Filing at a Glance

Company:	CMFG Life Insurance Company
Product Name:	1997 LTC Product
State:	Virginia
TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care
Sub-TOI:	LTC05I.001 Qualified
Filing Type:	Rate
Date Submitted:	05/03/2013
SERFF Tr Num:	CUNA-128867185
SERFF Status:	Closed-Approved and Filed
State Tr Num:	CUNA-128867185
State Status:	Approved & Filed
Co Tr Num:	97-LTC-HHC1(VA)
Implementation Date Requested:	On Approval
Author(s):	Kari Hamrick, Kathy Strauser, Kimberly Steggall, Jacquie Crader
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	12/15/2015
Disposition Status:	Approved and Filed
Implementation Date:	

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

General Information

Project Name: 2013 LTC Rate Increase
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 50%

Deemer Date:
Submitted By: Kimberly Steggall

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/14/2016
State Status Changed: 12/21/2015
Created By: Kimberly Steggall
Corresponding Filing Tracking Number:
State TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care

Filing Description:

Per our conversation with Bob Grissom on January 24, 2013, this is a resubmission of SERFF Tracking #CUNA-126979673 which is still pending. We will be submitting a request to withdraw this previous filing. This new filing is being submitted under our new company name, CMFG Life Insurance Company per your request.

The purpose of this filing is to request a 50% rate increase on our Long Term Care insurance policy form 97-LTC-HHC1(VA), which was approved by the Department on March 30, 1998. The policy form was previously on record under CUNA Mutual Insurance Society. Effective January 31, 2012, CUNA Mutual Insurance Society changed its name to CMFG Life Insurance Company (CMFG Life).

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

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

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

Once state approval is received, action will be taken to implement the rate increase in a timely manner. We will offer affected policyowners some alternative options to reduce their benefits in order to possibly maintain their current premium levels. Form 2012-LTC-CHANGE is being submitted for your review and approval. Any changes that the policyholder requests will be summarized on this form by the service representative, mailed to the policyholder for their review and signature, and asked to return to our service area for processing.

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

Thank you for your time in reviewing this submission.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	12/14/2016	12/14/2016
Approved and Filed	Janet Houser	11/29/2016	11/29/2016
Approved and Filed	Janet Houser	12/21/2015	12/21/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Elsie Andy	12/13/2016	12/13/2016
Disapproved	Elsie Andy	10/29/2015	10/29/2015
Info has been requested from company	Janet Houser	10/01/2015	10/01/2015
Info has been requested from company	Janet Houser	08/14/2015	08/14/2015
Disapproved	Janet Houser	04/28/2015	04/28/2015
Disapproved	Janet Houser	04/27/2015	04/27/2015
Info has been requested from company	Janet Houser	11/19/2014	11/19/2014
Info has been requested from company	Janet Houser	11/18/2014	11/18/2014
Disapproved	Janet Houser	10/16/2014	10/16/2014
Info has been requested from company	Janet Houser	03/25/2014	03/25/2014
Disapproved	Elsie Andy	02/10/2014	02/10/2014
Disapproved	Janet Houser	01/24/2014	01/24/2014
Disapproved	Janet Houser	01/24/2014	01/24/2014

Response Letters

Responded By	Created On	Date Submitted
Kimberly Steggall	12/14/2016	12/14/2016
Kimberly Steggall	12/03/2015	12/03/2015
Kimberly Steggall	10/26/2015	10/27/2015
Kimberly Steggall	08/17/2015	08/17/2015
Kari Hamrick	07/01/2015	08/12/2015
Kimberly Steggall	04/27/2015	04/27/2015
Kimberly Steggall	01/20/2015	01/20/2015
Kimberly Steggall	01/20/2015	01/20/2015
Kimberly Steggall	11/13/2014	11/13/2014
Kimberly Steggall	05/02/2014	05/02/2014
Kimberly Steggall	03/07/2014	03/07/2014
Kimberly Steggall	03/07/2014	03/07/2014
Kimberly Steggall	03/07/2014	03/07/2014

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Bob Grissom	09/20/2013	09/20/2013
Disapproved	Bob Grissom	07/01/2013	07/01/2013

Response Letters

Responded By	Created On	Date Submitted
Kimberly Steggall	11/22/2013	11/22/2013
Kimberly Steggall	08/19/2013	08/20/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Kimberly Steggall	12/12/2016	12/12/2016
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Kimberly Steggall	12/12/2016	12/12/2016
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Kimberly Steggall	11/29/2016	11/29/2016
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Kimberly Steggall	11/28/2016	11/28/2016
Supporting Document	Certification of Readability	Kimberly Steggall	12/21/2015	12/21/2015
Supporting Document	Certification of Compliance	Kimberly Steggall	12/21/2015	12/21/2015
Supporting Document	Certification of Readability	Kimberly Steggall	12/21/2015	12/21/2015
Form	Policyholder Notice	Kimberly Steggall	12/16/2015	12/16/2015
Rate	1997 LTC New Rates	Kimberly Steggall	12/11/2015	12/11/2015
Supporting Document	State Filing Grid Status	Kimberly Steggall	09/18/2015	09/18/2015
Form	Policyholder Notice	Kimberly Steggall	08/21/2015	08/21/2015
Supporting Document	Form 2002-LTC-SBEND	Kimberly Steggall	02/19/2015	02/19/2015
Supporting Document	Policyholder Communication	Kimberly Steggall	05/08/2014	05/08/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing	Note To Reviewer	Kimberly Steggall	12/12/2016	12/12/2016
11/23/2016 Request	Note To Filer	Janet Houser	11/28/2016	11/28/2016

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing	Note To Reviewer	Kimberly Steggall	11/23/2016	11/23/2016
Certification of Compliance and Readability	Note To Filer	Janet Houser	12/21/2015	12/21/2015
Rate/Rule Schedule	Note To Filer	Janet Houser	12/11/2015	12/11/2015
10.23.15 email	Note To Filer	Janet Houser	10/23/2015	10/23/2015
State Filing Grid	Note To Filer	Janet Houser	09/18/2015	09/18/2015
Partnership Policies - Response	Note To Reviewer	Kimberly Steggall	08/18/2015	08/18/2015
partnership policies	Note To Filer	Janet Houser	08/17/2015	08/17/2015
Status Update	Note To Filer	Janet Houser	03/10/2015	03/10/2015
Request for Filing Status	Note To Reviewer	Kimberly Steggall	03/10/2015	03/10/2015
Updating policy	Note To Filer	Janet Houser	02/23/2015	02/23/2015
Objection letter	Note To Filer	Janet Houser	10/16/2014	10/16/2014
status	Note To Filer	Janet Houser	10/15/2014	10/15/2014
Request for Filing Status	Note To Reviewer	Kimberly Steggall	10/09/2014	10/09/2014
Status Update	Note To Filer	Janet Houser	09/09/2014	09/09/2014
Request for Filing Status	Note To Reviewer	Kimberly Steggall	09/08/2014	09/08/2014
Disregard Disapproval Letter	Note To Filer	Janet Houser	01/24/2014	01/24/2014
RRS	Reviewer Note	Janet Houser	12/21/2015	
Actuarial Review	Reviewer Note	Bob Grissom	12/01/2013	

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Disposition

Disposition Date: 12/15/2015
Implementation Date:
Status: Approved and Filed

Comment: This filing was reopened at the request of the Company to attach an policy form CBUL-LP-DISC-2014(VA) for review and approval. The filing has been closed as of the initial disposition date of 12/15/2015. No other changes were made.

The Virginia State Corporation Commission earlier this year adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CMFG Life Insurance Company	294.000%	52.100%	$47,636	82	$91,607	52.100%	52.100%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Supplemental Information and Attachments	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Communication Enclosure and Statement of Variability		Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rates	Received & Acknowledged	Yes
Supporting Document (revised)	State Filing Grid Status	Received & Acknowledged	Yes
Supporting Document	Exhibit 1 & 2	Received & Acknowledged	Yes
Supporting Document	1997 Exhibits	Received & Acknowledged	Yes
Supporting Document	Response to 9/20/2013 Objection	Received & Acknowledged	Yes
Supporting Document	2014-LTC-CHANGE (for VA) John Doe Version	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to 01/24/2014 Objection and Supporting Documents	Received & Acknowledged	Yes
Supporting Document (revised)	Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Exhibit 1	Received & Acknowledged	Yes
Supporting Document	Appendix B using 4.50%	Received & Acknowledged	Yes
Supporting Document	Form 2002-LTC-SBEND	Received & Acknowledged	Yes
Supporting Document (revised)	Form 2015-LTC-SBEND Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Certification of Readability	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Current Rates	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	Rate Request Summary	Withdrawn	Yes
Supporting Document	Form 2015-LTC-SBEND Statement of Variability	Withdrawn	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Readability	Withdrawn	Yes
Supporting Document	Certification of Readability	Withdrawn	Yes
Form (revised)	Benefit Change Request	Approved	Yes
Form	Change in Schedule of Benefits Endorsement	Approved	Yes
Form (revised)	Policyholder Notice	Filed	Yes
Form (revised)	Contingent Benefit Upon Lapse Option	Approved	Yes
Form (revised)	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Approved	Yes
Form	Benefit Change Request	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Withdrawn	Yes
Rate (revised)	1997 LTC New Rates	Approved	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	VA LTC 1997 New Rates	Withdrawn	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Disposition

Disposition Date: 12/15/2015
Implementation Date:
Status: Approved and Filed

Comment: As requested, this filing was reopened to amend the Statement of Variability. The filing has been closed as of the initial disposition date of 12/15/2015. No other changes were made.

The Virginia State Corporation Commission earlier this year adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CMFG Life Insurance Company	294.000%	52.100%	$47,636	82	$91,607	52.100%	52.100%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Supplemental Information and Attachments	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Communication Enclosure and Statement of Variability		Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rates	Received & Acknowledged	Yes
Supporting Document (revised)	State Filing Grid Status	Received & Acknowledged	Yes
Supporting Document	Exhibit 1 & 2	Received & Acknowledged	Yes
Supporting Document	1997 Exhibits	Received & Acknowledged	Yes
Supporting Document	Response to 9/20/2013 Objection	Received & Acknowledged	Yes
Supporting Document	2014-LTC-CHANGE (for VA) John Doe Version	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to 01/24/2014 Objection and Supporting Documents	Received & Acknowledged	Yes
Supporting Document (revised)	Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Exhibit 1	Received & Acknowledged	Yes
Supporting Document	Appendix B using 4.50%	Received & Acknowledged	Yes
Supporting Document	Form 2002-LTC-SBEND	Received & Acknowledged	Yes
Supporting Document (revised)	Form 2015-LTC-SBEND Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Certification of Readability	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Current Rates	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	Rate Request Summary	Withdrawn	Yes
Supporting Document	Form 2015-LTC-SBEND Statement of Variability	Withdrawn	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Readability	Withdrawn	Yes
Supporting Document	Certification of Readability	Withdrawn	Yes
Form (revised)	Benefit Change Request	Approved	Yes
Form	Change in Schedule of Benefits Endorsement	Approved	Yes
Form (revised)	Policyholder Notice	Filed	Yes
Form (revised)	Contingent Benefit Upon Lapse Option	Approved	Yes
Form (revised)	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Approved	Yes
Form	Benefit Change Request	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Withdrawn	Yes
Rate (revised)	1997 LTC New Rates	Approved	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	VA LTC 1997 New Rates	Withdrawn	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Disposition

Disposition Date: 12/21/2015
Implementation Date:
Status: Approved and Filed

Comment:
The Virginia State Corporation Commission earlier this year adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CMFG Life Insurance Company	294.000%	52.100%	$47,636	82	$91,607	52.100%	52.100%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Supplemental Information and Attachments	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Communication Enclosure and Statement of Variability		Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Current Rates	Received & Acknowledged	Yes
Supporting Document (revised)	State Filing Grid Status	Received & Acknowledged	Yes
Supporting Document	Exhibit 1 & 2	Received & Acknowledged	Yes
Supporting Document	1997 Exhibits	Received & Acknowledged	Yes
Supporting Document	Response to 9/20/2013 Objection	Received & Acknowledged	Yes
Supporting Document	2014-LTC-CHANGE (for VA) John Doe Version	Received & Acknowledged	Yes
Supporting Document	Response to 01/24/2014 Objection and Supporting	Received & Acknowledged	Yes

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Schedule	Schedule Item	Schedule Item Status	Public Access
	Documents		
Supporting Document (revised)	Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Exhibit 1	Received & Acknowledged	Yes
Supporting Document	Appendix B using 4.50%	Received & Acknowledged	Yes
Supporting Document	Form 2002-LTC-SBEND	Received & Acknowledged	Yes
Supporting Document (revised)	Form 2015-LTC-SBEND Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Certification of Readability	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication Enclosure and Statement of Variability	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Policyholder Communication	Withdrawn	Yes
Supporting Document	Current Rates	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	State Filing Grid Status	Withdrawn	Yes
Supporting Document	Rate Request Summary	Withdrawn	Yes
Supporting Document	Form 2015-LTC-SBEND Statement of Variability	Withdrawn	Yes
Supporting Document	Certification of Readability	Withdrawn	Yes

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Readability	Withdrawn	Yes
Form (revised)	Benefit Change Request	Approved	Yes
Form	Change in Schedule of Benefits Endorsement	Approved	Yes
Form (revised)	Policyholder Notice	Filed	Yes
Form (revised)	Contingent Benefit Upon Lapse Option	Approved	Yes
Form (revised)	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Approved	Yes
Form	Benefit Change Request	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Policyholder Notice	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Option for Limited Pay Policies	Withdrawn	Yes
Rate (revised)	1997 LTC New Rates	Approved	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	1997 LTC New Rates	Withdrawn	Yes
Rate	VA LTC 1997 New Rates	Withdrawn	Yes

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	12/13/2016
Submitted Date	12/13/2016
Respond By Date	

Dear Kimberly Steggall,

Introduction:

CMFG Life Insurance Company
SERFF Tracking No: CUNA-128867185
Form No: CBUL-LP-DISC-2014(VA)

Thank you for the submission of form CBUL-LP-DISC-2014(VA). We need some additional information in order to complete our review.

Objection 1

- Contingent Benefit Upon Lapse Option for Limited Pay Policies, CBUL-LP-DISC-2014(VA) (Form)

Comments: Please confirm that the full and proper corporate name appears in a type size of at least 10 point as required by 14 VAC 5-100-50 5.

Objection 2

- Contingent Benefit Upon Lapse Option for Limited Pay Policies, CBUL-LP-DISC-2014(VA) (Form)

Comments: Related to the comment above, all text appearing in the form including the Company address must appear in a type size of at least 10 point pursuant to 14 VAC 5-100-50.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised form to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Principal Insurance Market Examiner

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	10/29/2015
Submitted Date	10/29/2015
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for the resubmission of the forms mentioned above. We reviewed your Response Letter and we have remaining concerns regarding form CBUL-DISC-2014(VA).

Objection 1

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: We reviewed the revision to the third paragraph and our previous objection remains. We have the following concerns.

14 VAC 5-200-185 E 3 provides in part that the standard credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Previous claim payments may not be considered when calculating the maximum credit. The statement If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be the remaining amount; is not in regulatory conformity and should be removed.

<30 times the facility maximum daily benefit amount> is presented as variable language with no further explanation. Please provide us with a Statement of Variability that describes how the field is subject to change from the text as presented. Please be aware that any language presented to satisfy statutory or regulatory requirements may not be presented as variable language. Even though other variable fields in the form are self-explanatory, the Statement of Variability should address and describe all variable fields.

Objection 2

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: In response to our inquiry you responded that the contingent benefit upon lapse will be offered to an insured if a one-time premium increase results in a substantial premium increase, as defined. As such, please advise the applicability of the following statement (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase).

