.45	13.72	10.98	10.98	10.98	21.97	19.21	19.22	19.22	18-50
51	38.44	32.95	27.45	27.45	13.75	10.98	10.98	13.74	24.72	21.97	19.22	21.97	51
52	41.19	35.70	30.21	30.21	16.48	13.72	10.98	13.72	27.46	21.97	19.21	21.97	52
53	41.19	35.70	30.21	32.95	19.21	16.48	13.72	13.73	32.95	27.45	24.70	21.97	53
54	43.93	38.44	32.95	35.70	19.22	16.48	13.73	13.72	32.93	27.44	24.72	24.69	54
55	49.42	41.19	35.70	38.44	21.95	19.21	16.48	16.48	32.94	30.19	24.69	24.72	55
56	52.17	43.93	38.44	38.44	21.97	19.22	16.48	19.23	38.43	32.93	27.44	27.44	56
57	54.92	46.68	41.19	41.19	24.69	21.97	16.48	19.21	41.17	35.67	30.19	30.19	57
58	57.67	49.42	41.19	43.93	30.17	24.72	21.97	19.22	46.65	38.42	32.95	30.20	58
59	65.88	54.92	46.68	46.68	27.46	24.69	21.97	21.97	43.94	38.42	32.93	30.19	59
60	68.65	57.67	49.42	49.42	30.18	27.44	21.95	21.95	52.13	43.91	38.42	32.94	60
61	74.14	63.15	54.92	54.92	32.94	27.45	21.95	19.22	52.15	43.93	35.68	30.19	61
62	76.86	65.88	54.92	57.67	38.44	32.96	30.19	21.95	54.92	46.69	41.17	32.94	62
63	87.84	74.14	63.15	60.39	38.45	32.94	27.45	21.96	57.67	49.41	41.17	32.95	63
64	96.09	82.36	68.65	63.15	43.93	35.69	32.92	24.69	63.14	52.17	46.65	35.68	64
65	107.08	90.59	76.86	68.65	46.66	38.44	32.95	24.69	65.89	57.66	49.43	35.67	65
66	118.06	98.83	82.36	71.38	49.42	43.93	38.43	27.46	68.61	60.41	52.17	38.44	66
67	129.04	109.81	93.34	76.86	54.91	46.68	38.43	24.71	74.10	65.88	54.91	38.44	67
68	142.76	120.80	101.58	82.36	60.38	52.17	43.93	27.45	76.86	68.64	57.66	38.43	68
69	159.23	134.53	112.56	87.84	63.15	54.91	46.67	27.46	79.61	71.37	60.41	38.45	69
70	175.69	148.25	123.54	93.34	65.90	57.65	49.42	27.44	82.38	74.13	63.13	38.43	70
71	194.92	164.72	137.26	98.83	68.63	60.40	52.17	30.21	85.09	76.87	65.88	38.43	71
72	216.89	181.19	151.00	107.08	71.38	65.89	57.65	30.19	85.09	79.62	68.62	38.43	72
73	238.84	200.40	167.48	109.81	76.87	68.63	57.63	30.21	87.86	82.38	68.62	41.18	73
74	266.31	222.37	186.67	115.30	76.86	71.38	60.40	30.21	90.58	85.10	71.39	41.19	74
75	293.76	247.08	205.90	120.80	82.35	74.13	63.14	30.20	93.34	85.11	71.38	38.44	75
76	326.70	274.53	230.61	126.28	82.35	76.86	63.15	30.21	90.57	85.11	71.37	38.44	76
77	362.37	304.73	255.32	131.78	82.36	76.87	63.13	30.21	90.60	85.08	71.37	38.42	77
78	389.83	329.43	274.53	140.01	87.86	79.62	68.64	30.18	96.11	87.84	76.86	41.17	78
79	422.76	359.64	299.23	148.25	90.62	79.61	68.64	32.94	98.84	87.85	79.62	41.19	79
80	458.46	389.83	323.94	159.23	90.58	79.63	71.38	30.20	98.83	87.86	79.64	41.18	80
81	494.15	422.76	354.15	167.48	93.35	79.63	71.37	32.93	107.08	90.62	82.36	41.17	81
82	535.34	458.46	384.34	178.46	93.33	79.61	71.38	30.18	107.06	90.58	82.35	41.15	82
83	579.26	494.15	417.28	189.42	93.34	79.62	71.39	30.20	104.33	90.60	85.12	41.19	83
84	623.19	532.58	450.23	200.40	98.82	82.36	76.86	30.20	109.81	93.34	87.85	43.94	84

Premiums for Policy Form Series GR-N050 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N050

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

2 Year Benefit Period

		BENEFIT INCREASE OPTIONS														
		Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P						
Issue Age	Nrsng Hm Bnfit - Elimination Period				HHC Benefit 14 Day	Nrsng Hm Bnfit - Elimination Period				HHC Benefit 14 Day	Nrsng Hm Bnfit - Elimination Period				HHC Benefit 14 Day	Issue Age
	0 Day	30 Day	90 Day	14 Day		0 Day	30 Day	90 Day	14 Day		0 Day	30 Day	90 Day	14 Day		
18-50	46.68	41.19	35.70	41.19	21.97	19.21	16.48	21.97	41.16	35.68	30.18	30.19	18-50			
51	52.17	43.93	38.44	43.93	24.70	21.94	19.23	21.94	43.92	38.42	32.94	32.93	51			
52	54.92	46.68	41.19	46.68	27.44	24.69	21.97	24.69	46.66	41.16	35.68	35.67	52			
53	60.39	52.17	46.68	49.42	30.21	24.70	19.20	24.72	52.17	43.92	35.67	35.69	53			
54	63.15	54.92	46.68	52.17	35.68	30.19	27.45	27.44	57.63	49.40	43.92	38.43	54			
55	71.38	60.39	52.17	54.92	32.94	30.21	27.44	30.19	60.40	52.17	46.66	41.17	55			
56	74.14	63.15	54.92	60.39	41.16	35.68	30.19	30.21	65.89	57.63	49.40	41.18	56			
57	79.61	68.65	60.39	63.15	43.94	38.43	32.95	32.94	74.13	63.13	54.91	43.93	57			
58	85.11	74.14	63.15	65.88	49.42	41.16	35.68	32.96	76.88	65.89	57.63	46.69	58			
59	93.34	79.61	68.65	71.38	54.91	46.68	41.16	32.94	82.35	71.39	63.13	46.68	59			
60	101.58	87.84	76.86	74.14	54.91	46.68	38.44	35.68	85.10	71.39	60.40	49.41	60			
61	109.81	93.34	79.61	79.61	60.39	52.17	46.68	35.69	87.84	76.85	65.90	49.42	61			
62	118.06	101.58	87.84	85.11	65.89	54.91	46.68	38.44	96.07	82.37	71.39	49.42	62			
63	131.78	112.56	96.09	90.59	71.36	60.41	52.16	38.44	101.57	87.85	76.88	52.16	63			
64	148.25	126.28	107.08	96.09	76.86	65.89	57.65	41.17	104.31	93.34	82.36	52.16	64			
65	164.72	140.01	120.80	101.58	82.36	71.38	60.39	41.18	109.82	98.83	85.11	54.91	65			
66	181.19	153.75	131.78	107.08	87.85	79.61	68.63	43.92	120.79	107.06	90.60	57.65	66			
67	203.15	172.96	148.25	112.56	90.60	82.36	71.37	46.67	123.54	109.82	96.09	60.41	67			
68	225.11	192.17	164.72	120.80	98.84	87.84	76.87	49.40	129.05	115.30	98.83	60.39	68			
69	252.57	214.13	183.95	129.04	107.07	96.10	79.60	49.41	134.53	120.79	104.32	60.39	69			
70	277.29	236.09	200.40	137.26	118.03	104.33	90.60	52.17	142.74	126.28	112.56	63.14	70			
71	310.22	263.55	225.11	148.25	123.53	109.82	93.34	52.16	148.25	131.77	115.31	63.14	71			
72	345.90	293.76	249.83	156.50	131.78	118.03	98.83	57.64	153.72	137.25	118.05	65.88	72			
73	381.60	323.94	274.53	164.72	137.26	123.55	104.32	57.66	156.47	140.02	123.55	65.89	73			
74	420.03	356.89	301.98	172.96	142.75	129.04	112.56	57.64	161.96	145.51	129.02	65.88	74			
75	466.70	395.31	334.92	181.19	145.50	131.77	112.56	57.66	164.70	148.25	131.77	65.89	75			
76	513.38	436.51	367.87	189.42	150.97	134.51	118.06	60.41	170.20	150.99	134.53	65.90	76			
77	568.28	483.17	409.04	200.40	153.74	137.25	120.79	57.66	172.94	153.74	134.52	63.15	77			
78	617.70	527.09	444.73	211.39	159.22	140.02	126.29	60.41	178.43	156.50	142.77	68.62	78			
79	672.60	576.51	485.93	225.11	167.45	142.73	131.77	63.16	186.67	159.21	148.24	68.64	79			
80	730.23	625.92	532.58	241.59	172.97	148.25	134.53	60.38	192.18	164.72	148.25	68.63	80			
81	796.13	680.82	579.26	255.32	175.69	151.01	137.27	63.13	194.91	167.46	150.98	71.37	81			
82	864.76	738.48	631.40	271.79	181.20	156.48	137.27	65.89	205.89	175.71	153.75	74.12	82			
83	938.87	801.62	689.07	291.00	186.69	159.22	137.26	63.16	211.41	181.19	156.46	71.38	83			
84	1023.99	872.99	749.46	310.22	189.42	161.99	140.01	63.15	211.39	181.19	156.47	74.12	84			