Objection 3

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: Thank you for taking the time to talk to me this morning. As a follow-up to our telephone conversation, we need additional information regarding the intended purpose of form CBUL-DISC-2014(VA). Please advise the Companys intentions regarding the use of the form. Specifically, please advise if the form is intended to be used with the policyholder letter only or if it is intended to be part of the entire contract.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised form to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Senior Insurance Market Examiner
(804) 371-9072

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Sincerely,
Elsie Andy

State:	Virginia	**Filing Company:**	CMFG Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	1997 LTC Product		
Project Name/Number:	2013 LTC Rate Increase/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/01/2015
Submitted Date	10/01/2015
Respond By Date	

Dear Kimberly Steggall,

Introduction:

This is in regards to my message I left earlier today. We are reviewing the policy forms for compliance with our revised regulations; and as a result, there are some issues that need to be resolved:

1) Form 2015-LTC-SBEND - Change in Schedule of Benefits Endorsement

Please amend the Statement of Variability for this form to state the minimum and maximum benefits ranges that may be used. Please note the minimum benefit period should clearly state it will never be less than one year.

2) CBUL-DISC-2014 Contingent Benefit Upon Lapse Option

The contingent benefit upon lapse (CBUL) form should contain all the information included in 14VAC 5-200-185 D 5.

A. The form presumes that a shortened paid up benefit will be provided. For conformity with 14 VAC 5-200-185 D 5, the form should:

1. offer to reduce policy benefits provided by the current coverage so that required premium payments are not increased;
2. offer to convert the coverage to a paid-up status with a shortened benefit period. This option may be elected at any time during the 120-day period; and
3. Notify the policyholder that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert the policy to a paid-up status with a shortened benefit period.

B. 14 VAC 5-200-185 E 3 provides that the standard benefit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits; however, the minimum benefit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Reduction of the minimum benefit by the amount of previously paid claims is not consistent with the regulatory language.

C. For consistency with 14 VAC 5-200-185 D 3, the table should be captioned as Triggers for a Substantial Premium Increase

D. The table states that the percentage increase is cumulative from the date of original issue and does not represent a one-time increase. Please advise in the event that a one-time premium increase results in a substantial premium increase, as defined, will the contingent benefit upon lapse be offered to the insured?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/14/2015
Submitted Date	08/14/2015
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for furnishing the Change in Schedule of Benefits Endorsement form as previously requested. Another examiner will review this form as soon as possible and will contact you if there are any concerns or questions.

Since your response did not address the new requirements regarding the policyholder letters, please let us know when the company may expect to send the letters for review. If you have any questions regarding the new requirements, please feel free to contact me at 804-371-9390.

Thank you.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/28/2015
Submitted Date	04/28/2015
Respond By Date	

Dear Kimberly Steggall,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

There is no deadline date. We will review the filing whenever the information is provided. I do, however, want to bring to your attention the following which may impact your submission since it questionable if the proposed rate increase would be approved prior to the revised regulations taking effect on policies renewing on or after September 1, 2015:

The commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases. A summary of the new requirements are:

•The notice is required to be filed with the commission at the time the premium rate increase is filed;

•The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;

•The notice is required to include at least the following information:

1. All applicable information identified in 14VAC5-200-75 A;
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
b. A disclosure stating that all options available to the policyholder may not be of equal value;
c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and
d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Given the effective date of the regulation and the 75 day notice requirement, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised, for any policyholder notifications sent on or after September 1, 2015. Such policyholder notifications should be submitted in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a form number. Since such letters must be "filed", please attach the letters to the Form Schedule in SERFF.

Conclusion:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	04/27/2015
Submitted Date	04/27/2015
Respond By Date	

Dear Kimberly Steggall,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

At this time we have not received a reply to our note to filer dated March 10, 2015. So that we may recommend this filing for approval, please advise when the endorsements will be available for review.

Conclusion:

We shall be glad to reconsider this submission upon receipt of information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/19/2014
Submitted Date	11/19/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

In addition to the objection sent yesterday in our letter dated November 18th, another concern needs to be addressed:

The letter currently states the increase has been approved prior to explaining the reasons for the rate increase. In our view, it would be more logical to move the paragraph being with ""CMFG Life has sold Long-Term Care insurance since 1992. CMFG Life is no longer offering new Long-Term Care insurance policies …" should be moved to the beginning of the letter prior to the question when will the premium change and what the new premium will be. After that paragraph, then the company can explain what the new premium will be, when it will change, BOI approval and what options policyholders have.

We apologize any inconvenience or confusion this may have caused.

Conclusion:

We shall look forward to hearing from you soon as we continue our review. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/18/2014
Submitted Date	11/18/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for providing us additional information regarding the policyholder communications as requested. The Long Term Care Policy Benefit Change Options sheet provides generic examples of the various alternatives that may be available to reduce the rate impact. Would the company not agree it would be more beneficial and appropriate if the document included a few examples of "zeroing out" or reducing the rate increase specific to that policyholder?

Conclusion:

We look forward to hearing from you regarding this matter as we continue our review. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	10/16/2014
Submitted Date	10/16/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Policyholder Communication (Supporting Document)

Comments: Thank you for providing a revised policyholder letter for review. We still have the following concerns:

1) Is this communication in compliance with the NAIC's Executive/Plenary bulletin previously forwarded to you? Since this filing applies to pre-stability business, please be sure to include a response to the following:

- The company agrees if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will include contingent benefit upon lapse at the time of each scheduled increase.

- The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

a)For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and
b)Contingent Benefit upon lapse may be required to be provided without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

- The policyholder letter will clearly disclose the following:

a) the amount of the premium rate requested and implementation schedule
b) available benefit reduction/rate increase mitigation actions
c) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
d) offer of contingent benefit upon lapse

2) We appreciate your including the language regarding the Virginia Bureau of Insurance as previously requested. There is a concern, however, the first sentence states "your state insurance department approved" without the qualifying language indicating it was reviewed and approved based on compliance with Virginia laws and regulations. The Bureau has also provided additional direction to replace the Virginia Bureau of Insurance wording with Virginia's State Corporation Commission as having reviewed and approved the rate increase which is a more accurate statement. Please revise the wording accordingly.

3) The Statement of Variability indicates only the percentage amount of the increase is provided. Please include the dollar amount of each increase for compliance with the bulletin as noted above.

4) According to the Statement of Variability, a policyholder will not receive an increase until the 10 year rate guarantee period has ended. Depending upon when that occurs, the policyholder could receive a multiple increase of 32.2% or 52.1% rather than a single increase of 15%. If the rate increase is approved for implementation over a three year period, it our expectation that such individuals would receive their increases in the same manner with the three year period beginning when first eligible for an increase. There would be no combination of increases.

5) The management at the Bureau of Insurance has directed that policyholder letters provide in consumer friendly language an explanation for the increase and its driving factors contributing to the increase. Again, we request that information be included in the letter.

6) Please explain how the policy is updated for any changes the insured requests. If endorsements are used, please provide the form number, SERFF tracking number and approval date. If the policy is updated through a revised Schedule of Benefits, please provide evidence the policy was approved with such variability.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/25/2014
Submitted Date	03/25/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Rate Request Summary (Supporting Document)

Comments: The Rate Summary provides an explanation regarding the factors driving the rate increase as requested. We feel, however, it is still not in consumer friendly language that anyone without an insurance background can understand. We suggest the insurance terms be explained or the summary reworded so that the explanation is more consumer friendly.

Objection 2

- Policyholder Communication (Supporting Document)

Comments: Thank you for submitting a revised policyholder letter. The State Corporation Commission has an outstanding order to the BOI to obtain comments from the general public regarding long term care rates and proposed amendments. As we continue to receive comments from our consumers regarding Long Term Care insurance, we recognize the need for clearer communication regarding rate increases. We also realize explanations should be in consumer friendly language that anyone without an insurance background can understand.

The Rate Summary provides a better explanation than the letter regarding the factors driving the rate increase; and we suggest the letter be amended accordingly. The insurance terms, however, should be explained or reworded so that the explanation in the letter meets the need for more consumer friendly language.

At this time, the company has agreed to an overall percentage increase in rates of 52%. The increase will be implemented over three years at 15% per year. The letter should clearly indicate the overall percentage increase of 52% as well as the actual dollar amount and effective date (day, month and year) of each increase.

The management at the BOI feels the paragraph regarding the state insurance department should be revised to indicate our role in this process more accurately as follows or words of similar import:

The Virginia Bureau of Insurance reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved.

Lastly, please explain the purpose of the chart in the letter.

Objection 3

- 1997 LTC New Rates, [97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO] (Rate)

Comments: Thank you for adding the form numbers to the first page of the rate schedules. So that it is clear which rates apply to which policy form, please label the rate pages with the corresponding form numbers within the rate schedule.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Please update the Company Rate Information on the Rate/Rule tab in SERFF to reflect the appropriate increases due to the implementation of three 15% increases which is resulting in an overall increase of 52% due to compounding.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note the memorandum was amended to indicate the company is requesting three 15% increases. Please include the overall rate increase being implemented is 52% due to compounding.

If the rate increase is approved and implemented and experience develops closely as projected, does the company intend to request additional rate increases in the future? If not, please advise at what point a rate increase would be requested if projections are not met. If projections are met, please explain in detail when and why additional rate increases may be needed.

Objection 5

Comments: Attached is a NAICs Executive/Plenary bulletin adopted on December 18, 2013. We have now added this to our review process and ask that the company advise if this filing is or is not consistent with the recommendations. Please provide details that support your response.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

MODEL BULLETIN

DATE: [Insert Date]

TO: All Licensed Insurers Writing Long-Term Care Insurance

FROM: [Insert Name & Title]

RE: Announcement of Alternative Filing Requirements for Long-Term Care Premium Rate Increases

---

Effective *[insert date three (3) months after issuance of this bulletin]*, the following guidelines will be used in the review of pre-rate-stability and post-rate-stability premium rate adjustment filings for long-term care insurance policies. The intent of this bulletin is to address rate increases for long-term care insurance policies currently in force, in particular pre-rate-stability policies.

For purposes of this bulletin, "rate stability" is defined as provisions contained in the 2000 NAIC Long-Term Care Insurance Model Regulation (Model 641) as adopted by [*insert state name]* on *[insert date of adoption of Section 20 et al]*. Policies with effective dates prior to *[insert rate stability adoption date]* are referred to as "pre-rate-stability" policies, and policies with effective dates on or after *[insert rate stability adoption date]* are referred to as "post-rate-stability" policies.

Drafting Note: States may need to consider whether their state rules allow these provisions to be issued as a bulletin, or whether some or all of these provisions may require adoption through other state regulatory procedures.

Actuarial Assumptions for Establishing Rate Increase Requests:

When rate adjustments are filed with the [Department] for both pre-rate-stability and post-rate-stability policy forms, it is the intent of the [Department] to work with the insurer, to the extent appropriate, to review the reasonableness of the set of assumptions by which to determine the rate increase(s) necessary to reach adequate ultimate premiums and that can be used to monitor developing experience. When disclosing assumptions to the [Department], the insurer will provide the resulting rate revision request at the same time so that the [Department] may include this in their review.

In assessing these assumptions as proposed by the insurer, the [Department] may use the services of an independent actuary and, if appropriate under state law, may charge the insurer for the costs of these services. The [Department] may also accept a review done by or for another state or states for the same or substantially the same policy form where any differences in benefits and premiums are not material and such review was completed within eighteen months of the date of the rate adjustment filing and such review substantially complies with the [Department]'s rate review standards.

The assumptions will be consistent with the following:

1. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. The actuary shall disclose as part of the actuarial memorandum the use of any averages.

2. All accumulated values used to determine rate increases shall use the actual experience of the product in as close a manner to that used in the original development of rates as possible. This is not intended to preclude the inclusion of multiple policy forms into one rate increase determination if such pooling increases the credibility of the combined accumulated experience.

3. All present values calculated to determine rate increases shall use reasonable estimates of future premium payments and claims payments. Such estimates are to be part of the assumptions as anticipated above and, for post-rate-stability policies this would include a margin for moderately adverse experience, while for pre-rate-stability policies, this would be based on best estimate assumptions for the future lifetime of the policies, including potential margins.

Drafting Note: While not limiting each state's authority with respect to the approval of rate increases, the intention of the development of a set of assumptions is to increase the uniformity and fairness of premium rate schedule changes for all policyholders regardless of the state of issue of each policy or the current state of residence.

Approval of Rate Increases:

In approving rate increase requests for both pre-rate-stability policies and post-rate-stability policies consistent with the assumptions described in the section above, the [Department], with the concurrence of the insurer where such concurrence is appropriate, will determine ways in which the following may be included to benefit policyholders:

1. The [Department] may approve a single increase of the requested amount and the insurer agrees to not implement future rate increases on each subject policy for three years from the date of implementation of the rate increase for each policy form; or

2. In lieu of a single increase, the [Department] may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current rate increase filing. For pre-rate-stability policy forms, the approval includes a three-year monitoring provision similar to that currently applicable to post-rate-stability rate increases to allow modification of later increases that were not appropriate based on the experience following the initial rate increase. When determining the rate comparison for new business, forms subject to a series of increases shall not be included.

Requirement to Administer Contingent Benefit Upon Lapse:

For pre-rate-stability policies, the [Department] will require the implementation of the contingent benefit upon lapse[1] as outlined below, as a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required. The contingent benefit upon lapse is already required for post-rate-stability policies.

For both pre-rate-stability and post-rate-stability policies, if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required[2] to include contingent benefit upon lapse at the time of each scheduled increase.

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse[3] without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

The insurer shall notify policyholders and certificate holders of the contingent benefit upon lapse when required by the [Department] in conjunction with the implementation of a rate increase.

Policyholder Notification of Premium Increase:

The insurer shall file with the [Department] the premium increase notification letter to policyholders at the time of the premium rate increase for informational purposes. The insurer shall clearly disclose to policyholders the following elements:

1. the amount of the premium rate increase requested and implementation schedule (e.g., single premium increase applied or phased in a series of premium increases);
2. available benefit reduction/rate increase mitigation actions;
3. clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future; and
4. offer of contingent benefit upon lapse, if applicable.

Application of New Loss Ratio Standards:

The [Department] will require the insurer to limit the increase based on the use of a dual loss-ratio approach for pre-rate-stability policy forms. The recommended loss-ratio would be:

---

[1] A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

[2] Any such additional requirements, with respect to contingent benefit upon lapse, shall not change the determination of whether or not a majority of policies or certificates are eligible for contingent benefit upon lapse.

[3] A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

- the greater of 60% or the lifetime loss ratio used in the original pricing, applied to the current rate schedule on the effective date of these new requirements; plus
- 80% applied to any premium increase that is filed after that date on an individual policy form; or
- 75% applied to any premium increase that is filed on a group policy form.

For post-rate-stability policy forms, the current loss-ratio standards are unchanged.

Consideration of New Approaches:

At the request of the insurer, the [Department] may also consider
other options which may be made available to insureds which may mitigate the impact of the rate increases on the insured population or alternative actuarial methodologies relating to the rate increase. The insurer shall provide an explanation and demonstration on how such methodology is actuarially justified and/or how such new mitigation option may reasonably benefit insureds. No alternative method/approach may be used until it has been accepted by the [Department].

_____
(INSERT COMMISSIONER NAME)
(INSERT COMMISSIONER TITLE)
(INSERT STATE NAME)

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/10/2014
Submitted Date	02/10/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

CMFG Life Insurance Company
SERFF Tracking No: CUNA-128867185
Form No: 2012-LTC-CHANGE

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

The form included within the submission was found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Benefit Change Request, 2012-LTC-CHANGE (Form)

Comments: The company logo is presented more prominently than the full and proper corporate name of the company. 14 VAC 5-100-50 2 provides that the inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. Please present the full and proper corporate name more prominently.