Premiums for Policy Form Series GR-N050 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N050

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

3 Year Benefit Period

		BENEFIT INCREASE OPTIONS														
		Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P						
Issue Age	Nrsng Hm Bnfit - Elimination Period				HHC Benefit	Nrsng Hm Bnfit - Elimination Period				HHC Benefit	Nrsng Hm Bnfit - Elimination Period				HHC Benefit	Issue Age
	0 Day	30 Day	90 Day	14 Day		0 Day	30 Day	90 Day	14 Day		0 Day	30 Day	90 Day	14 Day		
18-50	54.92	49.42	43.93	49.42	32.92	27.45	24.72	30.19	54.90	46.67	41.17	41.18	18-50			
51	63.15	54.92	49.42	54.92	32.94	30.19	27.45	27.44	54.90	49.40	43.92	41.17	51			
52	65.88	57.67	52.17	57.67	38.44	32.94	27.44	30.17	63.16	54.90	46.66	43.91	52			
53	71.38	63.15	54.92	60.39	41.19	35.68	32.92	32.95	68.65	60.39	54.90	46.69	53			
54	79.61	68.65	60.39	63.15	43.94	38.43	35.70	35.68	74.13	65.88	60.39	52.15	54			
55	85.11	74.14	65.88	68.65	49.42	43.92	38.44	35.67	82.37	71.37	63.16	52.13	55			
56	90.59	79.61	71.38	71.38	57.66	49.42	43.92	41.19	87.86	76.88	68.65	54.92	56			
57	96.09	85.11	74.14	76.86	63.14	54.92	49.41	41.19	98.83	85.09	76.86	57.67	57			
58	107.08	93.34	82.36	82.36	65.89	57.65	52.17	41.19	101.57	87.85	76.88	57.67	58			
59	115.30	101.58	90.59	87.84	71.38	60.41	52.16	43.93	107.08	93.34	82.37	60.41	59			
60	126.28	109.81	96.09	90.59	74.13	65.88	60.40	46.67	112.57	98.83	87.86	63.15	60			
61	134.53	118.06	104.31	96.09	82.36	71.38	63.17	49.42	120.80	104.32	90.61	65.90	61			
62	148.25	129.04	112.56	101.58	87.85	76.86	68.63	52.16	126.29	109.80	98.83	65.90	62			
63	164.72	142.76	126.28	109.81	93.35	82.35	71.37	52.17	134.52	118.05	104.33	65.88	63			
64	183.95	159.23	140.01	115.30	104.32	90.60	79.60	54.90	145.48	126.26	109.81	68.65	64			
65	205.90	178.46	156.50	123.54	109.80	96.07	85.09	54.91	150.99	131.76	115.30	71.38	65			
66	227.87	197.66	172.96	129.04	123.52	107.08	93.33	60.39	161.94	140.02	123.52	74.10	66			
67	252.57	219.62	192.17	137.26	131.76	112.56	98.83	60.39	172.95	148.25	129.03	76.87	67			
68	282.78	244.34	214.13	148.25	142.74	123.53	107.08	63.14	181.18	156.47	137.27	76.86	68			
69	318.45	274.53	238.84	156.50	148.24	129.05	112.55	65.88	186.67	161.98	142.76	79.60	69			
70	351.40	304.73	266.31	167.48	161.99	140.00	120.79	68.62	200.41	172.95	150.97	82.35	70			
71	395.31	340.42	296.48	178.46	172.98	151.00	131.78	71.37	205.92	178.45	153.74	82.35	71			
72	439.25	378.86	329.43	192.17	186.67	161.97	140.02	71.38	216.88	186.67	161.98	82.36	72			
73	483.17	417.28	362.37	200.40	197.66	170.22	148.25	74.13	227.87	194.92	170.21	85.09	73			
74	535.34	461.21	400.81	211.39	208.63	178.44	153.74	74.11	233.34	200.40	172.96	85.10	74			
75	592.98	510.61	442.00	222.37	214.13	183.95	159.24	74.11	238.85	205.92	178.43	85.10	75			
76	658.87	565.53	488.67	233.36	216.88	186.68	161.98	76.86	241.58	208.64	181.19	85.09	76			
77	727.51	625.92	540.82	244.34	225.12	192.18	164.73	76.86	247.06	211.41	183.93	85.09	77			
78	793.40	680.82	587.49	260.81	233.34	200.42	172.95	79.61	258.05	222.38	192.16	87.84	78			
79	867.51	743.98	642.39	277.29	244.34	208.65	178.46	82.35	266.29	227.85	194.94	90.58	79			
80	944.37	809.87	697.31	296.48	255.32	216.87	186.68	82.37	280.02	238.82	205.90	90.62	80			
81	1032.23	883.98	760.45	315.71	260.79	222.37	192.18	85.09	290.99	247.08	214.12	93.34	81			
82	1128.32	963.59	829.06	334.92	269.03	230.61	197.67	87.86	296.48	255.31	219.63	96.09	82			
83	1,232.63	1051.46	903.20	356.89	274.52	236.08	203.15	90.60	307.46	263.53	227.86	98.83	83			
84	1,342.44	1144.79	982.81	381.60	285.51	244.31	208.64	90.58	321.19	274.52	236.10	101.57	84			

Premiums for Policy Form Series GR-N050 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N050

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

5 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	Nrsng Hm Bnfit - Elimination Period			HHC Benefit	
	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	
18-50	71.38	63.15	57.67	65.88	43.92	38.42	32.94	41.20	71.38	63.14	54.90	57.67	18-50
51	76.86	68.65	60.39	68.65	46.69	41.16	38.44	43.91	79.63	68.61	63.16	60.38	51
52	85.11	74.14	65.88	74.14	52.15	46.65	41.20	43.92	82.37	74.12	65.90	63.13	52
53	90.59	79.61	71.38	76.86	54.92	49.42	43.92	49.43	93.36	82.38	74.13	65.90	53
54	96.09	85.11	76.86	82.36	65.90	57.65	52.17	49.42	104.32	90.58	79.63	68.64	54
55	107.08	93.34	82.36	87.84	68.62	60.40	54.90	52.18	107.06	96.09	87.84	71.39	55
56	115.30	101.58	90.59	93.34	74.14	65.90	60.40	54.91	118.05	104.33	93.36	74.14	56
57	120.80	107.08	96.09	98.83	87.85	76.87	68.63	57.66	131.77	115.30	101.56	76.86	57
58	134.53	118.06	104.31	104.31	90.58	79.60	71.38	60.41	137.27	120.79	109.82	79.64	58
59	148.25	129.04	115.30	109.81	96.09	85.09	74.14	63.16	142.75	126.28	112.57	82.36	59
60	159.23	140.01	123.54	115.30	104.32	90.59	82.36	65.89	153.73	134.52	120.80	85.11	60
61	172.96	151.00	134.53	120.80	112.53	98.83	87.85	68.64	161.95	142.76	126.28	87.85	61
62	189.42	164.72	145.51	129.04	118.05	104.32	93.33	68.61	170.22	150.99	134.50	87.84	62
63	205.90	181.19	161.98	137.26	137.26	118.05	104.31	71.38	189.42	164.72	145.49	90.60	63
64	233.36	203.15	181.19	145.51	142.75	126.28	109.81	74.11	200.39	175.70	153.73	93.33	64
65	260.81	227.87	200.40	153.75	156.46	137.26	123.54	76.86	214.13	186.67	164.72	96.08	65
66	291.00	252.57	222.37	161.98	172.96	151.00	134.52	79.61	230.60	203.15	178.43	98.83	66
67	323.94	282.78	249.83	170.20	189.45	164.71	145.49	85.12	249.84	216.85	189.42	104.33	67
68	362.37	315.71	277.29	183.95	205.91	178.44	156.46	85.09	266.30	230.60	203.14	104.32	68
69	406.30	354.15	310.22	194.92	222.38	192.16	170.21	90.58	277.29	241.58	214.14	107.05	69
70	455.72	395.31	345.90	208.64	238.84	208.65	183.93	93.33	293.75	255.33	225.12	109.81	70
71	507.88	442.00	387.10	222.37	260.79	225.11	197.65	98.83	310.21	269.04	236.09	112.54	71
72	568.28	494.15	433.75	236.09	280.01	241.57	211.39	101.59	323.94	280.02	244.34	115.30	72
73	628.67	546.31	477.68	247.08	296.50	255.32	222.37	104.32	340.42	293.74	255.32	115.30	73
74	697.31	603.96	527.09	260.81	310.22	269.03	236.09	104.32	354.14	307.47	266.30	115.30	74
75	771.43	667.10	582.00	271.79	326.69	282.75	247.07	107.06	367.87	318.46	274.53	118.02	75
76	853.78	738.48	642.39	285.50	343.15	296.50	255.33	109.82	384.34	329.44	280.03	118.08	76
77	947.13	818.10	711.04	299.23	359.61	310.22	263.53	109.82	392.56	334.92	285.50	120.80	77
78	1040.47	897.71	779.65	321.20	378.84	321.19	271.80	112.55	411.78	348.65	296.49	120.80	78
79	1142.04	985.56	851.03	340.42	392.57	329.44	282.78	118.05	428.26	359.64	310.24	126.27	79
80	1,257.34	1076.14	927.90	362.37	403.56	345.91	296.49	120.80	439.25	376.12	323.95	131.78	80
81	1,372.65	1174.96	1010.26	387.10	425.52	362.39	312.96	123.52	463.94	395.33	340.42	134.50	81
82	1,498.91	1,282.05	1103.60	411.78	444.74	378.85	323.94	126.30	483.17	411.79	354.15	140.03	82
83	1,636.18	1,397.35	1199.69	439.25	463.96	395.33	340.40	129.04	507.89	433.76	373.36	142.75	83
84	1,789.92	1,526.37	1,309.49	469.45	483.16	411.78	354.14	131.78	527.07	450.23	387.09	145.49	84

Premiums for Policy Form Series GR-N050 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N050

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

Lifetime Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				
	0 Day	30 Day	90 Day	HHC Benefit 14 Day	0 Day	30 Day	90 Day	HHC Benefit 14 Day	0 Day	30 Day	90 Day	HHC Benefit 14 Day	
18-50	93.34	82.36	74.14	96.09	63.15	57.67	52.15	74.11	104.31	93.33	85.10	98.83	18-50
51	101.58	90.59	82.36	101.58	71.39	63.15	57.67	76.88	109.81	98.84	90.61	104.33	51
52	109.81	98.83	90.59	107.08	74.14	65.89	60.40	82.36	118.05	104.31	93.36	107.06	52
53	118.06	104.31	96.09	112.56	85.08	76.87	68.63	85.09	131.77	118.07	107.05	112.55	53
54	126.28	112.56	101.58	118.06	93.34	82.36	74.12	87.84	142.76	126.29	115.31	115.29	54
55	140.01	123.54	112.56	123.54	96.08	87.84	79.61	93.34	150.99	134.52	120.79	120.80	55
56	148.25	131.78	120.80	131.78	109.82	98.83	87.85	96.09	167.46	148.23	131.77	123.54	56
57	159.23	142.76	129.04	137.26	120.78	107.07	96.07	101.58	183.93	161.97	148.24	129.03	57
58	175.69	156.50	142.76	145.51	126.28	112.54	101.58	101.56	189.44	167.45	150.99	131.77	58
59	189.42	167.48	151.00	151.00	137.28	123.52	112.56	107.07	203.16	181.17	164.71	134.50	59
60	208.64	183.95	167.48	159.23	148.25	131.76	118.02	107.06	208.63	186.67	167.44	137.26	60
61	222.37	197.66	178.46	167.48	161.97	142.77	129.01	109.81	227.85	200.42	181.18	137.26	61
62	241.59	214.13	192.17	175.69	170.20	151.00	137.26	112.58	238.84	211.40	192.17	140.02	62
63	269.04	238.84	214.13	183.95	186.68	164.73	148.25	118.02	255.31	225.12	203.15	145.48	63
64	301.98	266.31	238.84	192.17	200.42	178.42	161.96	120.79	271.79	241.58	216.88	148.25	64
65	334.92	296.48	266.31	203.15	222.38	194.93	175.69	123.54	296.48	260.81	233.32	151.00	65
66	373.36	329.43	296.48	214.13	241.58	214.13	189.45	129.04	318.46	280.01	249.83	153.75	66
67	417.28	367.87	329.43	225.11	260.81	230.60	205.90	131.78	340.42	299.24	266.30	159.23	67
68	466.70	411.78	367.87	238.84	285.51	249.83	222.37	134.52	359.64	315.72	282.77	159.24	68
69	521.59	458.46	409.04	252.57	307.48	271.77	241.60	140.01	378.86	334.93	299.24	161.96	69
70	584.76	513.38	458.46	266.31	329.43	290.99	258.07	145.48	398.05	351.38	312.96	167.44	70
71	653.37	573.77	510.61	282.78	359.65	315.70	280.03	148.23	422.77	370.59	329.44	167.45	71
72	727.51	639.65	568.28	299.23	389.83	340.42	301.98	153.75	444.73	389.84	345.91	170.22	72
73	801.62	702.79	623.19	312.95	411.80	362.36	321.17	153.74	466.69	409.06	365.10	170.22	73
74	883.98	774.17	686.32	326.70	431.01	378.86	334.92	156.47	485.92	425.52	376.12	170.21	74
75	974.57	853.78	754.95	340.42	452.97	395.34	351.40	156.49	502.40	439.24	389.85	172.97	75
76	1073.40	938.87	829.06	354.15	477.69	417.29	370.63	159.24	524.34	458.47	406.32	172.93	76
77	1180.46	1032.23	911.43	370.62	499.65	436.50	384.33	159.22	543.56	474.92	420.04	170.21	77
78	1,293.02	1,128.32	996.54	392.59	527.11	461.21	403.55	161.97	571.02	499.64	433.75	175.70	78
79	1,413.82	1,232.63	1,081.63	414.54	554.54	485.90	420.04	167.45	603.97	527.10	450.23	181.19	79
80	1,545.60	1,347.94	1,169.48	439.25	587.49	510.61	436.52	172.96	636.89	554.55	469.45	186.67	80
81	1,691.10	1,471.47	1,265.58	463.96	614.93	527.09	455.72	178.43	669.84	568.28	491.39	192.17	81
82	1,850.30	1,595.02	1,372.65	491.42	645.15	546.30	469.44	181.18	705.55	590.21	507.87	194.90	82
83	2,023.28	1,726.77	1,482.46	521.59	667.08	571.02	491.40	183.96	719.25	614.95	529.84	200.42	83
84	2,190.72	1,869.53	1,606.00	551.81	697.31	592.98	507.86	186.68	752.21	639.64	549.05	203.14	84