Objection 2

- Benefit Change Request, 2012-LTC-CHANGE (Form)

Comments: Thank you for providing us with the John Doed version of the form; however, the mocked up version should be attached as supporting documentation. Pursuant to 14 VAC 5-100-50 3 please attach the final print version of the form to the Form Schedule.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised form to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Senior Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/24/2014
Submitted Date	01/24/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1.The three primary drivers of the rate increase are changes to the assumptions for morbidity, mortality and lapses. How much of the requested increase is attributable to each assumption? We appreciate that these factors are co-dependent, so we are only asking for a ballpark estimate.

2.We are attempting to compare the actual experience to the original pricing assumptions.
a)Please provide an expansion of the Lapse Analysis Details. We are only interested in the first page (by duration) of that study. Expand the study to show the number of expected lapses based on the original pricing assumption. What is the original pricing assumption for lapses? Provide this update in an Excel workbook.

b)Please provide an expansion of the Mortality Analysis Details. We are only interested in the second page (by attained age) of that study. We believe the Expected Deaths are based on the revised assumption. Expand the study to show the number of expected deaths based on the original pricing assumption, including the effect of mortality selection factors. What is the original pricing assumption for mortality? Provide this update in an Excel workbook.

c)Please provide an expansion of the Morbidity Analysis Details. We are only interested in the second page (by product) of that study. Expand the study to show the number of expected deaths based on the original pricing assumption, including any morbidity selection factors. Provide this update in an Excel workbook.

3.What was the expected lifetime loss ratio in the original filing?

4.Please review the Active Life Reserve balances provided. The ending balance is $44.9 million. Although this is only 76% of the statutory amount, it appears to be very high in comparison to the premium collected. Total earned premiums are only $34.1 million. Even accumulated with 6% interest, those earned premiums are only $51.2 million. This does not seem reasonable.

5. Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.

6. Should we recommend this rate increase for approval, would the company be willing to implement this over a three year period? If so, please advise the proposed percentage increases. The Actuarial Memorandum and rate attachment under the Rate/Rule Schedule would need to be updated accordingly.

7. After reviewing the policyholder letter, we feel the letter should be modified to provide a clearer explanation as to what is driving the need for a rate increase in language the consumer can easily understand. Should the company agree to a three year implementation period, please include in the letter the premium for each period and its effective date.

8. We note the Rate/Rule Schedule reflects six affected form numbers with one rate schedule page. The Actuarial Memorandum

refers to this increase applying to product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. The rate attachment refers only to Form 97-LTC-HHC1(VA). We don't have an issue with the rates being listed on one attachment; however, the rates must be listed on the attachment by affected form number.

9. The certification in the Actuarial Memorandum does not comply with 14 VAC5-130-60 B 8 requiring the certification to state premiums are reasonable in relation to the benefits provided. Please note 14 VAC5-200-150 B describes how benefits shall be deemed reasonable in relation to the premiums for long term care insurance. Please amend the certification language accordingly.

Please be aware the Benefit Change Request form included with this submission will be reviewed by another examiner.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/24/2014
Submitted Date	01/24/2014
Respond By Date	

Dear Kimberly Steggall,

Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1.Please explain the persistency pattern at the beginning of the projection period for the pre rate stabilization block. This is no rate increase scenario. The pattern is:

Pre Rate Stability Block Premium Persistency

YearEarned PremiumPremium Persistency
2011959,368
2012940,8020.981
2013773,4400.822
2014633,2980.819
2015608,9190.962
2016575,0420.944

Are the limited pay options driving this dramatic decrease in 2013 and 2014?

2.The three primary drivers of the rate increase are changes to the assumptions for morbidity, mortality and lapses. How much of the requested increase is attributable to each assumption? We appreciate that these factors are co-dependent, so we are only asking for a ballpark estimate.

3.We are attempting to compare the actual experience to the original pricing assumptions.
a)Please provide an expansion of the Lapse Analysis Details. We are only interested in the first page (by duration) of that study. Expand the study to show the number of expected lapses based on the original pricing assumption. What is the original pricing assumption for lapses? Provide this update in an Excel workbook.

b)Please provide an expansion of the Mortality Analysis Details. We are only interested in the second page (by attained age) of that study. We believe the Expected Deaths are based on the revised assumption. Expand the study to show the number of expected deaths based on the original pricing assumption, including the effect of mortality selection factors. What is the original pricing assumption for mortality? Provide this update in an Excel workbook.

c)Please provide an expansion of the Morbidity Analysis Details. We are only interested in the second page (by product) of that study. Expand the study to show the number of expected deaths based on the original pricing assumption, including any morbidity selection factors. Provide this update in an Excel workbook.

4.What was the expected lifetime loss ratio in the original filing?

5. Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving

the need for an increase.

6. Should we recommend this rate increase for approval, would the company be willing to implement this over a three year period? If so, please advise the proposed percentage increases. The Actuarial Memorandum and rate attachment under the Rate/Rule Schedule would need to be updated accordingly.

7. After reviewing the policyholder letter, we feel the letter should be modified to provide a clearer explanation as to what is driving the need for a rate increase in language the consumer can easily understand. Should the company agree to a three year implementation period, please include in the letter the premium for each period and its effective date.

8. We note the Rate/Rule Schedule reflects six affected form numbers with one rate schedule page. The Actuarial Memorandum refers to this increase applying to product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. The rate attachment refers only to Form 97-LTC-HHC1(VA). We don't have an issue with the rates being listed on one attachment; however, the rates must be listed on the attachment by affected form number.

9. The certification in the Actuarial Memorandum does not comply with 14 VAC5-130-60 B 8 requiring the certification to state premiums are reasonable in relation to the benefits provided. Please note 14 VAC5-200-150 B describes how benefits shall be deemed reasonable in relation to the premiums for long term care insurance. Please amend the certification language accordingly.

Please be aware the Benefit Change Request form included with this submission will be reviewed by another examiner.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	09/20/2013
Submitted Date	09/20/2013
Respond By Date	

Dear Kimberly Steggall,

Introduction:

See the attached document. Let me know if you have any questions or wish to discuss.

Conclusion:

Sincerely,
Bob Grissom

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

COMMONWEALTH OF VIRGINIA

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

To: Kimberly Steggall
Consultant, Ethics & Compliance

From: Bob Grissom
Chief Insurance Market Examiner, Market Regulation
Virginia Bureau of Insurance
804-371-9152

Date: September 20, 2013

RE: CMFG Life Insurance Company
SERFF # CUNA-128867185

We'll continue our review upon receipt of the company's responses to the following. Let me know if you have any questions or wish to discuss.

1. The actuarial memorandum states policies were sold nationwide from 1997 to 2004. What is the corresponding range for policies sold in Virginia?

2. The filing indicates the block has policies with a limited pay options. Please confirm these limited pay options are properly reflected in the projections. Describe the limited pay option (10-pay, to age 65, or something else) and provide a distribution of business by the year in which the premiums cease. For example, a policy with a to-age-65 payment option, issued to a 40 year old in 2000, would cease payments in 2025.

3. We note the projected incurred claims with the rate increase are slightly higher than the projected incurred claims without the rate increase. Do you include waived premiums in both premiums and claims in the projections and thus the explanation of the difference? If so, are waived premiums similarly included in both earned premiums and incurred claims in the historical experience?

4. We reviewed the annual loss ratios in the historical and projection period. We took the ratio of successive annual loss ratios to develop a slope. This slope should serve as a proxy for the slope of the claim cost curve. In the

projection period, the slope is a fairly consistent 11-13% per year. The historical experience has been a fairly flat 50% for the last four years. However, there is a large discontinuity from the historical period to the projection period, namely from 50% for 2009-2012 to 79% in 2013. The Supplemental Information document states the 97 policies series has been running about 140% of expected, but the projections assume a grading down to an ultimate level of 120%. The jump from 50% to 79% appears to contradict this slowing down. We believe the starting point for the projections is way too high. Please explain what is happening here.

5. Virginia requires the inclusion of active life (policy) reserves in the analysis of the pre-rate stabilization loss ratio. Exhibit 1 of the filing shows the December 31, 2012 balance with the morbidity conservatism removed and valued at 6%. Proper evaluation of the loss ratio requires the corresponding active life reserve balance for each year in the historical experience period. If this is difficult to obtain, an estimate of these prior balances is acceptable. We suggest using the ratio of a) the December 31, 2012 balance without morbidity conservatism and valued at 6.00% to b) the actual 2012 statutory balance. This ratio can be applied to prior year end statutory balances. We are requesting this information only on a nationwide basis; we do not need it for the Virginia subset.

6. The Model Formulas document indicates the use of selection factors in morbidity. Please provide these factors.

7. We reviewed the retro reserve test. The starting point of the projections is 2013. What are the actual reserves held at December 31, 2012 which are included in the historical experience? Split these amounts by calendar year of incurral and category of DLR, ICOS and IBNR. We are only interested in the amounts for the 1997 product series.

8. Do the financial projections include any shock lapses due to the rate increase?

9. Please provide distributions of business by
   - Issue year
   - Gender
   - Attained age brackets
   - Inflation option

To clarify, we are asking for four distributions, not a 4-dimensional distribution.

10. Please provide an update of the state filing grid as part of your response.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	07/01/2013
Submitted Date	07/01/2013
Respond By Date	

Dear Kimberly Steggall,

Introduction:

The filing states that the submitted forms were issued from 1997 to 2004. Long term care policies issued on or after October 1, 2003 are subject to the rate stabilization standards set forth in 14VAC5-200-153. Issue dates prior to that date are subject to the loss ratio standards set forth in 14VAC5-200-150. If applicable, the company will need to bifurcate the experience and demonstrate compliance with both 14VAC5-200-150 and 14VAC5-200-153 for each separate block as applicable.

For each plan to which this rate filing applies, please list the form number (exactly as approved in Virginia) of that plan separately in the "Rate/Rule Schedule" section of the filing, stating the amount of the proposed rate increase and attaching its proposed rate schedule.

Please update the "LTC Rate Increase Filing Details" exhibit if applicable.

We'll continue our review of this filing upon receipt of the requested information. Let me know if you have any questions.

Conclusion:

Sincerely,
Bob Grissom

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/14/2016
Submitted Date	12/14/2016

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to this objection.

Response 1

Comments:

We have attached a revised form to the Form Schedule tab that makes it more prominent that the full and proper corporate name is in a type size of at least 10 point as required by 14 VAC 5-100-50.

Related Objection 1

Applies To:

- Contingent Benefit Upon Lapse Option for Limited Pay Policies, CBUL-LP-DISC-2014(VA) (Form)

Comments: Please confirm that the full and proper corporate name appears in a type size of at least 10 point as required by 14 VAC 5-100-50 5.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Benefit Upon Lapse Option for Limited Pay Policies	CBUL-LP-DISC-2014(VA)	OTH	Initial		40.000	CBUL-LP-DISC-2014(VA).pdf	Date Submitted: 12/14/2016 By: Kimberly Steggall
Previous Version								
1	*Contingent Benefit Upon Lapse Option for Limited Pay Policies*	*CBUL-LP-DISC-2014(VA)*	*OTH*	*Initial*		*40.000*	*CBUL-LP-DISC-2014(VA).pdf*	*Date Submitted: 12/12/2016 By:*

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have attached a revised form to the Form Schedule tab where all text in the form including the Company address is in a type size of at least 10 point pursuant to 14 VAC 5-100-50.

Related Objection 2

Applies To:

- Contingent Benefit Upon Lapse Option for Limited Pay Policies, CBUL-LP-DISC-2014(VA) (Form)

Comments: Related to the comment above, all text appearing in the form including the Company address must appear in a type size of at least 10 point pursuant to 14 VAC 5-100-50.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Benefit Upon Lapse Option for Limited Pay Policies	CBUL-LP-DISC-2014(VA)	OTH	Initial		40.000	CBUL-LP-DISC-2014(VA).pdf	Date Submitted: 12/14/2016 By: Kimberly Steggall
Previous Version								
1	*Contingent Benefit Upon Lapse Option for Limited Pay Policies*	*CBUL-LP-DISC-2014(VA)*	*OTH*	*Initial*		*40.000*	*CBUL-LP-DISC-2014(VA).pdf*	*Date Submitted: 12/12/2016 By:*

No Rate/Rule Schedule items changed.

Conclusion:

We apologize for this oversight.

Thank you for your continued attention to this submission.

Sincerely,

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/03/2015
Submitted Date	12/03/2015

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to this objection.

Response 1

Comments:

1. Please note that the language of this form is consistent with the disclosure form required in 14 VAC 5-200 Form F. It is our understanding the only time previous benefits are considered is when the remaining maximum benefit amount is less than the total amount of premiums paid; however will not be less than <30 times the facility maximum daily benefit amount> at the time of lapse.

2. We apologize that we did not make this Statement of Variability more visible to you. Please note the Statement of Variability is attached to the Supporting Documentation requirement labeled Policyholder Communication Enclosure and Statement of Variability.

Related Objection 1

Applies To:

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: We reviewed the revision to the third paragraph and our previous objection remains. We have the following concerns.
14 VAC 5-200-185 E 3 provides in part that the standard credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. However, the minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. Previous claim payments may not be considered when calculating the maximum credit. The statement If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be the remaining amount; is not in regulatory conformity and should be removed.
<30 times the facility maximum daily benefit amount> is presented as variable language with no further explanation. Please provide us with a Statement of Variability that describes how the field is subject to change from the text as presented. Please be aware that any language presented to satisfy statutory or regulatory requirements may not be presented as variable language. Even though other variable fields in the form are self-explanatory, the Statement of Variability should address and describe all variable fields.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 SOV.pdf CBUL-DISC-2014(VA) SOV.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *97 PP CB VA Encl 8.14.15 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf* *97 PP CB VA Encl 1.20.15 0913.pdf* *97 PP CB VA Encl 1.20.15 0913 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 11.13.14 0913.pdf* *97 PP CB VA Encl 11.13.14 0913 SOV.pdf* *CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.7.14 0913.pdf* *97 PP CB VA Encl 5.7.14 0913 SOV.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB Encl 6.10.11 0212.pdf CBUL_Disc 0212.pdf LTC- Encl 97 options 0212.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please note this language is consistent with the disclosure form required in 14 VAC 5-200 Form F. It is our understanding this statement is explaining to the policyholder that the percentage increase is cumulative from the date of original issue if there are multiple increases. But will also be offered if a one-time premium increase results in a substantial premium increase.

Related Objection 2

Applies To:

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: In response to our inquiry you responded that the contingent benefit upon lapse will be offered to an insured if a one-time premium increase results in a substantial premium increase, as defined. As such, please advise the applicability of the following statement (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Form CBUL-DISC-2014(VA) is the Contingent Benefit Upon Lapse Option Disclosure that will be attached to the policyholder notice and will be sent out at least 75 days prior to the implementation of the premium rate increase. The notice explains all options available and one of the options is to exercise the Contingent Benefit Upon Lapse option, if eligible and refers to the attached disclosure.

To comply with the requirements of revised Virginia Regulation 14 VAC 5-200-30+, we have submitted under SERFF Tracking #CUNA-130349751, Amendments that upon approval will be send to existing policyholders.

Related Objection 3

Applies To:

- Contingent Benefit Upon Lapse Option, CBUL-DISC-2014(VA) (Form)

Comments: Thank you for taking the time to talk to me this morning. As a follow-up to our telephone conversation, we need additional information regarding the intended purpose of form CBUL-DISC-2014(VA). Please advise the Companys intentions regarding the use of the form. Specifically, please advise if the form is intended to be used with the policyholder letter only or if it is intended to be part of the entire contract.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/26/2015
Submitted Date	10/27/2015

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to this objection.

Response 1

Comments:

Per your 10/23/2015 Note to Filer, we have attached a revised policyholder letter. The disclosure that all options are not of equal value is now in bold. A new sentence has been added to the third bullet under 'What are my options?'. So we may use this policyholder letter for future filings, we have updated the form number, updated the variability as applicable and revised the Statement of Variability accordingly. Please note that if this policyholder letter is used for future filings, we may need to update the Statement of Variability in regards to the fifth paragraph.

So we may also use the Contingent Benefit Upon Lapse Option disclosure for future filings, we have also updated the third paragraph and have revised the Statement of Variability accordinly.

1) We have provided a revised Statement of Variability for Form 2015-LTC-SBEND to include the minimum and maximum benefit ranges that may be used.

2) A.1. We have revised the Contingent Benefit Upon Lapse Option disclosure by adding a new paragraph to the top of page 2.

A. 2 & 3. We believe we have provided this information in the first two paragraphs of the disclosure.

B. We have revised the third paragraph of the disclosure to comply with the minimum benefit requirements.

C. We have revised the caption of the table on the second page of the disclosure.

D. The contingent benefit upon lapse will be offered to an insured if a one-time premium increase results in a substantial premium increase, as defined.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form 2015-LTC-SBEND Statement of Variability
Comments:	Attached
Attachment(s):	2015-LTC-SBEND Statement of Variables (for VA).pdf
Previous Version	
Satisfied - Item:	*Form 2015-LTC-SBEND Statement of Variability*
Comments:	
Attachment(s):	*2015-LTC-SBEND Statement of Variables.pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form 2015-LTC-SBEND Statement of Variability
Comments:	Attached
Attachment(s):	2015-LTC-SBEND Statement of Variables (for VA).pdf
Previous Version	
Satisfied - Item:	*Form 2015-LTC-SBEND Statement of Variability*
Comments:	
Attachment(s):	*2015-LTC-SBEND Statement of Variables.pdf*

Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *97 PP CB VA Encl 8.14.15 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf* *97 PP CB VA Encl 1.20.15 0913.pdf* *97 PP CB VA Encl 1.20.15 0913 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 11.13.14 0913.pdf* *97 PP CB VA Encl 11.13.14 0913 SOV.pdf* *CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.7.14 0913.pdf*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

	97 PP CB VA Encl 5.7.14 0913 SOV.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB Encl 6.10.11 0212.pdf CBUL_Disc 0212.pdf LTC- Encl 97 options 0212.pdf

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Benefit Upon Lapse Option	CBUL-DISC-2014(VA)	OTH	Initial		40.000	CBUL-DISC-2014(VA).pdf	Date Submitted: 10/27/2015 By: Kimberly Steggall
Previous Version								
1	*Contingent Benefit Upon Lapse Option*	*CBUL-DISC-2014*	*OTH*	*Initial*		*40.000*	*CBUL-Disc-2014.pdf*	*Date Submitted: 08/17/2015 By: Kimberly Steggall*
2	Policyholder Notice	LTC PP CB VA Encl 10.26.15	OTH	Initial		46.500	LTC PP CB VA Encl 10.26.15.pdf	Date Submitted: 10/27/2015 By: Kimberly Steggall
Previous Version								
2	*Policyholder Notice*	*97 PP CB VA Encl 8.14.15*	*OTH*	*Initial*		*46.500*	*97 PP CB VA Encl 8.14.15.pdf*	*Date Submitted: 08/21/2015 By:*
Previous Version								
2	*Policyholder Notice*	*97 PP CB VA Encl 8.14.15*	*OTH*	*Initial*		*46.500*	*97 PP CB VA Encl 8.14.15.pdf*	*Date Submitted: 08/17/2015 By: Kimberly Steggall*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/17/2015
Submitted Date	08/17/2015

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to this objection and we appreciate the conversations we had with Janet Houser regarding this subject.

Response 1

Comments:

We are attaching the policyholder notice documents for your review. The policyholder notice and CBUL disclosure have been uploaded to the Form Schedule and the LTC enclosure and Statement of Variability have been uploaded to the Supporting Documentation tab.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf 97 PP CB VA Encl 8.14.15 SOV.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf* *97 PP CB VA Encl 1.20.15 0913.pdf* *97 PP CB VA Encl 1.20.15 0913 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 11.13.14 0913.pdf* *97 PP CB VA Encl 11.13.14 0913 SOV.pdf* *CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.7.14 0913.pdf* *97 PP CB VA Encl 5.7.14 0913 SOV.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.2.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 3.7.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	97 PP CB VA Encl 8.14.15	OTH	Initial		46.500	97 PP CB VA Encl 8.14.15.pdf	Date Submitted: 08/17/2015 By: Kimberly Steggall
2	Contingent Benefit Upon Lapse Option	CBUL-DISC-2014	OTH	Initial		40.000	CBUL-Disc-2014.pdf	Date Submitted: 08/17/2015 By: Kimberly Steggall

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/01/2015
Submitted Date	08/12/2015

Dear Janet Houser,

Introduction:

Thank you for the Note to Filer of February 23 and March 10. We appreciate your patience with this filing response.

Response 1

Comments:

Change In Schedule Of Benefits Endorsement form 2015-LTC-SBEND is being provided for your review and approval. This endorsement replaces previously approved endorsement form 2002-LTC-SBEND approved on 11/20/2002, Submission Number 007 0000019203.

This endorsement will be issued when a policyholder makes a change to their policy, including any changes made in response to a rate increase. This endorsement includes the required items noted in the March 10 Note to Filer. A Statement of Variability is provided on the Supporting Documentation tab to explain how this form will be used to communicate the policy changes to the policyholder.

A Certification of Compliance and readability certificate are provided to complete this submission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997 2012-LTC-CHANGE.pdf VA Cert of Comp 1997 2015-LTC-SBEND.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Actuarial Certification 1997.pdf* *VA Cert of Comp 1997 2012-LTC-CHANGE.pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997 2012-LTC-CHANGE.pdf VA Cert of Comp 1997 2015-LTC-SBEND.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Actuarial Certification 1997.pdf* *VA Cert of Comp 1997 2012-LTC-CHANGE.pdf*

Satisfied - Item:	Form 2015-LTC-SBEND Statement of Variability
Comments:	
Attachment(s):	2015-LTC-SBEND Statement of Variables.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997 2012-LTC-CHANGE.pdf VA Cert of Comp 1997 2015-LTC-SBEND.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Actuarial Certification 1997.pdf* *VA Cert of Comp 1997 2012-LTC-CHANGE.pdf*

Satisfied - Item:	Form 2015-LTC-SBEND Statement of Variability
Comments:	
Attachment(s):	2015-LTC-SBEND Statement of Variables.pdf

Satisfied - Item:	Certification of Readability
Comments:	
Attachment(s):	VA Certification of Readability.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Please continue your review with consideration to the information provided.

We look forward to hearing from you soon.

Sincerely,

Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/27/2015
Submitted Date	04/27/2015

Dear Janet Houser,

Introduction:

Thank you for the follow-up.

Response 1

Comments:

We are currently working with our business area to get the information requested. We will respond as soon as we get the requested information.

Do you have a deadline date we need to respond by?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/20/2015
Submitted Date	01/20/2015

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

We have provided a revised policyholder letter which shows that the paragraph referenced in your objection has been moved to the beginning of the letter. Also, under the last bullet of What are my options? we have added text to direct the policyholder to see the attached disclosure.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf 97 PP CB VA Encl 1.20.15 0913.pdf 97 PP CB VA Encl 1.20.15 0913 SOV.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 11.13.14 0913.pdf* *97 PP CB VA Encl 11.13.14 0913 SOV.pdf* *CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.7.14 0913.pdf* *97 PP CB VA Encl 5.7.14 0913 SOV.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.2.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 3.7.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf*

	LTC- Encl 97 options 0212.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/20/2015
Submitted Date	01/20/2015

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

Per our conversation with Janet Houser today, the Long Term Care Policy Benefit Change Options sheet will continue to provide generic examples of the various alternatives that may be available to reduce the rate impact. We appreciate the Department being flexible with us to allow for this.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rates
Comments:	
Attachment(s):	Original Rates 1997.pdf
Previous Version	
Satisfied - Item:	*Current Rates*
Comments:	
Attachment(s):	*Original Rates 1997.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/13/2014
Submitted Date	11/13/2014

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

1) The Company agrees if the rate increase is approved in a series of scheduled rate increases, and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, we will include the contingent benefit upon lapse as an option at the time of each scheduled increase.

We have attached a revised contingent benefit upon lapse notice that will be used to comply with this bulletin.

We have also attached a revised policyholder letter and statement of variability for your review.

2) We have attached a revised policyholder letter and statement of variability for your review. You will find that this paragraph has been revised.

3) In the attached revised policyholder letter the second bullet of the second paragraph specifically states Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits. You will also find that we included this information on the revised statement of variability. We believe it complies with the bulletin and are hopeful you will find this acceptable.

4) Per Note to Reviewer we are disregarding this objection point.

5) Per Note to Reviewer we are disregarding this objection point.

6) Our company would use form 2002-LTC-SBEND, Change in Schedule of Benefits Endorsement, which was approved by the Department on November 20, 2002, under Submission No. 007 0000019203.

Related Objection 1

Applies To:

- *Policyholder Communication (Supporting Document)*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments: Thank you for providing a revised policyholder letter for review. We still have the following concerns:

1) Is this communication in compliance with the NAIC's Executive/Plenary bulletin previously forwarded to you? Since this filing applies to pre-stability business, please be sure to include a response to the following:

- The company agrees if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will include contingent benefit upon lapse at the time of each scheduled increase.

- The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

a)For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and
b)Contingent Benefit upon lapse may be required to be provided without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

- The policyholder letter will clearly disclose the following:

a) the amount of the premium rate requested and implementation schedule
b) available benefit reduction/rate increase mitigation actions
c) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
d) offer of contingent benefit upon lapse

2) We appreciate your including the language regarding the Virginia Bureau of Insurance as previously requested. There is a concern, however, the first sentence states "your state insurance department approved" without the qualifying language indicating it was reviewed and approved based on compliance with Virginia laws and regulations. The Bureau has also provided additional direction to replace the Virginia Bureau of Insurance wording with Virginia's State Corporation Commission as having reviewed and approved the rate increase which is a more accurate statement. Please revise the wording accordingly.

3) The Statement of Variability indicates only the percentage amount of the increase is provided. Please include the dollar amount of each increase for compliance with the bulletin as noted above.

4) According to the Statement of Variability, a policyholder will not receive an increase until the 10 year rate guarantee period has ended. Depending upon when that occurs, the policyholder could receive a multiple increase of 32.2% or 52.1% rather than a single increase of 15%. If the rate increase is approved for implementation over a three year period, it our expectation that such individuals would receive their increases in the same manner with the three year period beginning when first eligible for an increase. There would be no combination of increases.

5) The management at the Bureau of Insurance has directed that policyholder letters provide in consumer friendly language an explanation for the increase and its driving factors contributing to the increase. Again, we request that information be included in the letter.

6) Please explain how the policy is updated for any changes the insured requests. If endorsements are used, please provide the form number, SERFF tracking number and approval date. If the policy is updated through a revised Schedule of Benefits, please provide evidence the policy was approved with such variability.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 11.13.14 0913.pdf 97 PP CB VA Encl 11.13.14 0913 SOV.pdf CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.7.14 0913.pdf* *97 PP CB VA Encl 5.7.14 0913 SOV.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.2.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 3.7.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/02/2014
Submitted Date	05/02/2014

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

Following is a revised explanation. We have also attached a revised Rate Summary for your review.

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime loss ratios (i.e., benefits paid to our policyholders, divided by premiums received from those policyholders) are in far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Related Objection 1

Applies To:

- Rate Request Summary (Supporting Document)

Comments: The Rate Summary provides an explanation regarding the factors driving the rate increase as requested. We feel, however, it is still not in consumer friendly language that anyone without an insurance background can understand. We suggest the insurance terms be explained or the summary reworded so that the explanation is more consumer friendly.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Request Summary
Comments:	
Attachment(s):	VA 1997 Rate Request Summary Rev.pdf
Previous Version	
Satisfied - Item:	*Rate Request Summary*
Comments:	
Attachment(s):	*VA 1997 Rate Request Summary.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have attached a revised policyholder notice for your review. The chart within the letter is included to comply with 14 VAC 5-200-75(A)(5)(a).

Related Objection 2

Applies To:

- *Policyholder Communication (Supporting Document)*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments: Thank you for submitting a revised policyholder letter. The State Corporation Commission has an outstanding order to the BOI to obtain comments from the general public regarding long term care rates and proposed amendments. As we continue to receive comments from our consumers regarding Long Term Care insurance, we recognize the need for clearer communication regarding rate increases. We also realize explanations should be in consumer friendly language that anyone without an insurance background can understand.

The Rate Summary provides a better explanation than the letter regarding the factors driving the rate increase; and we suggest the letter be amended accordingly. The insurance terms, however, should be explained or reworded so that the explanation in the letter meets the need for more consumer friendly language.

At this time, the company has agreed to an overall percentage increase in rates of 52%. The increase will be implemented over three years at 15% per year. The letter should clearly indicate the overall percentage increase of 52% as well as the actual dollar amount and effective date (day, month and year) of each increase.

The management at the BOI feels the paragraph regarding the state insurance department should be revised to indicate our role in this process more accurately as follows or words of similar import:

The Virginia Bureau of Insurance reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved.

Lastly, please explain the purpose of the chart in the letter.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 3.7.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Per your request we have added the policy form numbers to each corresponding rate page within the rate schedule. We have also updated the Company Rate Information on the Rate/Rule tab to reflect the overall increase of 52% due to compounding via the Post-Submission Update.

Related Objection 3

Applies To:

- 1997 LTC New Rates, [97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO] (Rate)

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments: Thank you for adding the form numbers to the first page of the rate schedules. So that it is clear which rates apply to which policy form, please label the rate pages with the corresponding form numbers within the rate schedule.

Please update the Company Rate Information on the Rate/Rule tab in SERFF to reflect the appropriate increases due to the implementation of three 15% increases which is resulting in an overall increase of 52% due to compounding.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	1997 LTC New Rates	97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO	Revised	Previous State Filing Number: Percent Rate Change Request: 52	VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,	05/02/2014 By: Kimberly Steggall
Previous Version						
1	*1997 LTC New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *52*	*VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,*	*03/07/2014* *By: Kimberly Steggall*
Previous Version						
1	*VA LTC 1997 New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *50*	*VA LTC 1997 New Rates.pdf,*	*05/03/2013* *By: Kimberly Steggall*

Response 4

Comments:

The following sentence has been added to Section 1 of the Actuarial Memorandum: The cumulative rate increase is about 52%.

CMFG Life will continue to monitor claims experience over time. The projected experience shown in the Memorandum was based on best estimate assumptions and did not include any provision for moderately adverse experience. If experience does not improve, the Company will need to file for future rate increases. However, at this point, there are no plans to seek additional rate increases in the near future, nor have any guidelines been established to determine a trigger or future reference point.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: We note the memorandum was amended to indicate the company is requesting three 15% increases. Please include the overall rate increase being implemented is 52% due to compounding.

If the rate increase is approved and implemented and experience develops closely as projected, does the company intend to request additional rate increases in the future? If not, please advise at what point a rate increase would be requested if projections are not met. If projections are met, please explain in detail when and why additional rate increases may be needed.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR) - revised.pdf VA Rate Basis Appendix - 1997 (LR).xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR) - final.pdf* *VA Rate Basis Appendix - 1997 (LR).xlsx*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf* *VA Appendices - 1997 - Original - Pre.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Exhibit 1 shows compliance with the new loss ratio standard contained in the NAIC draft bulletin. The bulletin states that all present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. Therefore, Exhibit 1 uses an interest rate of 4.50% which was determined based on a weighted average of statutory valuation rates by policies sold by issue year. We have also included the nationwide loss ratio experience from Appendix B using 4.50%.