Premiums for Policy Form Series GR-N050 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N055
Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy
1 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				
	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	
18-50	39.14	33.10	27.09	30.11	16.25	13.01	13.01	13.01	26.01	22.75	22.75	22.75	18-50
51	42.15	36.13	30.11	30.11	16.25	13.01	13.01	16.25	29.27	26.01	22.75	26.01	51
52	45.16	39.14	33.10	33.10	19.49	16.25	13.01	16.25	32.51	26.01	22.75	26.01	52
53	45.16	39.14	33.10	36.13	22.75	19.49	16.25	16.25	39.02	32.51	29.27	26.01	53
54	48.15	42.15	36.13	39.14	22.75	19.49	16.25	16.25	39.02	32.51	29.27	29.27	54
55	54.18	45.16	39.14	42.15	26.01	22.75	19.49	19.49	39.02	35.76	29.27	29.27	55
56	57.20	48.15	42.15	42.15	26.01	22.75	19.49	22.75	45.52	39.02	32.51	32.51	56
57	60.21	51.18	45.16	45.16	29.27	26.01	19.49	22.75	48.76	42.26	35.76	35.76	57
58	63.21	54.18	45.16	48.15	35.76	29.27	26.01	22.75	55.27	45.52	39.02	35.76	58
59	72.25	60.21	51.18	51.18	32.51	29.27	26.01	26.01	52.00	45.52	39.02	35.76	59
60	75.25	63.21	54.18	54.18	35.76	32.51	26.01	26.01	61.78	52.00	45.52	39.02	60
61	81.28	69.23	60.21	60.21	39.02	32.51	26.01	22.75	61.78	52.00	42.26	35.76	61
62	84.28	72.25	60.21	63.21	45.52	39.02	35.76	26.01	65.02	55.27	48.76	39.02	62
63	96.34	81.28	69.23	66.23	45.52	39.02	32.51	26.01	68.26	58.51	48.76	39.02	63
64	105.35	90.30	75.25	69.23	52.00	42.26	39.02	29.27	74.76	61.78	55.27	42.26	64
65	117.41	99.33	84.28	75.25	55.27	45.52	39.02	29.27	78.03	68.26	58.51	42.26	65
66	129.44	108.36	90.30	78.26	58.51	52.00	45.52	32.51	81.28	71.54	61.78	45.52	66
67	141.48	120.41	102.36	84.28	65.02	55.27	45.52	29.27	87.78	78.03	65.02	45.52	67
68	156.53	132.46	111.38	90.30	71.54	61.78	52.00	32.51	91.02	81.28	68.26	45.52	68
69	174.58	147.50	123.40	96.34	74.76	65.02	55.27	32.51	94.28	84.52	71.54	45.52	69
70	192.66	162.55	135.46	102.36	78.03	68.26	58.51	32.51	97.52	87.78	74.76	45.52	70
71	213.71	180.60	150.51	108.36	81.28	71.54	61.78	35.76	100.76	91.02	78.03	45.52	71
72	237.80	198.65	165.55	117.41	84.52	78.03	68.26	35.76	100.76	94.28	81.28	45.52	72
73	261.87	219.73	183.60	120.41	91.02	81.28	68.26	35.76	104.03	97.52	81.28	48.76	73
74	291.98	243.81	204.67	126.43	91.02	84.52	71.54	35.76	107.27	100.76	84.52	48.76	74
75	322.08	270.90	225.75	132.46	97.52	87.78	74.76	35.76	110.54	100.76	84.52	45.52	75
76	358.22	301.01	252.86	138.46	97.52	91.02	74.76	35.76	107.27	100.76	84.52	45.52	76
77	397.36	334.11	279.94	144.48	97.52	91.02	74.76	35.76	107.27	100.76	84.52	45.52	77
78	427.45	361.22	301.01	153.50	104.03	94.28	81.28	35.76	113.78	104.03	91.02	48.76	78
79	463.58	394.32	328.10	162.55	107.27	94.28	81.28	39.02	117.02	104.03	94.28	48.76	79
80	502.71	427.45	355.19	174.58	107.27	94.28	84.52	35.76	117.02	104.03	94.28	48.76	80
81	541.84	463.58	388.33	183.60	110.54	94.28	84.52	39.02	126.79	107.27	97.52	48.76	81
82	586.98	502.71	421.43	195.66	110.54	94.28	84.52	35.76	126.79	107.27	97.52	48.76	82
83	635.13	541.84	457.56	207.70	110.54	94.28	84.52	35.76	123.53	107.27	100.76	48.76	83
84	683.32	584.00	493.68	219.73	117.02	97.52	91.02	35.76	130.05	110.54	104.03	52.00	84

Premiums for Policy Form Series GR-N055 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N055
Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy
2 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				
	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	
18-50	51.18	45.16	39.14	45.16	26.01	22.75	19.49	26.01	48.76	42.26	35.76	35.76	18-50
51	57.20	48.15	42.15	48.15	29.27	26.01	22.75	26.01	52.00	45.52	39.02	39.02	51
52	60.21	51.18	45.16	51.18	32.51	29.27	26.01	29.27	55.27	48.76	42.26	42.26	52
53	66.23	57.20	51.18	54.18	35.76	29.27	22.75	29.27	61.78	52.00	42.26	42.26	53
54	69.23	60.21	51.18	57.20	42.26	35.76	32.51	32.51	68.26	58.51	52.00	45.52	54
55	78.26	66.23	57.20	60.21	39.02	35.76	32.51	35.76	71.54	61.78	55.27	48.76	55
56	81.28	69.23	60.21	66.23	48.76	42.26	35.76	35.76	78.03	68.26	58.51	48.76	56
57	87.30	75.25	66.23	69.23	52.00	45.52	39.02	39.02	87.78	74.76	65.02	52.00	57
58	93.31	81.28	69.23	72.25	58.51	48.76	42.26	39.02	91.02	78.03	68.26	55.27	58
59	102.36	87.30	75.25	78.26	65.02	55.27	48.76	39.02	97.52	84.52	74.76	55.27	59
60	111.38	96.34	84.28	81.28	65.02	55.27	45.52	42.26	100.76	84.52	71.54	58.51	60
61	120.41	102.36	87.30	87.30	71.54	61.78	55.27	42.26	104.03	91.02	78.03	58.51	61
62	129.44	111.38	96.34	93.31	78.03	65.02	55.27	45.52	113.78	97.52	84.52	58.51	62
63	144.48	123.40	105.35	99.33	84.52	71.54	61.78	45.52	120.29	104.03	91.02	61.78	63
64	162.55	138.46	117.41	105.35	91.02	78.03	68.26	48.76	123.53	110.54	97.52	61.78	64
65	180.60	153.50	132.46	111.38	97.52	84.52	71.54	48.76	130.05	117.02	100.76	65.02	65
66	198.65	168.55	144.48	117.41	104.03	94.28	81.28	52.00	143.05	126.79	107.27	68.26	66
67	222.75	189.62	162.55	123.40	107.27	97.52	84.52	55.27	146.29	130.05	113.78	71.54	67
68	246.82	210.71	180.60	132.46	117.02	104.03	91.02	58.51	152.79	136.54	117.02	71.54	68
69	276.93	234.78	201.68	141.48	126.79	113.78	94.28	58.51	159.30	143.05	123.53	71.54	69
70	304.01	258.86	219.73	150.51	139.79	123.53	107.27	61.78	169.05	149.54	133.29	74.76	70
71	340.13	288.97	246.82	162.55	146.29	130.05	110.54	61.78	175.57	156.03	136.54	74.76	71
72	379.27	322.08	273.92	171.59	156.03	139.79	117.02	68.26	182.05	162.54	139.79	78.03	72
73	418.43	355.19	301.01	180.60	162.54	146.29	123.53	68.26	185.31	165.78	146.29	78.03	73
74	460.57	391.32	331.11	189.62	169.05	152.79	133.29	68.26	191.81	172.29	152.79	78.03	74
75	511.74	433.49	367.25	198.65	172.29	156.03	133.29	68.26	195.05	175.57	156.03	78.03	75
76	562.91	478.63	403.38	207.70	178.81	159.30	139.79	71.54	201.56	178.81	159.30	78.03	76
77	623.11	529.78	448.52	219.73	182.05	162.54	143.05	68.26	204.80	182.05	159.30	74.76	77
78	677.28	577.96	487.66	231.78	188.55	165.78	149.54	71.54	211.30	185.31	169.05	81.28	78
79	737.49	632.14	532.82	246.82	198.30	169.05	156.03	74.76	221.05	188.55	175.57	81.28	79
80	800.70	686.31	584.00	264.88	204.80	175.57	159.30	71.54	227.57	195.05	175.57	81.28	80
81	872.94	746.52	635.13	279.94	208.06	178.81	162.54	74.76	230.81	198.30	178.81	84.52	81
82	948.20	809.74	692.33	298.00	214.54	185.31	162.54	78.03	243.82	208.06	182.05	87.78	82
83	1029.47	878.97	755.54	319.06	221.05	188.55	162.54	74.76	250.32	214.54	185.31	84.52	83
84	1122.78	957.22	821.77	340.13	224.33	191.81	165.78	74.76	250.32	214.54	185.31	87.78	84