Related Objection 5

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments: Attached is a NAICs Executive/Plenary bulletin adopted on December 18, 2013. We have now added this to our review process and ask that the company advise if this filing is or is not consistent with the recommendations. Please provide details that support your response.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 1
Comments:	
Attachment(s):	Exhibit 1 - Loss Ratio Compliance Exhibit - VA.xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 1
Comments:	
Attachment(s):	Exhibit 1 - Loss Ratio Compliance Exhibit - VA.xlsx

Satisfied - Item:	Appendix B using 4.50%
Comments:	
Attachment(s):	VA Appendix B - 1997 (LR) (4.50%).xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2014
Submitted Date	03/07/2014

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

We have attached a revised Benefit Change Request form to the Form Schedule tab for your review. Please note the form number has been changed to 2014-LTC-CHANGE.

Related Objection 1

Applies To:

- Benefit Change Request, 2012-LTC-CHANGE (Form)

Comments: The company logo is presented more prominently than the full and proper corporate name of the company. 14 VAC 5-100-50 2 provides that the inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. Please present the full and proper corporate name more prominently.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Benefit Change Request	2014-LTC-CHANGE	OTH	Initial		61.300	2014-LTC-CHANGE (for VA).pdf	Date Submitted: 03/07/2014 By: Kimberly Steggall
Previous Version								
1	*Benefit Change Request*	*2012-LTC-CHANGE*	*OTH*	*Initial*		*61.300*	*2012-LTC-CHANGE (for VA) john doe.pdf*	*Date Submitted: 05/03/2013 By: Kimberly Steggall*

No Rate/Rule Schedule items changed.

Response 2

Comments:

You will find that the Benefit Change Request form attached to the Form Schedule is the final print version of the form and we have attached the John Doe version to the Supporting Documentation tab.

Related Objection 2

Applies To:

- Benefit Change Request, 2012-LTC-CHANGE (Form)

Comments: Thank you for providing us with the John Doed version of the form; however, the mocked up version should be attached as supporting documentation. Pursuant to 14 VAC 5-100-50 3 please attach the final print version of the form to the Form Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	2014-LTC-CHANGE (for VA) John Doe Version
Comments:	
Attachment(s):	2014-LTC-CHANGE (for VA) john doe.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Benefit Change Request	2014-LTC-CHANGE	OTH	Initial		61.300	2014-LTC-CHANGE (for VA).pdf	Date Submitted: 03/07/2014 By: Kimberly Steggall
Previous Version								
1	*Benefit Change Request*	*2012-LTC-CHANGE*	*OTH*	*Initial*		*61.300*	*2012-LTC-CHANGE (for VA) john doe.pdf*	*Date Submitted: 05/03/2013 By: Kimberly Steggall*

No Rate/Rule Schedule items changed.

Conclusion:

We will be responding to the other objections in a separate response.

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2014
Submitted Date	03/07/2014

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

Due to the size of our response to your objection points, we are attaching to the supporting documentation tab a response document for your review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 01/24/2014 Objection and Supporting Documents
Comments:	
Attachment(s):	Objection Responses - 1997 - final.pdf Exhibit 1 - 1997.xlsx Exhibit 2 - 1997.xlsx Exhibit 3 - 1997.xlsx Appendix D.xlsx

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 01/24/2014 Objection and Supporting Documents
Comments:	
Attachment(s):	Objection Responses - 1997 - final.pdf Exhibit 1 - 1997.xlsx Exhibit 2 - 1997.xlsx Exhibit 3 - 1997.xlsx Appendix D.xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR) - final.pdf VA Rate Basis Appendix - 1997 (LR).xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf* *VA Appendices - 1997 - Original - Pre.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 01/24/2014 Objection and Supporting Documents
Comments:	
Attachment(s):	Objection Responses - 1997 - final.pdf Exhibit 1 - 1997.xlsx Exhibit 2 - 1997.xlsx Exhibit 3 - 1997.xlsx Appendix D.xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR) - final.pdf VA Rate Basis Appendix - 1997 (LR).xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf* *VA Appendices - 1997 - Original - Pre.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 01/24/2014 Objection and Supporting Documents
Comments:	
Attachment(s):	Objection Responses - 1997 - final.pdf Exhibit 1 - 1997.xlsx Exhibit 2 - 1997.xlsx Exhibit 3 - 1997.xlsx Appendix D.xlsx

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR) - final.pdf VA Rate Basis Appendix - 1997 (LR).xlsx
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf* *VA Appendices - 1997 - Original - Pre.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

Satisfied - Item:	Rate Request Summary

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Comments:	
Attachment(s):	VA 1997 Rate Request Summary.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	1997 LTC New Rates	97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO	Revised	Previous State Filing Number: Percent Rate Change Request: 52	VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,	03/07/2014 By: Kimberly Steggall
Previous Version						
1	*VA LTC 1997 New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *50*	*VA LTC 1997 New Rates.pdf,*	*05/03/2013* *By: Kimberly Steggall*

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2014
Submitted Date	03/07/2014

Dear Janet Houser,

Introduction:

Please see our response to the above objection.

Response 1

Comments:

Please see our response to the above objection.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/22/2013
Submitted Date	11/22/2013

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

Due to the size of our response to your objection points, we are attaching to the supporting documentation tab a response document for your review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	1997 Exhibits
Comments:	
Attachment(s):	1997 Exhibits.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	1997 Exhibits
Comments:	
Attachment(s):	1997 Exhibits.pdf

Satisfied - Item:	Response to 9/20/2013 Objection
Comments:	
Attachment(s):	Objection Responses - 1997.pdf

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	1997 Exhibits
Comments:	
Attachment(s):	1997 Exhibits.pdf

Satisfied - Item:	Response to 9/20/2013 Objection
Comments:	
Attachment(s):	Objection Responses - 1997.pdf

Satisfied - Item:	State Filing Grid Status
Comments:	
Attachment(s):	VA 1997 State Filing Grid 11.22.13.pdf
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 081913.pdf*
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 050313.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/19/2013
Submitted Date	08/20/2013

Dear Janet Houser,

Introduction:

Thank you for the opportunity to respond to your objection.

Response 1

Comments:

1. All policies for the 1997 Product sold in Virginia were issued prior to October 1, 2003. We have revised all of the nationwide loss ratio exhibits to include just policies sold prior to October 1, 2003 on a nationwide basis. The new exhibits are included in this response. We believe that the filing is in compliance with 14VAC5-200-150. Specifically, the lifetime loss ratio is 109%, well in excess of the 60% minimum loss ratio.

2. We have listed the form numbers under the Affected Form Numbers field exactly as approved in Virginia. These forms are listed under the same Item line since they are all reflected on the same Rate schedule attached.

3. We have attached an updated State Filing Grid exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 1 & 2
Comments:	
Attachment(s):	Exhibit 1.pdf Exhibit 2.pdf

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 1 & 2
Comments:	
Attachment(s):	Exhibit 1.pdf Exhibit 2.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR).pdf VA Appendices - 1997 - Original - Pre.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 1 & 2
Comments:	
Attachment(s):	Exhibit 1.pdf Exhibit 2.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR).pdf VA Appendices - 1997 - Original - Pre.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Act Memo - 1997 Series (LR).pdf*

Satisfied - Item:	State Filing Grid Status
Comments:	
Attachment(s):	VA 1997 State Filing Grid 081913.pdf
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 050313.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued attention to this submission.

Sincerely,

Kimberly Steggall

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 12/12/2016

Comments:

Per my telephone conversation with Janet Houser, this amendment is being submitted so we may attach a new Contingent Benefit Upon Lapse notice, CBUL-LP-DISC-2014(VA), that will only be used for limited pay policies. The Statement of Variability renamed “CBUL-DISC-2014(VA) SOV Rev 12.12.16” has also been revised to include the new notice.

Thank you for allowing us to submit this so we may comply with 14 VAC 5-200-185.

We would appreciate your prompt attention to this request.

Thank you.

Sincerely,
Kimberly Steggall

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Benefit Upon Lapse Option for Limited Pay Policies	CBUL-LP-DISC-2014(VA)	OTH	Initial		40.000	CBUL-LP-DISC-2014(VA).pdf	Date Submitted: 12/12/2016 By:

No Rate Schedule Items Changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 SOV Rev 11.29.2016.pdf CBUL-DISC-2014(VA) SOV Rev 12.12.16.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *CBUL-DISC-2014(VA) SOV.pdf* *LTC PP CB VA Encl 10.26.15 SOV Rev 11.29.2016.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *CBUL-DISC-2014(VA) SOV.pdf* *LTC PP CB VA Encl 10.26.15 SOV Rev 11.28.2016.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 SOV.pdf* *CBUL-DISC-2014(VA) SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *97 PP CB VA Encl 8.14.15 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Attachment(s):	CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf 97 PP CB VA Encl 1.20.15 0913.pdf 97 PP CB VA Encl 1.20.15 0913 SOV.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 11.13.14 0913.pdf 97 PP CB VA Encl 11.13.14 0913 SOV.pdf CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.7.14 0913.pdf 97 PP CB VA Encl 5.7.14 0913 SOV.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB Encl 6.10.11 0212.pdf CBUL_Disc 0212.pdf LTC- Encl 97 options 0212.pdf

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 11/29/2016

Comments:

Per my telephone conversation with Janet Houser, this amendment is being submitted so we may attach a revised Statement of Variability to be used with Policyholder Notice, LTC PP CB VA Encl 10.26.15.

Thank you for your continued attention to this request.

Sincerely,
Kimberly Steggall

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf CBUL-DISC-2014(VA) SOV.pdf LTC PP CB VA Encl 10.26.15 SOV Rev 11.29.2016.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *CBUL-DISC-2014(VA) SOV.pdf* *LTC PP CB VA Encl 10.26.15 SOV Rev 11.28.2016.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 SOV.pdf* *CBUL-DISC-2014(VA) SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *97 PP CB VA Encl 8.14.15 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf* *97 PP CB VA Encl 1.20.15 0913.pdf* *97 PP CB VA Encl 1.20.15 0913 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments:	
Attachment(s):	97 PP CB VA Encl 11.13.14 0913.pdf 97 PP CB VA Encl 11.13.14 0913 SOV.pdf CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.7.14 0913.pdf 97 PP CB VA Encl 5.7.14 0913 SOV.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB Encl 6.10.11 0212.pdf CBUL_Disc 0212.pdf LTC- Encl 97 options 0212.pdf

Amendment Letter

Submitted Date: 11/28/2016

Comments:

Thank you for reopening the above referenced filing. This amendment is being submitted so we may attach a revised Statement of Variability to be used with Policyholder Notice, LTC PP CB VA Encl 10.26.15.

The reason for this amendment is so we may use the approved Policyholder Notice with the filings referenced under SERFF Tracking #CUNA-130384283 and CUNA-130384266.

Thank you for your attention to this request.

Sincerely,
Kimberly Steggall

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf CBUL-DISC-2014(VA) SOV.pdf LTC PP CB VA Encl 10.26.15 SOV Rev 11.28.2016.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 SOV.pdf* *CBUL-DISC-2014(VA) SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication Enclosure and Statement of Variability*
Comments:	
Attachment(s):	*LTC Enclosure 97 0815.pdf* *97 PP CB VA Encl 8.14.15 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf* *97 PP CB VA Encl 1.20.15 0913.pdf* *97 PP CB VA Encl 1.20.15 0913 SOV.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 11.13.14 0913.pdf* *97 PP CB VA Encl 11.13.14 0913 SOV.pdf* *CBUL-Disc-2014.pdf* *LTC Encl 97 0314.pdf*
Previous Version	

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.7.14 0913.pdf 97 PP CB VA Encl 5.7.14 0913 SOV.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.2.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 3.7.14 0913.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB Encl 6.10.11 0212.pdf CBUL_Disc 0212.pdf LTC- Encl 97 options 0212.pdf

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 12/21/2015

Comments:

This amendment is being submitted so we may attach a final Readability Certification for your review.

Thank you for your continued attention to this submission.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Readability
Comments:	
Attachment(s):	VA Readability Cert.pdf
Previous Version	
Satisfied - Item:	*Certification of Readability*
Comments:	
Attachment(s):	*VA Certification of Readability Rev.pdf*
Previous Version	
Satisfied - Item:	*Certification of Readability*
Comments:	
Attachment(s):	*VA Certification of Readability.pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 12/21/2015

Comments:

This amendment is being submitted so we may attach a revised Certificate of Compliance and Certificate of Readability for the above referenced filing.

Thank you for your continued attention to this submission.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Actuarial Certification 1997.pdf* *VA Cert of Comp 1997 2012-LTC-CHANGE.pdf* *VA Cert of Comp 1997 2015-LTC-SBEND.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Actuarial Certification 1997.pdf* *VA Cert of Comp 1997 2012-LTC-CHANGE.pdf*

Satisfied - Item:	Certification of Readability
Comments:	
Attachment(s):	VA Certification of Readability Rev.pdf
Previous Version	
Satisfied - Item:	*Certification of Readability*
Comments:	
Attachment(s):	*VA Certification of Readability.pdf*

Amendment Letter

Submitted Date: 12/16/2015

Comments:

This amendment is being submitted so we may attach the final policyholder notice to the filing.

At this time we are also clarifying one additional point that the reviewer has asked us to clarify. A policyholder receiving a rate increase has an option to remove their inflation protection, if they have such an option or rider on their policy. However, the policyholder does not have the option to switch inflation options (i.e., exchange their current inflation protection coverage for a less expensive version of inflation protection). For example, the policyholder cannot swap compound inflation for simple inflation for the future.

If the policyholder decides to drop the inflation protection option or rider, then there will be no future increases to benefit amounts and the premium factor related to inflation protection is no longer applied to their premium. The policyholder can choose to do one of the following:

1. Revert to the original (at issue) benefit amount. Future premium = original benefit amount x new premium rates at original issue age.

2. Freeze the benefit amount at its current (inflated) level. Future premium = current benefit amount x new premium rates at original issue age.

This process is consistent with contract language, and is an option available to our LTC policyholders, regardless of whether or not they are facing a rate increase on their policies.

Thank you for your continued attention to this submission.

Changed Items:

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	LTC PP CB VA Encl 10.26.15	OTH	Initial		46.500	LTC PP CB VA Encl 10.26.15.pdf	Date Submitted: 12/16/2015 By:
Previous Version								
1	*Policyholder Notice*	*LTC PP CB VA Encl 10.26.15*	*OTH*	*Initial*		*46.500*	*LTC PP CB VA Encl 10.26.15.pdf*	*Date Submitted: 10/27/2015 By: Kimberly Steggall*
Previous Version								
1	*Policyholder Notice*	*97 PP CB VA Encl 8.14.15*	*OTH*	*Initial*		*46.500*	*97 PP CB VA Encl 8.14.15.pdf*	*Date Submitted: 08/21/2015 By:*
Previous Version								
1	*Policyholder Notice*	*97 PP CB VA Encl 8.14.15*	*OTH*	*Initial*		*46.500*	*97 PP CB VA Encl 8.14.15.pdf*	*Date Submitted: 08/17/2015 By: Kimberly Steggall*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 12/11/2015

Comments:

Per your request this amendment is being submitted so we may amend the Rate/Rule Schedule to reflect a 52.1% rate increase. You will also find a Post Summary Update for this purpose.

Thank you for your continued attention to this submission.