Premiums for Policy Form Series GR-N055 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N055
Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy
3 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS													Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P					
	Nrsng Hm Bnfit - Elimination Period			Rider 190W	Nrsng Hm Bnfit - Elimination Period			Rider 190W	Nrsng Hm Bnfit - Elimination Period			Rider 190W		
	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day		
18-50	60.21	54.18	48.15	54.18	39.02	32.51	29.27	35.76	65.02	55.27	48.76	48.76	18-50	
51	69.23	60.21	54.18	60.21	39.02	35.76	32.51	32.51	65.02	58.51	52.00	48.76	51	
52	72.25	63.21	57.20	63.21	45.52	39.02	32.51	35.76	74.76	65.02	55.27	52.00	52	
53	78.26	69.23	60.21	66.23	48.76	42.26	39.02	39.02	81.28	71.54	65.02	55.27	53	
54	87.30	75.25	66.23	69.23	52.00	45.52	42.26	42.26	87.78	78.03	71.54	61.78	54	
55	93.31	81.28	72.25	75.25	58.51	52.00	45.52	42.26	97.52	84.52	74.76	61.78	55	
56	99.33	87.30	78.26	78.26	68.26	58.51	52.00	48.76	104.03	91.02	81.28	65.02	56	
57	105.35	93.31	81.28	84.28	74.76	65.02	58.51	48.76	117.02	100.76	91.02	68.26	57	
58	117.41	102.36	90.30	90.30	78.03	68.26	61.78	48.76	120.29	104.03	91.02	68.26	58	
59	126.43	111.38	99.33	96.34	84.52	71.54	61.78	52.00	126.79	110.54	97.52	71.54	59	
60	138.46	120.41	105.35	99.33	87.78	78.03	71.54	55.27	133.29	117.02	104.03	74.76	60	
61	147.50	129.44	114.39	105.35	97.52	84.52	74.76	58.51	143.05	123.53	107.27	78.03	61	
62	162.55	141.48	123.40	111.38	104.03	91.02	81.28	61.78	149.54	130.05	117.02	78.03	62	
63	180.60	156.53	138.46	120.41	110.54	97.52	84.52	61.78	159.30	139.79	123.53	78.03	63	
64	201.68	174.58	153.50	126.43	123.53	107.27	94.28	65.02	172.29	149.54	130.05	81.28	64	
65	225.75	195.66	171.59	135.46	130.05	113.78	100.76	65.02	178.81	156.03	136.54	84.52	65	
66	249.83	216.73	189.62	141.48	146.29	126.79	110.54	71.54	191.81	165.78	146.29	87.78	66	
67	276.93	240.80	210.71	150.51	156.03	133.29	117.02	71.54	204.80	175.57	152.79	91.02	67	
68	310.04	267.91	234.78	162.55	169.05	146.29	126.79	74.76	214.54	185.31	162.54	91.02	68	
69	349.16	301.01	261.87	171.59	175.57	152.79	133.29	78.03	221.05	191.81	169.05	94.28	69	
70	385.29	334.11	291.98	183.60	191.81	165.78	143.05	81.28	237.32	204.80	178.81	97.52	70	
71	433.49	373.28	325.09	195.66	204.80	178.81	156.03	84.52	243.82	211.30	182.05	97.52	71	
72	481.64	415.41	361.22	210.71	221.05	191.81	165.78	84.52	256.82	221.05	191.81	97.52	72	
73	529.78	457.56	397.36	219.73	234.08	201.56	175.57	87.78	269.81	230.81	201.56	100.76	73	
74	586.98	505.71	439.49	231.78	247.06	211.30	182.05	87.78	276.33	237.32	204.80	100.76	74	
75	650.19	559.89	484.64	243.81	253.57	217.81	188.55	87.78	282.84	243.82	211.30	100.76	75	
76	722.44	620.08	535.82	255.85	256.82	221.05	191.81	91.02	286.08	247.06	214.54	100.76	76	
77	797.70	686.31	593.00	267.91	266.57	227.57	195.05	91.02	292.59	250.32	217.81	100.76	77	
78	869.95	746.52	644.18	285.96	276.33	237.32	204.80	94.28	305.59	263.30	227.57	104.03	78	
79	951.20	815.75	704.39	304.01	289.35	247.06	211.30	97.52	315.33	269.81	230.81	107.27	79	
80	1035.49	887.99	764.59	325.09	302.33	256.82	221.05	97.52	331.60	282.84	243.82	107.27	80	
81	1131.80	969.27	833.83	346.17	308.83	263.30	227.57	100.76	344.59	292.59	253.57	110.54	81	
82	1237.17	1056.55	909.06	367.25	318.57	273.09	234.08	104.03	351.09	302.33	260.06	113.78	82	
83	1,351.57	1152.90	990.35	391.32	325.09	279.57	240.57	107.27	364.10	312.08	269.81	117.02	83	
84	1,471.97	1255.26	1077.62	418.43	338.11	289.35	247.06	107.27	380.36	325.09	279.57	120.29	84	

Premiums for Policy Form Series GR-N055 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N055
Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy
5 Year Benefit Period