Changed Items:

No Form Schedule Items Changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	1997 LTC New Rates	97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO	Revised	Previous State Filing Number: Percent Rate Change Request: 52.1	VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,	12/11/2015 By:
Previous Version						
1	*1997 LTC New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *52*	*VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,*	*05/02/2014* *By: Kimberly Steggall*
Previous Version						
1	*1997 LTC New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *52*	*VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,*	*03/07/2014* *By: Kimberly Steggall*
Previous Version						
1	*VA LTC 1997 New Rates*	*97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request:* *50*	*VA LTC 1997 New Rates.pdf,*	*05/03/2013* *By: Kimberly Steggall*

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 09/18/2015

Comments:

This amendment is being submitted so we may attach an updated state filing grid per your Note to Filer dated September 18, 2015.

Thank you for your continued attention to this submission.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	State Filing Grid Status
Comments:	
Attachment(s):	VA 1997 State Filing Grid 9.18.15.pdf
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 11.22.13.pdf*
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 081913.pdf*
Previous Version	
Satisfied - Item:	*State Filing Grid Status*
Comments:	
Attachment(s):	*VA 1997 State Filing Grid 050313.pdf*

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 08/21/2015

Comments:

This filing is being amended so we may attach a revised policyholder notice for your review review.

This is being provided per the voicemail message we received from Janet Houser on August 19th asking us to rearrange one of the paragraphs within the letter. Please note that we have only rearranged paragraphs and have made no text changes to what was provided on August 17th.

Thank you for your continued attention to this submission.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notice	97 PP CB VA Encl 8.14.15	OTH	Initial		46.500	97 PP CB VA Encl 8.14.15.pdf	Date Submitted: 08/21/2015 By:
Previous Version								
1	*Policyholder Notice*	*97 PP CB VA Encl 8.14.15*	*OTH*	*Initial*		*46.500*	*97 PP CB VA Encl 8.14.15.pdf*	*Date Submitted: 08/17/2015 By: Kimberly Steggall*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Amendment Letter

Submitted Date: 02/19/2015

Comments:

This amendment is being submitted so we may provide the Department with a copy of form 2002-LTC-SBEND, Change in Schedule of Benefits Endorsement.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form 2002-LTC-SBEND
Comments:	Form 2002-LTC-SBEND, Change in Schedule of Benefits Endorsement, was approved by the Department on November 20, 2002, under Submission No. 007 0000019203.
Attachment(s):	2002-LTC-SBEND.pdf

Amendment Letter

Submitted Date: 05/08/2014

Comments:

This amendment is being submitted so we may attached a revised policyholder notice to the filing. We wanted to enhance the communication due to the three separate increases. Please use this revised documentation in your further review of this filing.

Thank you for your continued attention to this submission.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	97 PP CB VA Encl 5.7.14 0913.pdf 97 PP CB VA Encl 5.7.14 0913 SOV.pdf CBUL_Disc 0212.pdf LTC Encl 97 0314.pdf
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 5.2.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB VA Encl 3.7.14 0913.pdf* *CBUL_Disc 0212.pdf* *LTC Encl 97 0314.pdf*
Previous Version	
Satisfied - Item:	*Policyholder Communication*
Comments:	
Attachment(s):	*97 PP CB Encl 6.10.11 0212.pdf* *CBUL_Disc 0212.pdf* *LTC- Encl 97 options 0212.pdf*

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Reviewer

Created By:

Kimberly Steggall on 12/12/2016 08:55 AM

Last Edited By:

Kimberly Steggall

Submitted On:

12/12/2016 08:55 AM

Subject:

Request to Reopen Filing

Comments:

We are requesting this filing be reopened so we may provide a new Contingent Benefit Upon Lapse notice that will only be used for limited pay policies.

This direction was given by Janet Houser so we may keep all of the policyholder communications for our long term care rate increases within one filing.

As soon as this filing is reopened, we will add the new notice to the Form Schedule tab for your review.

Thank you very much for your attention to this request.

Sincerely,
Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 11/28/2016 07:42 AM

Last Edited By:

Janet Houser

Submitted On:

11/28/2016 07:42 AM

Subject:

11/23/2016 Request

Comments:

This filing has been reopened as requested.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Reviewer

Created By:

Kimberly Steggall on 11/23/2016 03:45 PM

Last Edited By:

Kimberly Steggall

Submitted On:

11/23/2016 03:51 PM

Subject:

Request to Reopen Filing

Comments:

We are requesting this filing be reopened so we may provide a revised Statement of Variability for the policyholder notice, LTC PP CB VA Encl 10.26.15.

This direction was given by Janet Houser so we may use the policyholder notice in this filing with two additional rate increase filings under SERFF Tracking #CUNA-130384283 and #CUNA-130384266.

As soon as this filing is reopened, we will amend the filing with the revised Statement of Variability to accommodate the specifics of the rate increases that will be approved under the two additional filings.

Thank you very much for your attention to this request.

Sincerely,
Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 12/21/2015 07:24 AM

Last Edited By:

Janet Houser

Submitted On:

12/21/2015 07:24 AM

Subject:

Certification of Compliance and Readability

Comments:

We are ready to approve this filing; however, we have two minor issues to resolve:

Please provide a Certification of Compliance as set forth in 14VAC5-100-40 3. The certification does not need to list each form separately since the wording provides the certification includes all enclosed form(s).

Please provide a readability certification with the required wording as set forth in 14VAC5-110-60 for all forms which includes the Flesch reading ease score, the number of sentences, words, and syllables and type size and certification language.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 12/11/2015 10:48 AM

Last Edited By:

Janet Houser

Submitted On:

12/11/2015 10:48 AM

Subject:

Rate/Rule Schedule

Comments:

In the Statement of Variability, it is indicated the overall rate increase implemented over 3 years is 52.1%. For consistency, please amend the Rate/Rule Schedule to reflect 52.1% in place of the 52% which is more accurate due to rounding.

I will amend the Rate Summary accordingly.

Thanks for your help!

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Filer

Created By:

Janet Houser on 10/23/2015 06:52 AM

Last Edited By:

Janet Houser

Submitted On:

10/23/2015 06:52 AM

Subject:

10.23.15 email

Comments:

To summarize my email, we are asking for the following changes to the policyholder letter:

- The disclosure that all options are not of equal value needs should be bolded, highlighted or changed in some way to bring the insured's attention to this notice.

- The letter should include a statement that the insured can exercise his options to change benefits at any time, not just at the time of a rate increase.

- The letter should contain sufficient variability so that it can be used for future filings. This may require that the Statement of Variability be updated accordingly.

If any of the above presents an issue or a concern or you have any questions, please contact me at 804-371-9390.

Thanks so much for your assistance.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 09/18/2015 08:16 AM

Last Edited By:

Janet Houser

Submitted On:

09/18/2015 08:16 AM

Subject:

State Filing Grid

Comments:

When the company provides the updated policyholder letters, please include an updated state filing grid.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Reviewer

Created By:

Kimberly Steggall on 08/18/2015 11:59 AM

Last Edited By:

Kimberly Steggall

Submitted On:

08/18/2015 12:00 PM

Subject:

Partnership Policies - Response

Comments:

Since this policy form was not filed as a partnership policy there are no partnership policies in effect. For that reason we have not included this disclosure.

Thank you for your continued attention to this submission.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 08/17/2015 02:10 PM

Last Edited By:

Janet Houser

Submitted On:

08/17/2015 02:21 PM

Subject:

partnership policies

Comments:

Does the company have any partnership polices in effect? If so, the letter should contain a disclosure that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections.

Thanks.

Janet

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Filer

Created By:

Janet Houser on 03/10/2015 02:06 PM

Last Edited By:

Janet Houser

Submitted On:

03/10/2015 02:10 PM

Subject:

Status Update

Comments:

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

We are currently waiting a response to the note to filer dated 2/23/2015. The senior Management of the Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. In an effort to provide you with additional assistance in creating such endorsements, we hope the following information will be helpful.

A revised Schedule of Benefits may be sent to the insured; however, the policy must be endorsed to reflect those changes. The following are at a minimum the information the endorsement should include:

1) the full corporate name of the company
2) appropriate signatures of the officers
3) the endorsement form number in the lower left hand corner
4) form titled as an endorsement and that it is be attached to the policy
5) the effective date of endorsement
6) the policyholder name, the insured's policy number, and affected policy form number
7) language that clearly states the policy is being endorsed for changes made to policy
8) a statement that this change does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

A simple approach could be wording to the effect that “as a result of your election to [insert option] the current coverage/benefit under this policy has been reduced/changed to [ ]. This would be directed at changes in the Schedule of Benefits and actually eliminate the need to generate a revised schedule.

If the optional nonforfeiture rider or contingent benefit upon lapse comes into play the wording could be: “Due to a [non-election of an option, by default,] or [election of the nonforfeiture option] the coverage/benefit continues under a paid-up status with a shortened benefit period for a period of [ ].”

A statement of variability should list all potential changes including riders that may be deleted, reductions in the inflation rider, reductions in maximum daily benefits, changes to the benefit period or waiting period and the appropriate ranges for such.

Should the company wish include a revised schedule, the endorsement should clearly state the revised schedule of benefits replaces the existing schedule in the policy which should be attached to the policy along with the endorsement.

We would be glad to review a prototype of the proposed endorsement if that would help.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 and a readability certification in accordance with 14 VAC-110-60.

If you have any questions, please feel free to contact me at 804-371-9390.

Janet

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Reviewer

Created By:

Kimberly Steggall on 03/10/2015 09:59 AM

Last Edited By:

Kimberly Steggall

Submitted On:

03/10/2015 09:59 AM

Subject:

Request for Filing Status

Comments:

Would you be able to provide me with the status of the above referenced filing?

Thank you in advance for your assistance.

Sincerely,
Kimberly Steggall

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Filer

Created By:

Janet Houser on 02/23/2015 02:33 PM

Last Edited By:

Janet Houser

Submitted On:

02/23/2015 02:33 PM

Subject:

Updating policy

Comments:

In reviewing endorsement form 2002-LTC-SBEND, how would the policy be amended if the person selected the nonforfeiture option, if available, or if the contingent benefit upon lapse option was exercised? How would the Schedule of Benefits be updated to reflect those changes? Please provide a John Doe version for our review. If the Schedule of Benefits was not approved for such changes, please submit a new form for review and approval with this filing. Please include a Certification of Compliance in accordance with 14 VAC5-100-40 3. If the form requires variability, please provide a statement of variability accordingly.

Should you have any questions, please feel free to contact me at 804-371-9390.

Thank you.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Filer

Created By:

Janet Houser on 10/16/2014 12:16 PM

Last Edited By:

Janet Houser

Submitted On:

10/16/2014 12:24 PM

Subject:

Objection letter

Comments:

Please accept my apologies regarding items 4 and 5 in my objection letter dated today. Through an oversight on my part, I did not realize the Statement of Variability I was reviewing in item 4 was for SERFF tracking # CUNA-129013427. Also, the information requested in item 4 is provided on the second page of the letter. Please disregard these two items.

Thank you.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 10/15/2014 09:17 AM

Last Edited By:

Janet Houser

Submitted On:

10/15/2014 09:17 AM

Subject:

status

Comments:

I apologize the delay in my response. I was out of the office last week and Monday was a holiday in Virginia. The filing is still under review by the Bureau I should have an update to you in a couple of weeks.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Reviewer

Created By:

Kimberly Steggall on 10/09/2014 02:42 PM

Last Edited By:

Kimberly Steggall

Submitted On:

10/09/2014 02:42 PM

Subject:

Request for Filing Status

Comments:

Would you be able to provide me with the status of the above referenced filing?

Thank you in advance for your assistance.

Sincerely,
Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 09/09/2014 06:30 AM

Last Edited By:

Janet Houser

Submitted On:

09/09/2014 06:30 AM

Subject:

Status Update

Comments:

This filing is still under the review by Virginia's State Corporation Commission. At this time I do not have any indication as to when this review will be completed. As soon as I receive an update, I will let you know as quickly as possible.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Note To Reviewer

Created By:

Kimberly Steggall on 09/08/2014 04:47 PM

Last Edited By:

Kimberly Steggall

Submitted On:

09/08/2014 04:47 PM

Subject:

Request for Filing Status

Comments:

Could you provide us with the status of the above referenced filing?

Thank you for your continued attention to this submission.

Sincerely,
Kimberly Steggall

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Note To Filer

Created By:

Janet Houser on 01/24/2014 12:37 PM

Last Edited By:

Janet Houser

Submitted On:

01/24/2014 12:39 PM

Subject:

Disregard Disapproval Letter

Comments:

Please disregard the disapproval letter sent today at 1/24/2014 at 12.26 PM. A corrected letter will be sent shortly.

I apologize for any inconvenience or confusion this may have caused.

State:	*Virginia*	**Filing Company:**	*CMFG Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*1997 LTC Product*		
Project Name/Number:	*2013 LTC Rate Increase/*		

Reviewer Note

Created By:

Janet Houser on 12/21/2015 06:01 AM

Last Edited By:

Janet Houser

Submitted On:

12/21/2015 12:51 PM

Subject:

RRS

Comments:

Rate Summaries

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: CMFG Life Insurance Company 62626

SERFF Tracking Number: CUNA-128867185

Disposition: Upon Approval

Approval Date: 12/21/2015

Revised Rates

Average Annual Premium Per Member:	$1,699
Average Requested Percentage Rate Change Per Member:	52.1%
Minimum Requested Percentage Rate Change Per Member:	52.1%
Maximum Requested Percentage Rate Change Per Member:	52.1%
Number of Policy Holders Affected:	82

+

Summary of the Bureau of Insurance's review of the rate request:

CMFG Life Insurance Company (the Company) requested a rate increase of 52.1%, to be implemented over three years at 15% per year. The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-150, which requires that the filing demonstrate that both the future and lifetime loss ratios will be at least 60% after application of the rate increase. The Bureau's review, based on the requirements of Virginia law and regulation and using actuarially accepted and justified assumptions, indicated that the future loss ratio will be 93.2% and the lifetime loss ratio will be 108.3%. Since the filing met the requirements of 14VAC5-200-150 after implementation of the rate increase, **approval was recommended**.

This is a closed block of business in Virginia and nationwide. This block of business was sold nationwide from 1997 to 2004 and policies were sold in Virginia from 1998 to 2003. Since all Virginia policies were sold prior to October 1, 2003 it is subject to the requirements of 14VAC5-200-150 (pre rate stabilization block) . At the time of filing there were 82 policies in Virginia and 2,371 policies nationwide. There have been no prior rate increases on this block of business in Virginia. These are individual policies and guaranteed renewable for life, which gives the company the contractual right to increase premiums subject to regulatory approval. The Company is basing the requested increase on their nationwide experience which is appropriate as the Virginia experience has little credibility. The Virginia historical earned premiums are less than 4% of the nationwide premium and the Virginia historical incurred claims are less than $.8 million. Thus the Virginia only claim experience has a significant credibility issue.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

The Company is requesting a rate increase because key assumptions used in pricing have not been met. There are three primary drivers for the rate increase. They are claims, policy lapses and deaths. The last two can be lumped together into terminations. The Company has experienced high claims. Claims have been about 40% higher than expected in the original pricing. The terminations have been much lower than expected, thereby increasing the Company's exposure to the high claims expected at advanced ages.

In the early years the group of policyholders is prefunding the benefits to be paid in later years. In the early years the premium exceeds the expected claims. A reserve is established in order to fund the claims in the later years, which are significantly higher than the premiums in the later years.
The terminations are a key element for two reasons. First, if too many policyholders continue their coverage, there will be much higher claims in the later years. Second, the pricing anticipates that reserves released by terminating policyholders will be used to fund the claims of persisting policyholders. If terminations are low, then the reserves released will not be sufficient.
In summary, when policyholders terminate at a lower rate

- there are more policyholders continuing to the high claim costs in later years
- there is not as much reserve being released to the group of continuing policyholders, and
- there is a larger group of continuing policyholders that need this reserve release.

The Company has found that lapses have been much lower than anticipated in the original pricing. In general, the lapse experience has been only 30% of the expected rate. This is a significant difference. Our analysis shows that approximately 40% of the rate increase is attributable to higher claims and 60% is attributable to low terminations.

The original expectation was that the Company would pay out 60% of the premium in claims over the lifetime of the product. The revised expectation is that, even with the rate increase, they will pay out approximately 101% of premium in claims.

The Company is offering all policyholders the option to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions..

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: CMFG Life Insurance Company 62626

SERFF Tracking Number: CUNA-128867185

Effective Date: Upon Approval

Revised Rates

Average Annual Premium Per Member: $1,699

Average Requested Percentage Rate Change Per Member: 52.1%

Minimum Requested Percentage Rate Change Per Member: 52.1%

Maximum Requested Percentage Rate Change Per Member: 52.1%

Number of Policy Holders Affected : 82

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
97-LTC-HHC1(VA)	Home Health Care Policy
97-LTCR-FCP	Facility Care Plus Rider
97-LTCR-NFL	Nonforfeiture Lapse Rider
97-LTCR-ROP	Return of Premium Rider
97-LTCR-IPO	Inflation Protection Option Rider
97-LTCR-FPO	Future Purchase Option Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

CMFG Life Insurance Company 62626

SERFF Tracking #CUNA-128867185
1997 Product

Health Insurance Rate Request Summary Attachment

Brief Narrative

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime "loss ratios" (i.e., benefits paid to our policyholders, divided by premiums received from those policyholders) are in far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Reviewer Note

Created By:

Bob Grissom on 12/01/2013 09:08 AM

Last Edited By:

Janet Houser

Submitted On:

12/21/2015 12:51 PM

Subject:

Actuarial Review

Comments:

Actuarial review requested 08/25/2013 & 12/01/2013

Add'l info needed 1.15.14

Add'l info rec'd 3.7.14 - sent to Act 3.10.14; due date 3.24.14

3.20.14 - recommend approval

10.15.14 - revised recommendation for approval including NAIC compliance

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

COMMONWEALTH OF VIRGINIA

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

To: Kimberly Steggall
Consultant, Ethics & Compliance

From: Bob Grissom
Chief Insurance Market Examiner, Market Regulation
Virginia Bureau of Insurance
804-371-9152

Date: September 20, 2013

RE: CMFG Life Insurance Company
SERFF # CUNA-128867185

We'll continue our review upon receipt of the company's responses to the following. Let me know if you have any questions or wish to discuss.

1. The actuarial memorandum states policies were sold nationwide from 1997 to 2004. What is the corresponding range for policies sold in Virginia?

2. The filing indicates the block has policies with a limited pay options. Please confirm these limited pay options are properly reflected in the projections. Describe the limited pay option (10-pay, to age 65, or something else) and provide a distribution of business by the year in which the premiums cease. For example, a policy with a to-age-65 payment option, issued to a 40 year old in 2000, would cease payments in 2025.

3. We note the projected incurred claims with the rate increase are slightly higher than the projected incurred claims without the rate increase. Do you include waived premiums in both premiums and claims in the projections and thus the explanation of the difference? If so, are waived premiums similarly included in both earned premiums and incurred claims in the historical experience?

4. We reviewed the annual loss ratios in the historical and projection period. We took the ratio of successive annual loss ratios to develop a slope. This slope should serve as a proxy for the slope of the claim cost curve. In the

projection period, the slope is a fairly consistent 11-13% per year. The historical experience has been a fairly flat 50% for the last four years. However, there is a large discontinuity from the historical period to the projection period, namely from 50% for 2009-2012 to 79% in 2013. The Supplemental Information document states the 97 policies series has been running about 140% of expected, but the projections assume a grading down to an ultimate level of 120%. The jump from 50% to 79% appears to contradict this slowing down. We believe the starting point for the projections is way too high. Please explain what is happening here.

5. Virginia requires the inclusion of active life (policy) reserves in the analysis of the pre-rate stabilization loss ratio. Exhibit 1 of the filing shows the December 31, 2012 balance with the morbidity conservatism removed and valued at 6%. Proper evaluation of the loss ratio requires the corresponding active life reserve balance for each year in the historical experience period. If this is difficult to obtain, an estimate of these prior balances is acceptable. We suggest using the ratio of a) the December 31, 2012 balance without morbidity conservatism and valued at 6.00% to b) the actual 2012 statutory balance. This ratio can be applied to prior year end statutory balances. We are requesting this information only on a nationwide basis; we do not need it for the Virginia subset.

6. The Model Formulas document indicates the use of selection factors in morbidity. Please provide these factors.

7. We reviewed the retro reserve test. The starting point of the projections is 2013. What are the actual reserves held at December 31, 2012 which are included in the historical experience? Split these amounts by calendar year of incurral and category of DLR, ICOS and IBNR. We are only interested in the amounts for the 1997 product series.

8. Do the financial projections include any shock lapses due to the rate increase?

9. Please provide distributions of business by
   - Issue year
   - Gender
   - Attained age brackets
   - Inflation option

To clarify, we are asking for four distributions, not a 4-dimensional distribution.

10. Please provide an update of the state filing grid as part of your response.

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
Leon L. Langlitz, F.S.A.
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Christopher J. Merkel, F.S.A.
Jan E. DeClue, A.S.A.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

January 15, 2014

Mr. Robert Grissom
Supervisor
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance
CMFG Life Insurance Company
Long Term Care Rate Increase
Policy Forms 97-LTC-COMP, 97-LTC-HHC1 and associated riders
SERFF# CUNA-128867185

Dear Bob:

We have completed our review of the Company's response. The Company is requesting a 50% rate increase on these forms.

Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have several follow-up questions.

Questions

1. The three primary drivers of the rate increase are changes to the assumptions for morbidity, mortality and lapses. How much of the requested increase is attributable to each assumption? We appreciate that these factors are co-dependent, so we are only asking for a ballpark estimate.

2. We are attempting to compare the actual experience to the original pricing assumptions.
   a) Please provide an expansion of the Lapse Analysis Details. We are only interested in the **first page** (by duration) of that study. Expand the study to show the number of expected lapses based on the original pricing assumption. What is the original pricing assumption for lapses? Provide this update in an Excel workbook.

   b) Please provide an expansion of the Mortality Analysis Details. We are only interested in the **second page** (by attained age) of that study. We believe the Expected Deaths are based on the revised assumption. Expand the study to show the number of expected deaths based on the original pricing assumption, including the effect of mortality selection factors. What is the original pricing assumption for mortality? Provide this update in an Excel workbook.

   c) Please provide an expansion of the Morbidity Analysis Details. We are only interested in the **second page** (by product) of that study. Expand the study to show the number of expected deaths based on the original pricing assumption, including any morbidity selection factors. Provide this update in an Excel workbook.

3. What was the expected lifetime loss ratio in the original filing?

4. Please review the Active Life Reserve balances provided. The ending balance is $44.9 million. Although this is only 76% of the statutory amount, it appears to be very high in comparison to the premium collected. Total earned premiums are only $34.1 million. Even accumulated with 6% interest, those earned premiums are only $51.2 million. This does not seem reasonable.

Let us know if any of our inquiries are unclear. We look forward to the Company's response.

Sincerely,

Anthony G. Proulx

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
(913)-766-9165

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Christopher J. Merkel, F.S.A.
Jan E. DeClue, A.S.A.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

March 20, 2014

Mr. Robert Grissom
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance
CMFG Life Insurance Company
Long Term Care Rate Increase
Policy Forms 97-LTC-COMP, 97-LTC-HHC1 and associated riders
SERFF# CUNA-128867185

Dear Bob:

We have completed our review of this filing for a long term care rate increase. CMFG Life Insurance Company (the Company) is requesting an across the board increase of 50%. They have agreed to an alternate schedule of three rounds of 15% increase, for a cumulative effect of 52%. They are requesting the same amount 50% in all jurisdictions.

Recommendation

We recommend that the Bureau approve the requested rate increase. Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care

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

We sent two emails to the Company requesting additional information. The Company's response clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Background

This is a closed block of business in Virginia and nationwide. This block of business was sold nationwide from 1997 to 2004. Policies were sold in Virginia from 1998 to 2003. All Virginia policies were sold prior to October 1, 2003 and thus this is a pre rate stabilization block and subject to 14VAC5-200-150 which requires a lifetime loss ratio of at least 60%. There are 82 policies in Virginia and 2,371 policies nationwide. There have been no prior rate increases on this block of business in Virginia. These are individual policies which are guaranteed renewable for life. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia historical earned premiums are less than 4% of the nationwide premium and the Virginia historical incurred claims are less than $.8 million. The Virginia only claim experience has a significant credibility issue.

Analysis - Methodology

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

<u>Credibility</u>
This is a smaller sized block of business with $34 million of premium and $9 million of incurred claims. The Company uses their nationwide experience from their entire block of individual long term care products to develop revised assumptions. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience.

The Company is using a credibility measure based on life years. Their formula is square root of (lives/200,000). When applied to all four blocks of business (the 1993 product series, the 2002 product series and the 2006 product series are not part of this filing) they arrive at 100% credibility. We use a different credibility measure. In a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force, the issue of credibility is addressed. In that letter, the working group introduces a rule of 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within ± 5% of the true claims with 90% confidence. The same analysis shows that 2,654 claims will ensure that the observed claims are within ± 5% of the true claims with 99% confidence. Using the 1082 claims as our benchmark, we calculate their claim experience is only 59% credible.

Morbidity

The Company measured their experience against the Milliman USA 2011 Long Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience and it recognizes various underwriting standards. We are comfortable with this source. The claim experience for this series is running 40% unfavorable and for all of their business is 1% unfavorable. The Company introduces a product weighting of 1.40 for 2013, grading to 1.20 in 2020. In addition, the Company assumes annual 1% improvement in morbidity through 2027. These annual improvements make the projections quite conservative and we believe a larger rate increase could be justified.

The morbidity analysis properly considered the effect of claim reserves, selection factors, salvage factors, claim management factors, area factors and risk class factors. We note that the Company assumes a 5% reduction to claims due to claim management.

The Company provided an actual to expected analysis of their morbidity assumptions across multiple variables, with the following results:

Actual to Expected Mortality Results		
	Exposure	**A/E Ratio**
2002 Calendar Year	3,220	2.29
2003 Calendar Year	4,051	0.85
2004 Calendar Year	6,356	0.14
2005 Calendar Year	9,443	1.49
2006 Calendar Year	13,829	0.86
2007 Calendar Year	19,451	0.59
2008 Calendar Year	24,945	1.10
2009 Calendar Year	29,989	1.01
2010 Calendar Year	35,171	0.81
2011 Calendar Year	36,902	1.29
2012 Calendar Year	37,107	1.12
Female	130,419	0.99
Male	90,046	1.14
1993 Product	5,463	0.91
1997 Product	31,586	1.00
2002 Product	116,507	1.02
2006 Product	66,909	1.33
Single	51,952	1.09
Married – 1 insured	33,897	0.81
Married – 2 insureds	134,616	1.04
Attained Age ≤ 60	85,848	1.58
Attained Age 60-69	99,202	0.89
Attained Age 70-79	32,088	1.02
Attained Age 80-89	3,251	1.07
Attained Age 90+	76	0.59
Issue Age ≤ 49	23,928	3.17
Issue Age 50-54	40,191	1.28
Issue Age 55-59	56,853	0.85
Issue Age 60-64	53,528	0.81
Issue Age 65-69	30,116	1.15
Issue Age 70-74	12,487	1.00

Issue Age 75-79	3,028	0.79
Issue Age 80+	333	0.89
Duration 1-3	107,234	1.25
Duration 4-6	72,594	1.11
Duration 7-9	27,056	1.01
Duration 10-12	8,963	0.77
Duration 13+	4,617	0.95
Home Care Only	4,505	0.63
Facility Only	9,422	0.58
Comprehensive	206,538	1.08
Lifetime Benefit Period	188,113	1.02
Non-lifetime Benefit Period	32,352	1.07
0, 30 Day Elimination Period	55,129	1.00
31-90 Day Elimination Period	149,235	1.06
91+ Day Elimination Period	16,101	1.02
$0-99 Daily Benefit Amount	43,042	0.97
$100-149 Daily Benefit Amount	92,000	0.93
$150 +Daily Benefit Amount	85,423	1.27
No Inflation	42,413	0.96
Simple Inflation	24,747	0.93
Compound Inflation	153,306	1.12
No Home Health Care	9,422	0.58
1-99% Home Health Care	50,699	1.03
100% Home Health Care	151,434	1.10
>100% Home Health Care	8,910	0.98
Preferred risk class	78,432	0.79
Standard risk class	133,992	1.12
Substandard risk class	8,042	1.68
Total	220,465	1.04

The Company did a thorough job of dissecting their results across multiple parameters. There are some volatile ratios, but they occur in cells with relatively small exposure. The Company's aggregate revised morbidity assumption is reasonable and it fits the historical experience quite well. However, again, we feel they assigned too much credibility to this subset.

Mortality

The Company is using the Annuity 2000 table as their mortality assumptions. The assumption includes projecting forward with Scale G 100% for males and 50% for females. The Company also uses selection factors which begin at .20 and grade to an ultimate value of 1.00 at duration 9. The selection factors are slightly different for their other products, but they are not part of this filing. Deaths are identified as either a policy termination code of death or a match against the Social Security Masterfile. There are a total of 721 actual deaths in the study.

The Annuity 2000 Table is often used with Long Term Care products. The Company's selection factors are reasonable compared to the factors used in other reviews we have performed. The limited number of actual deaths requires the use of a recognized table.

The Company provided an actual to expected analysis along several parameters:

Actual to Expected Mortality Results		
	Exposure	**A/E Ratio**
Male	79,787	0.99
Female	115,969	088
1993 Product	7,452	0.95
1997 Product	33,439	0.96
2002 Product	104,202	0.93
2006 Product	50,663	0.89
Single	50,232	0.81
Married – 1 insured	28,585	0.95
Married – 2 insureds	116,939	0.96
Attained Age ≤ 49	14,711	0.89
Attained Age 50-54	24,899	1.33
Attained Age 55-59	42,639	1.00
Attained Age 60-64	48,737	0.78

Attained Age 65-69	35,025	1.13
Attained Age 70-74	18,517	0.91
Attained Age 75-79	8,246	0.82
Attained Age 80-84	2,379	0.87
Attained Age 85-89	530	1.01
Attained Age 90+	73	0.64
Duration 1-3	107,706	1.09
Duration 4-6	58,863	0.89
Duration 7-9	19,315	0.99
Duration 10-12	6,982	0.63
Duration 13+	2,890	0.93
Total	195,756	0.94

Again the fit is reasonably good, especially given the limited number of actual deaths. We believe the Company's assumption is reasonable.

Lapses

The Company measured their lapses using two methods. The first method is total terminations less those that were identified as deaths. The second method is total terminations less expected deaths. The revised lapse assumption is based on Company-wide experience. This helps provide greater stability and credibility in the results and we have no reason to believe that lapses should vary by policy generation.

There is no recognized lapse table for long term care insurance. However, in our experience reviewing long term care rate increase filings, the ultimate lapse rate is generally in the range of 0.75% – 1.50%. The Company's ultimate rate is 1.00%. However, the data has credibility issues at the longer durations. The Company's revised assumption is an ultimate lapse rate of 1.0% beginning in duration 9. The experience for durations 9 and later shows 240 deaths. We defined the ultimate period as durations 4+, 5+, 6+, etc. to see if the ultimate experience was sensitive to the period. It was somewhat insensitive. If ultimate is defined as years 9+, the experience shows an ultimate rate of about 1.50% to 1.75%, depending on the method. The Company is using 1.0%, which is on the aggressive side. This is addressed in the Loss Ratio section.

Using their data, we calculated 6015 deaths under method 1 and 5,948 under method 2. The difference between the two methods translates to 0.06% in the lapse rate. The difference is immaterial. Both methods produce lapses which are large enough to be considered fully credible.