Issue Age	BENEFIT INCREASE OPTIONS												Issue Age
	Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
	Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				Nrsng Hm Bnfit - Elimination Period				
	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	0 Day	30 Day	90 Day	Rider 190W 14 Day	
18-50	78.26	69.23	63.21	72.25	52.00	45.52	39.02	48.76	84.52	74.76	65.02	68.26	18-50
51	84.28	75.25	66.23	75.25	55.27	48.76	45.52	52.00	94.28	81.28	74.76	71.54	51
52	93.31	81.28	72.25	81.28	61.78	55.27	48.76	52.00	97.52	87.78	78.03	74.76	52
53	99.33	87.30	78.26	84.28	65.02	58.51	52.00	58.51	110.54	97.52	87.78	78.03	53
54	105.35	93.31	84.28	90.30	78.03	68.26	61.78	58.51	123.53	107.27	94.28	81.28	54
55	117.41	102.36	90.30	96.34	81.28	71.54	65.02	61.78	126.79	113.78	104.03	84.52	55
56	126.43	111.38	99.33	102.36	87.78	78.03	71.54	65.02	139.79	123.53	110.54	87.78	56
57	132.46	117.41	105.35	108.36	104.03	91.02	81.28	68.26	156.03	136.54	120.29	91.02	57
58	147.50	129.44	114.39	114.39	107.27	94.28	84.52	71.54	162.54	143.05	130.05	94.28	58
59	162.55	141.48	126.43	120.41	113.78	100.76	87.78	74.76	169.05	149.54	133.29	97.52	59
60	174.58	153.50	135.46	126.43	123.53	107.27	97.52	78.03	182.05	159.30	143.05	100.76	60
61	189.62	165.55	147.50	132.46	133.29	117.02	104.03	81.28	191.81	169.05	149.54	104.03	61
62	207.70	180.60	159.53	141.48	139.79	123.53	110.54	81.28	201.56	178.81	159.30	104.03	62
63	225.75	198.65	177.61	150.51	162.54	139.79	123.53	84.52	224.33	195.05	172.29	107.27	63
64	255.85	222.75	198.65	159.53	169.05	149.54	130.05	87.78	237.32	208.06	182.05	110.54	64
65	285.96	249.83	219.73	168.55	185.31	162.54	146.29	91.02	253.57	221.05	195.05	113.78	65
66	319.06	276.93	243.81	177.61	204.80	178.81	159.30	94.28	273.09	240.57	211.30	117.02	66
67	355.19	310.04	273.92	186.62	224.33	195.05	172.29	100.76	295.83	256.82	224.33	123.53	67
68	397.36	346.17	304.01	201.68	243.82	211.30	185.31	100.76	315.33	273.09	240.57	123.53	68
69	445.51	388.33	340.13	213.71	263.30	227.57	201.56	107.27	328.33	286.08	253.57	126.79	69
70	499.69	433.49	379.27	228.76	282.84	247.06	217.81	110.54	347.85	302.33	266.57	130.05	70
71	556.89	484.64	424.44	243.81	308.83	266.57	234.08	117.02	367.34	318.57	279.57	133.29	71
72	623.11	541.84	475.62	258.86	331.60	286.08	250.32	120.29	383.60	331.60	289.35	136.54	72
73	689.34	599.04	523.79	270.90	351.09	302.33	263.30	123.53	403.14	347.85	302.33	136.54	73
74	764.59	662.24	577.96	285.96	367.34	318.57	279.57	123.53	419.40	364.10	315.33	136.54	74
75	845.84	731.47	638.16	298.00	386.88	334.84	292.59	126.79	435.65	377.08	325.09	139.79	75
76	936.14	809.74	704.39	313.05	406.38	351.09	302.33	130.05	455.14	390.11	331.60	139.79	76
77	1038.50	897.02	779.64	328.10	425.87	367.34	312.08	130.05	464.89	396.63	338.11	143.05	77
78	1140.87	984.31	854.90	352.19	448.63	380.36	321.85	133.29	487.66	412.88	351.09	143.05	78
79	1252.22	1080.65	933.15	373.28	464.89	390.11	334.84	139.79	507.15	425.87	367.34	149.54	79
80	1,378.65	1179.99	1017.43	397.36	477.91	409.60	351.09	143.05	520.17	445.39	383.60	156.03	80
81	1,505.09	1288.35	1107.73	424.44	503.90	429.15	370.64	146.29	549.42	468.17	403.14	159.30	81
82	1,643.53	1,405.76	1210.10	451.53	526.68	448.63	383.60	149.54	572.17	487.66	419.40	165.78	82
83	1,794.04	1,532.18	1315.44	481.64	549.42	468.17	403.14	152.79	601.44	513.65	442.14	169.05	83
84	1,962.64	1,673.64	1,435.85	514.74	572.17	487.66	419.40	156.03	624.20	533.18	458.38	172.29	84

Premiums for Policy Form Series GR-N055 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

POLICY FORM SERIES GR-N055

Annual Premium* Per \$10 Daily Nursing Home Benefit of Base Policy

Lifetime Benefit Period

		BENEFIT INCREASE OPTIONS												
		Without Benefit Increases				Equal Increases** - Rider 184N				Compound Increases** - Rider 184P				
Issue	Nrsng Hm Bnfit - Elimination Period			Rider 190W	Nrsng Hm Bnfit - Elimination Period			Rider 190W	Nrsng Hm Bnfit - Elimination Period			Rider 190W	Issue	
Age	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	0 Day	30 Day	90 Day	14 Day	Age	
18-50	102.36	90.30	81.28	105.35	74.76	68.26	61.78	87.78	123.53	110.54	100.76	117.02	18-50	
51	111.38	99.33	90.30	111.38	84.52	74.76	68.26	91.02	130.05	117.02	107.27	123.53	51	
52	120.41	108.36	99.33	117.41	87.78	78.03	71.54	97.52	139.79	123.53	110.54	126.79	52	
53	129.44	114.39	105.35	123.40	100.76	91.02	81.28	100.76	156.03	139.79	126.79	133.29	53	
54	138.46	123.40	111.38	129.44	110.54	97.52	87.78	104.03	169.05	149.54	136.54	136.54	54	
55	153.50	135.46	123.40	135.46	113.78	104.03	94.28	110.54	178.81	159.30	143.05	143.05	55	
56	162.55	144.48	132.46	144.48	130.05	117.02	104.03	113.78	198.30	175.57	156.03	146.29	56	
57	174.58	156.53	141.48	150.51	143.05	126.79	113.78	120.29	217.81	191.81	175.57	152.79	57	
58	192.66	171.59	156.53	159.53	149.54	133.29	120.29	120.29	224.33	198.30	178.81	156.03	58	
59	207.70	183.60	165.55	165.55	162.54	146.29	133.29	126.79	240.57	214.54	195.05	159.30	59	
60	228.76	201.68	183.60	174.58	175.57	156.03	139.79	126.79	247.06	221.05	198.30	162.54	60	
61	243.81	216.73	195.66	183.60	191.81	169.05	152.79	130.05	269.81	237.32	214.54	162.54	61	
62	264.88	234.78	210.71	192.66	201.56	178.81	162.54	133.29	282.84	250.32	227.57	165.78	62	
63	294.99	261.87	234.78	201.68	221.05	195.05	175.57	139.79	302.33	266.57	240.57	172.29	63	
64	331.11	291.98	261.87	210.71	237.32	211.30	191.81	143.05	321.85	286.08	256.82	175.57	64	
65	367.25	325.09	291.98	222.75	263.30	230.81	208.06	146.29	351.09	308.83	276.33	178.81	65	
66	409.39	361.22	325.09	234.78	286.08	253.57	224.33	152.79	377.08	331.60	295.83	182.05	66	
67	457.56	403.38	361.22	246.82	308.83	273.09	243.82	156.03	403.14	354.35	315.33	188.55	67	
68	511.74	451.53	403.38	261.87	338.11	295.83	263.30	159.30	425.87	373.84	334.84	188.55	68	
69	571.93	502.71	448.52	276.93	364.10	321.85	286.08	165.78	448.63	396.63	354.35	191.81	69	
70	641.16	562.91	502.71	291.98	390.11	344.59	305.59	172.29	471.41	416.11	370.64	198.30	70	
71	716.42	629.13	559.89	310.04	425.87	373.84	331.60	175.57	500.66	438.90	390.11	198.30	71	
72	797.70	701.37	623.11	328.10	461.65	403.14	357.60	182.05	526.68	461.65	409.60	201.56	72	
73	878.97	770.59	683.32	343.17	487.66	429.15	380.36	182.05	552.66	484.41	432.39	201.56	73	
74	969.27	848.87	752.54	358.22	510.41	448.63	396.63	185.31	575.44	503.90	445.39	201.56	74	
75	1068.61	936.14	827.79	373.28	536.42	468.17	416.11	185.31	594.93	520.17	461.65	204.80	75	
76	1176.98	1029.47	909.06	388.33	565.69	494.15	438.90	188.55	620.93	542.93	481.15	204.80	76	
77	1294.37	1131.80	999.36	406.38	591.69	516.93	455.14	188.55	643.69	562.41	497.41	201.56	77	
78	1,417.78	1237.17	1092.68	430.46	624.20	546.17	477.91	191.81	676.20	591.69	513.65	208.06	78	
79	1,550.23	1,351.57	1186.02	454.55	656.69	575.44	497.41	198.30	715.23	624.20	533.18	214.54	79	
80	1,694.71	1,477.99	1282.32	481.64	695.72	604.68	516.93	204.80	754.23	656.69	555.92	221.05	80	
81	1,854.24	1,613.44	1,387.68	508.73	728.23	624.20	539.66	211.30	793.25	672.96	581.94	227.57	81	
82	2,028.86	1,748.90	1,505.09	538.84	763.99	646.96	555.92	214.54	835.50	698.96	601.44	230.81	82	
83	2,218.50	1,893.42	1,625.48	571.93	789.98	676.20	581.94	217.81	851.76	728.23	627.44	237.32	83	
84	2,402.10	2,049.92	1,760.94	605.03	825.75	702.20	601.44	221.05	890.77	757.47	650.20	240.57	84	

Premiums for Policy Form Series GR-N055 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

**To be ADDED to the 'Without Benefit Increases' rates in order to obtain the Equal Increases or Compound Increases rates.

SERFF Tracking #:

BNLB-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Transmittal Form_N050.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 - N050.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:	N/A This filing was not submitted by a third party.
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-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	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 - N050.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate History
Comments:	
Attachment(s):	Rate Increase History for Filing - Legacy 20171228.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Excel Versions of Exhibit I
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SERFF Tracking #:

BNLB-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Comments:	
Attachment(s):	Exhibit 1 - N050.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BNLB-131320064

State Tracking #:

BNLB-131320064

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N050 & GR-N055

Project Name/Number:

2017 Legacy Rate Increases/

Attachment Exhibit 1 - N050.xlsx is not a PDF document and cannot be reproduced here.

Life, Accident & Health, Annuity, Credit Transmittal Document

1. Prepared for the State of	Pennsylvania
-------------------------------------	--------------

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
	Sanja Zehnder 111 E. Wacker Dr. Chicago, IL 60601	(312) 396-6051	(312) 396-5906	s.zehnder@banklife.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	
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____

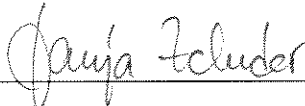
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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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>FORMS</p> <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
		<p>Rates</p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate
		<p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p>
		<p>SUPPORTING DOCUMENTATION</p> <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	5/12/2015	
13.	Filing Fee (If required)	Amount <u>\$0</u> Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>Individual Policy Form Series: GR-N050, GR-N055 Rider Form Series: 184N & 184P</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 35% 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 1992 through 2003.</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 four previous rate increases of 24%, 11%, 8%, and 14% implemented in Pennsylvania across all policies.</p> <p>Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 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) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.</p>		

16.	Certification (If required)		
	<p>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>.</p>		
	Print Name <u>Sanja Zehnder</u>	Title <u>Managing Actuary</u>	
	Signature <u></u>	Date: <u>12/29/2017</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)		35%		
Overall percentage rate impact for this filing		35%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	PA Memo – N050.doc Actuarial Memorandum		<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___ - ___ % <input type="checkbox"/> Other _____	
02	GR-N050_N055_PA Rates	GR-N050, GR-N055	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +35% - ___ % <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 35% premium 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. We are requesting a rate increase that will bring our inforce premium rates in your state up to the level that has been requested in the past and that has been implemented in most states nationwide. We have requested three 35% rate increases on these forms nationwide, and an additional 35% on inflation only policies. Ultimately, there was a rate increase of 24% in May 2006, a rate increase of 11% in November 2008, a 8% rate increase in March 2011, and a 14% rate increase in June 2012 on these policy forms in the state of Pennsylvania. This new filing would bring the rates in your state closer to the prevailing level nationwide. We are filing for this remainder of the increase in all states nationwide where the full requested amount has not yet been implemented.

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 9/30/16 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 45 day policyholder notification period.

IV. Rate Justification Standard - Minimum Loss Ratios

Exhibit 1 contains Pennsylvania only and nationwide 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 9/30/16 and paid through 12/31/2016 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. Nationwide earned premiums are restated to be at your state specific rate levels.

*Summary of Anticipated Lifetime Loss Ratios
Pennsylvania Only By Policy Form/Form Grouping
All Policies*

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N050/GR-N055	68.0%	67.4%

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

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N050/GR-N055 GR-N060/GR-N065	75.2%	74.1%

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 the future projected premiums provided from the requested rate increase.

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 - 90% of 1994 GAM (sex-distinct) table with selection factors
- C. Lapse Rates - In addition to deaths, an ultimate annual voluntary lapse rate of 1.00% and 1.25% for males and females respectively applies to comprehensive policies, and 2.00% and 2.25% for males and females respectively applies to facility-only policies.
- D. Expected Claim Costs – Expected claim costs used in the projection of future experience were developed in a comprehensive 2015 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 was a rate increase of 24% in May 2006, a rate increase of 11% in November 2008, a 8% rate increase in March 2011, and a 14% rate increase in June 2012 on these policy forms in your state.
- F. Effective Date Assumption – For the projections, the rate increase is assumed to be 50% effective in 2018 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. Claim Liability and Reserves

For reported claims, seriatim tabular reserves are calculated based on continuance tables used in pricing. The reserves are adjusted for open claims with no recent payment activity and for closed claims which may be reopened later.

For unreported claims, an IBNR reserve is calculated as the product of estimated number of IBNR cases from lag study times an average claim size based on reported cases by benefit type and incurred quarter.

The experience projections in Exhibit I contain our expected claim liability as of the valuation date. The following table provides some examples of how our claim reserves have verified out over time. We are using a discount factor of 4.5%. The relatively flat loss ratio indicates that the established reserves are closely matched to the future claim payouts.

Nationwide Experience Discounted @ 4.5%

Claims Incurred through 2003

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2003	3,089,693,365	814,060,085	248,617,074	86,441,124	1,149,118,283	37.2%
12/31/2004	3,089,693,365	941,596,551	195,661,963	5,287,974	1,142,546,488	37.0%
12/31/2005	3,089,693,365	1,022,773,280	110,501,872	105,747	1,133,380,899	36.7%
12/31/2006	3,089,693,365	1,066,788,510	63,813,513	2,036,196	1,132,638,218	36.7%
12/31/2007	3,089,693,365	1,090,419,856	40,681,698	2,846,176	1,133,947,730	36.7%
12/31/2008	3,089,693,365	1,102,964,521	26,829,611	3,759,973	1,133,554,106	36.7%
12/31/2009	3,089,693,365	1,109,809,171	19,109,005	5,076,114	1,133,994,290	36.7%
12/31/2010	3,089,693,365	1,113,943,390	16,463,040	3,739,840	1,134,146,270	36.7%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2006

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2006	4,388,252,372	1,332,890,065	360,338,277	177,266,925	1,870,495,267	42.6%
12/31/2007	4,388,252,372	1,526,646,740	293,150,198	35,231,304	1,855,028,241	42.3%
12/31/2008	4,388,252,372	1,650,936,103	167,325,048	28,511,197	1,846,772,348	42.1%
12/31/2009	4,388,252,372	1,720,938,185	101,707,191	21,079,055	1,843,724,431	42.0%
12/31/2010	4,388,252,372	1,756,770,301	71,900,244	10,895,353	1,839,565,898	41.9%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2008

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2008	5,345,583,784	1,800,699,975	445,263,061	271,380,839	2,517,343,875	47.1%
12/31/2009	5,345,583,784	2,034,742,399	349,393,299	107,608,546	2,491,744,244	46.6%
12/31/2010	5,345,583,784	2,179,898,606	222,862,031	65,411,220	2,468,171,857	46.2%

IX. 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 Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans." 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.



Sanja Zehnder, FSA, MAAA
Managing Actuary

Table I

Base Policy Forms

Policy Form Series	Policy Type	Dates of Issue	Rate Increase Request	Number of Policies Inforce		Average Monthly Premium			
						Nationwide		Pennsylvania	
				Nationwide	Pennsylvania	Before Increase	After Increase	Before Increase	After Increase
GR-N050	Long Term Care	1992-1997	35.0%	6,958	117	187	252	154	208
GR-N055	Facility Care			766	261	130	176	108	146
GR-N060	Long Term Care			76	0	188	254	NA	NA
GR-N065	Long Term Care			26	0	209	283	NA	NA

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

Rider Form Series:

- 187R - Return of Premium Nonforfeiture Riders
- 206A - Shortened Benefit Period Nonforfeiture Rider
- 223G - Shared Maximum Benefit 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 9/30/16. 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.



December 28, 2017

Sanja Zehnder, FSA, MAAA
Product & Risk Management Dept

VIA SERFF

Jessica Altman
Acting Commissioner
Commonwealth of Pennsylvania
Bureau of Rates & Policies
1311 Strawberry Square
Room 1787-41921
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-N050, GR-N055
Rider Form Series: 184N & 184P

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 35% 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 1992 through 2003.

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 four previous rate increases of 24%, 11%, 8%, and 14% implemented in Pennsylvania across all policies.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 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) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.

Sincerely,

A handwritten signature in cursive script that reads 'Sanja Zehnder'.

Sanja Zehnder, FSA, MAAA
Managing Actuary
Enclosures

Cumulative Rate Increase History
Bankers Life & Casualty Company - Legacy Block
Inforce Premium as of 09/30/2016 based on original rate levels

State	Inforce Premium at Original Rate Level		Cumulative Past Approved Increases		Approval* Dates of Past Increase Requests								Current Request		
	Non-Inflation	Inflation	Non-Inflation	Inflation	1	2	3	4	5	6	7	8	Filed	Approved*	Approved **%
AK	-	-	82.3%	146.0%	Not Req'd										
AL	599,108	244,687	146.0%	232.2%	10/26/05	9/5/08	6/21/11	5/27/16							
AR	1,052,946	275,464	143.1%	191.6%	1/11/06	11/26/08	4/29/10	11/30/11	7/14/15				11/1/17	11/21/17	3%
AZ	2,297,651	1,230,108	79.8%	120.7%	1/18/05	8/30/07	10/1/09	8/24/10	8/25/11						
CA	6,593,403	23,804,388	43.7%	31.1%	6/1/06	6/12/07	11/30/09								
CO	918,904	1,019,856	82.3%	146.0%	2/7/06	12/19/08	4/13/12								
CT	4,020,962	14,532,448	15.0%	15.0%	10/6/15								5/25/17	11/17/17	35%
DE	244,473	290,012	109.6%	166.0%	2/14/06	3/19/07	10/16/09	1/10/11	2/15/12	5/14/13	10/26/15		5/30/17		
DC	247,906	64,315	10.0%	10.0%	9/8/15								12/26/17		
FL	45,230,854	33,535,426	19.1%	19.6%	6/6/06										
GA	1,810,745	1,000,929	100.5%	118.9%	2/2/06	2/12/07	2/25/09	2/25/10	1/6/11	5/25/12	7/15/14	7/30/15	5/25/17	8/21/17	12%
HI	-	-	0.0%	0.0%											
IA	7,041,368	5,415,401	117.3%	193.4%	1/5/06	2/13/09	10/13/10	11/8/11	12/26/12	7/13/15			2/13/17	3/30/17	15%
ID	1,584,641	1,224,807	80.1%	103.3%	2/8/06	4/14/09	7/7/11						10/31/17		
IL	3,138,047	1,528,241	146.0%	231.7%	10/25/05	8/21/08	3/29/11	9/8/16							
IN	1,922,548	4,594,782	82.3%	99.0%	1/26/06	12/16/08	8/6/12								
KS	3,170,999	5,183,205	122.5%	153.1%	1/6/06	4/24/07	7/28/09	8/25/10	9/28/11	10/12/12	3/3/16				
KY	1,662,403	346,133	146.0%	192.3%	2/27/06	8/21/09	3/14/11	6/27/12	10/12/16						
LA	1,938,496	210,945	109.6%	182.9%	12/15/05	10/31/08	12/21/10	7/17/15					5/25/17	9/7/17	17%
MA	4,214,545	3,760,204	62.0%	62.0%	3/15/06	1/20/17									
MD	950,983	396,890	109.6%	166.0%	2/23/06	2/9/07	11/12/08	2/8/10	2/27/12	2/22/13	1/8/16		12/26/17		
ME	2,036,371	2,851,146	56.8%	59.5%	3/8/06	12/9/08									
MI	1,324,230	1,478,107	146.0%	232.2%	11/10/05	9/16/08	10/26/10	5/27/15							
MN	3,645,152	5,664,863	82.3%	82.3%	1/26/06	2/11/09							12/26/17		
MO	3,812,413	2,114,530	146.0%	239.7%	3/7/06	10/30/08	6/27/12	5/20/15							
MS	1,814,261	514,045	127.8%	207.4%	10/28/05	11/25/08	8/30/11	11/9/12	10/28/15				5/25/17		
MT	971,583	541,758	82.3%	146.0%	2/1/06	10/31/08	3/21/11						12/1/17		
NC	6,771,641	4,040,207	78.2%	139.9%	12/14/05	10/31/08	7/27/10	11/9/11					11/27/17		
ND	610,203	25,740	109.5%	171.0%	12/1/05	1/26/07	12/18/08	4/9/10	10/19/11	2/15/13	7/16/15		6/5/17		
NE	1,864,567	749,430	146.0%	232.2%	1/3/06	10/14/08	11/16/10	7/6/15							
NH	1,247,467	1,837,598	82.3%	146.0%	11/20/08	2/2/10	8/1/12								
NJ	3,419,477	3,159,990	9.7%	9.9%	6/29/06										
NM	426,497	296,250	109.6%	109.6%	12/9/05	5/27/09	7/10/13	9/15/15					11/2/17		
NV	349,906	380,565	48.3%	48.6%	11/29/06	9/4/15									
NY	-	-	0.0%	0.0%											
OH	3,122,017	1,042,447	108.2%	181.1%	11/8/05	10/31/08	5/23/11	4/21/16					11/1/17		
OK	1,362,903	1,666,558	92.4%	92.4%	11/28/05	12/1/09	10/13/11	1/27/16					11/1/17		
OR	2,005,170	1,834,261	142.5%	234.5%	2/10/06	11/19/08	8/18/11	12/4/15							
PA	5,425,047	1,664,089	76.4%	123.4%	3/14/06	11/3/08	1/27/11	6/27/12							
RI	99,582	126,476	82.3%	82.3%	4/3/06	9/26/08									
SC	1,664,581	1,389,144	123.6%	201.8%	12/29/05	1/15/09	5/13/11	9/25/15					4/25/17	8/30/17	10%
SD	359,272	133,465	146.0%	232.2%	11/4/05	10/6/08	10/4/11	8/27/15							
TN	3,036,954	668,783	146.0%	232.1%	12/12/05	7/23/09	4/8/11	8/20/12	11/16/15						
TX	6,503,149	3,094,089	146.0%	214.7%	1/19/06	12/9/08	1/21/11	8/10/12	7/9/15						
UT	339,358	487,447	142.2%	144.1%	1/11/06	10/23/09	11/4/15						10/31/17		
VA	3,082,350	2,574,939	82.3%	82.3%	12/21/05	6/24/09									
VT	1,095,118	1,862,199	17.5%	17.5%	5/8/06								12/1/17		
WA	1,900,675	2,770,319	146.0%	232.2%	1/24/06	4/23/07	12/24/08	1/29/10	12/15/10	7/10/15					
WI	3,808,602	5,189,339	78.6%	80.0%	3/23/06	9/21/10	7/23/14								
WV	876,028	189,486	146.0%	232.2%	12/12/05	11/21/08	12/10/10	2/1/12	11/30/15						
WY	142,790	163,629	146.0%	232.2%	10/28/05	8/11/08	10/29/10	5/26/15							

* Note: not all states require formal rate filing or approval. Approved percentage indicates amount approved for states that formally approve rates OR the rate increase that the Company has implemented for those states that do not require approval.