Using the Company's revised assumption and historical data, we calculated Actual to Expected ratios by a number of parameters and using the two methods described above. Our results are:

Actual to Expected Lapse Results			
	Exposure	**Method 1**	**Method 2**
Male	73,209	0.96	0.95
Female	106,635	1.08	1.06
1993 Product	7,452	0.66	0.62
1997 Product	33,437	0.98	0.97
2002 Product	88,678	1.09	1.09
2006 Product	50,277	0.99	0.98
Single	46,922	1.39	1.39
Married	132,922	0.92	0.91
With Inflation	141,925	1.00	0.99
No Inflation	37,919	1.15	1.15
Duration 1	37,405	1.03	1.03
Duration 2	35,047	0.97	0.97
Duration 3	28,584	0.91	0.91
Duration 4-5	40,908	1.11	1.08
Duration 6-8	24,397	1.15	1.17
Duration 9+	13,503	1.78	1.42
Total	179,844	1.03	1.02

The new assumptions are a good fit, except at the longer durations.

Financial Projections

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. The projections do not include any shock lapses or corresponding anti-selection. This is a relatively minor consideration as the amounts are usually small and the two events work against each other. We are comfortable that the projections do not include shock lapses and corresponding anti-selection.

We were able to exactly match the present value calculations of the historical experience. We were able to very closely match the present value calculation of the projected experience. The difference is that the final cell lumps all the experience for 2052 and later together. The difference is relatively small – our future loss ratios are about 7% higher (231% vs. 224%) and our lifetime loss ratios are about 2% higher. This has no impact on the requested rate increase.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. Our rule of thumb for a block of LTC business, with 62% of the policies having inflation protection, is the annual loss ratios should increase by 12-16% per year. The slope in the Company's projections is a very consistent 11-13% throughout the entire projection period. This aligns well with our rule of thumb.

We also reviewed the loss ratio slope during the transition from the historical to the projected period. This was very difficult because the historical experience is small and still has some wear off of underwriting selection. We used the entire history for our base period in order to smooth the fluctuations. We ignored the effect of underwriting wear-off, which we recognize will overstate the slope. The result is an implied annual slope of 16.0%. This would be lower if underwriting selection is recognized and it too is consistent with our rule of thumb of 12-16%. We found the pattern of loss ratios to be reasonable.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. The model had 96 cells representing combinations of attained age, gender and issue year. Our model matched the Company's implied persistency very closely throughout the projection period but was off by 1.5% in the first year. Generally we were within 0.2%. Given the limitations of our simple model, we consider this a good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

We compared the premiums with and without the premium increase. Once the rate increase is fully effective (2015) the overall effect is a 50% rate increase. We also compared the incurred claims with and without the rate increase. Incurred claims are 0.5% – 2.0% higher with the rate increase, due to the larger premium on waiver claims.

The Company stated that the projections include continued mortality and morbidity improvements. The mortality improvements are 100% of Scale G for males and 50% of Scale G

for females. These are reasonable improvements and not uncommon for annuity business (the underlying table is the Annuity 2000 Table). The morbidity improvements are 1% per year through 2025. Again this is a reasonable assumption. In our review work, we see that about half of the companies use a morbidity improvement in their projections. The mortality improvements serve to increase the lifetime loss ratio; the morbidity improvements clearly lower the lifetime loss ratio. They work against each other, though the morbidity improvement is dominant. Again, we find these assumptions to be reasonable.

Loss Ratios

We performed an extensive analysis of the loss ratio calculations. We were able to very closely match the Company's calculations of the loss ratios. We could not match exactly because the Company lumps all the experience after calendar year 2051. The difference is immaterial to our conclusions.

This policy series has only pre rate stabilization policies. 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The pricing interest rate varied by policy duration as:

Policy Duration	**Pricing Interest Rate**
1-3	7.00%
4-5	6.50%
6+	6.00%

The use of 6.00% for all durations is a reasonable approximation, but we also tested the sensitivity of the interest rate used to accumulate the historical experience and discount the projections. The following table shows the sensitivity of the interest rate.

Loss Ratio Analysis						
With the Full 50% Rate Increase						
Includes the Effect of Active Life Reserves						
Interest Rate	**Company Projections**			**Lapses Increased to 1.75%**		
	Past	Future	Lifetime	Past	Future	Lifetime
4.00%	119.7%	288.7%	153.9%	119.7%	161.9%	137.7%
4.50%	118.9%	257.4%	143.0%	118.9%	142.9%	128.7%
5.00%	118.2%	228.4%	133.5%	118.2%	125.2%	120.9%

6.00%	116.6%	176.4%	118.0%	116.6%	93.2%	108.3%
7.00%	115.1%	131.0%	106.4%	115.1%	65.0%	98.9%
8.00%	113.6%	91.0%	97.8%	113.6%	40.0%	92.0%

The pricing rate of 6.00% is highlighted in green. All the policies were issued during the period when the valuation rate was 4.50%, so that scenario is also included. Clearly, the results are very sensitive to the interest rate. The future and lifetime loss ratios easily exceed the 60% requirement. This analysis shows the loss ratio requirement is met for both the future and lifetime time periods. It is also still met when the lapses are increased to 1.75%.

The Company sold only 2 limited pay plans in this series. They were both single premium policies. These policies were excluded from the Company's historical and projected experience. Their exclusion is immaterial.

Finally, the Bureau has negotiated for three rounds of 15% increases instead of the single round of 50%. This will have very little impact on the lifetime loss ratios. As the loss ratio test was easily met, we saw no need to recast the projections using a slightly different premium pattern.

Other Considerations

We reviewed the status of approvals in other states. The Company has business in force in 45 jurisdictions. To date they have filed in 42 jurisdictions. To date there have been 33 approved increases and 7 disapproved. The average amount for the 33 is 43.4%. The average amount for all 40 decisions is 41.8%.

The insured has options of:

- Accepting the rate increase
- Reducing the daily benefit amount
- Reducing the benefit period
- Increasing the elimination period
- Removing optional riders
- Exercise the nonforfeiture rider, if included on the policy
- Exercise the contingent benefit upon lapse, if eligible.

Conclusions

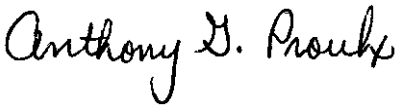
For this block of pre rate stabilization policies, 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The table in the loss ratio section shows the lifetime and future loss ratios are easily being met under all scenarios.

Reliance and Qualification

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by CMFG Life Insurance Company both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,



Anthony G. Proulx, FSA, MAAA
Vice President & Principal
913 766-9165

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Baltimore
David A. Palmer, C.F.E.

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.
Christopher J. Merkel, F.S.A.
Jan E. DeClue, A.S.A.
Patricia A. Peebles, A.S.A.

London/Kansas City
Roger K. Annin, F.S.A., F.I.A.
Timothy A. DeMars, F.S.A., F.I.A.
Scott E. Morrow, F.S.A., F.I.A.

October 15, 2014

Mr. Robert Grissom
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance
CMFG Life Insurance Company
Long Term Care Rate Increase
Policy Forms 97-LTC-COMP, 97-LTC-HHC1 and associated riders
SERFF# CUNA-128867185

Dear Bob:

We have completed our review of this filing for a long term care rate increase. CMFG Life Insurance Company (the Company) is requesting an across the board increase of 50%. They have agreed to an alternate schedule of three rounds of 15% increase, for a cumulative effect of 52%. They are requesting the same amount 50% in all jurisdictions.

Recommendation

We recommend that the Bureau approve the requested rate increase. Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and

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

We sent two emails to the Company requesting additional information. The Company's response clarified issues and provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

Background

This is a closed block of business in Virginia and nationwide. This block of business was sold nationwide from 1997 to 2004. Policies were sold in Virginia from 1998 to 2003. All Virginia policies were sold prior to October 1, 2003 and thus this is a pre rate stabilization block and subject to 14VAC5-200-150 which requires a lifetime loss ratio of at least 60%. There are 82 policies in Virginia and 2,371 policies nationwide. There have been no prior rate increases on this block of business in Virginia. These are individual policies which are guaranteed renewable for life. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia historical earned premiums are less than 4% of the nationwide premium and the Virginia historical incurred claims are less than $.8 million. The Virginia only claim experience has a significant credibility issue.

Analysis - Methodology

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

<u>Credibility</u>
This is a smaller sized block of business with $34 million of premium and $9 million of incurred claims. The Company uses their nationwide experience from their entire block of individual long term care products to develop revised assumptions. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience.

The Company is using a credibility measure based on life years. Their formula is square root of (lives/200,000). When applied to all four blocks of business (the 1993 product series, the 2002

product series and the 2006 product series are not part of this filing) they arrive at 100% credibility. We use a different credibility measure. In a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force, the issue of credibility is addressed. In that letter, the working group introduces a rule of 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within ± 5% of the true claims with 90% confidence. The same analysis shows that 2,654 claims will ensure that the observed claims are within ± 5% of the true claims with 99% confidence. Using the 1082 claims as our benchmark, we calculate their claim experience is only 59% credible.

Morbidity

The Company measured their experience against the Milliman USA 2011 Long Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience and it recognizes various underwriting standards. We are comfortable with this source. The claim experience for this series is running 40% unfavorable and for all of their business is 1% unfavorable. The Company introduces a product weighting of 1.40 for 2013, grading to 1.20 in 2020. In addition, the Company assumes annual 1% improvement in morbidity through 2027. These annual improvements make the projections quite conservative and we believe a larger rate increase could be justified.

The morbidity analysis properly considered the effect of claim reserves, selection factors, salvage factors, claim management factors, area factors and risk class factors. We note that the Company assumes a 5% reduction to claims due to claim management.

The Company provided an actual to expected analysis of their morbidity assumptions across multiple variables, with the following results:

Actual to Expected Mortality Results		
	Exposure	**A/E Ratio**
2002 Calendar Year	3,220	2.29
2003 Calendar Year	4,051	0.85
2004 Calendar Year	6,356	0.14
2005 Calendar Year	9,443	1.49
2006 Calendar Year	13,829	0.86
2007 Calendar Year	19,451	0.59
2008 Calendar Year	24,945	1.10
2009 Calendar Year	29,989	1.01
2010 Calendar Year	35,171	0.81
2011 Calendar Year	36,902	1.29
2012 Calendar Year	37,107	1.12

Female	130,419	0.99
Male	90,046	1.14
1993 Product	5,463	0.91
1997 Product	31,586	1.00
2002 Product	116,507	1.02
2006 Product	66,909	1.33
Single	51,952	1.09
Married – 1 insured	33,897	0.81
Married – 2 insureds	134,616	1.04
Attained Age ≤ 60	85,848	1.58
Attained Age 60-69	99,202	0.89
Attained Age 70-79	32,088	1.02
Attained Age 80-89	3,251	1.07
Attained Age 90+	76	0.59
Issue Age ≤ 49	23,928	3.17
Issue Age 50-54	40,191	1.28
Issue Age 55-59	56,853	0.85
Issue Age 60-64	53,528	0.81
Issue Age 65-69	30,116	1.15
Issue Age 70-74	12,487	1.00
Issue Age 75-79	3,028	0.79
Issue Age 80+	333	0.89
Duration 1-3	107,234	1.25
Duration 4-6	72,594	1.11
Duration 7-9	27,056	1.01
Duration 10-12	8,963	0.77
Duration 13+	4,617	0.95
Home Care Only	4,505	0.63
Facility Only	9,422	0.58
Comprehensive	206,538	1.08

Lifetime Benefit Period	188,113	1.02
Non-lifetime Benefit Period	32,352	1.07
0, 30 Day Elimination Period	55,129	1.00
31-90 Day Elimination Period	149,235	1.06
91+ Day Elimination Period	16,101	1.02
$0-99 Daily Benefit Amount	43,042	0.97
$100-149 Daily Benefit Amount	92,000	0.93
$150 +Daily Benefit Amount	85,423	1.27
No Inflation	42,413	0.96
Simple Inflation	24,747	0.93
Compound Inflation	153,306	1.12
No Home Health Care	9,422	0.58
1-99% Home Health Care	50,699	1.03
100% Home Health Care	151,434	1.10
>100% Home Health Care	8,910	0.98
Preferred risk class	78,432	0.79
Standard risk class	133,992	1.12
Substandard risk class	8,042	1.68
Total	220,465	1.04

The Company did a thorough job of dissecting their results across multiple parameters. There are some volatile ratios, but they occur in cells with relatively small exposure. The Company's aggregate revised morbidity assumption is reasonable and it fits the historical experience quite well. However, again, we feel they assigned too much credibility to this subset.

Mortality

The Company is using the Annuity 2000 table as their mortality assumptions. The assumption includes projecting forward with Scale G 100% for males and 50% for females. The Company also uses selection factors which begin at .20 and grade to an ultimate value of 1.00 at duration 9. The selection factors are slightly different for their other products, but they are not part of this filing. Deaths are identified as either a policy termination code of death or a match against the Social Security Masterfile. There are a total of 721 actual deaths in the study.

The Annuity 2000 Table is often used with Long Term Care products. The Company's selection factors are reasonable compared to the factors used in other reviews we have performed. The limited number of actual deaths requires the use of a recognized table.

The Company provided an actual to expected analysis along several parameters:

Actual to Expected Mortality Results		
	Exposure	**A/E Ratio**
Male	79,787	0.99
Female	115,969	088
1993 Product	7,452	0.95
1997 Product	33,439	0.96
2002 Product	104,202	0.93
2006 Product	50,663	0.89
Single	50,232	0.81
Married – 1 insured	28,585	0.95
Married – 2 insureds	116,939	0.96
Attained Age ≤ 49	14,711	0.89
Attained Age 50-54	24,899	1.33
Attained Age 55-59	42,639	1.00
Attained Age 60-64	48,737	0.78
Attained Age 65-69	35,025	1.13
Attained Age 70-74	18,517	0.91
Attained Age 75-79	8,246	0.82
Attained Age 80-84	2,379	0.87
Attained Age 85-89	530	1.01
Attained Age 90+	73	0.64
Duration 1-3	107,706	1.09
Duration 4-6	58,863	0.89
Duration 7-9	19,315	0.99
Duration 10-12	6,982	0.63
Duration 13+	2,890	0.93

Total	195,756	0.94

Again the fit is reasonably good, especially given the limited number of actual deaths. We believe the Company's assumption is reasonable.

Lapses

The Company measured their lapses using two methods. The first method is total terminations less those that were identified as deaths. The second method is total terminations less expected deaths. The revised lapse assumption is based on Company-wide experience. This helps provide greater stability and credibility in the results and we have no reason to believe that lapses should vary by policy generation.

There is no recognized lapse table for long term care insurance. However, in our experience reviewing long term care rate increase filings, the ultimate lapse rate is generally in the range of 0.75% – 1.50%. The Company's ultimate rate is 1.00%. However, the data has credibility issues at the longer durations. The Company's revised assumption is an ultimate lapse rate of 1.0% beginning in duration 9. The experience for durations 9 and later shows 240 deaths. We defined the ultimate period as durations 4+, 5+, 6+, etc. to see if the ultimate experience was sensitive to the period. It was somewhat insensitive. If ultimate is defined as years 9+, the experience shows an ultimate rate of about 1.50% to 1.75%, depending on the method. The Company is using 1.0%, which is on the aggressive side. This is addressed in the Loss Ratio section.

Using their data, we calculated 6015 deaths under method 1 and 5,948 under method 2. The difference between the two methods translates to 0.06% in the lapse rate. The difference is immaterial. Both methods produce lapses which are large enough to be considered fully credible. Using the Company's revised assumption and historical data, we calculated Actual to Expected ratios by a number of parameters and using the two methods described above. Our results are:

Actual to Expected Lapse Results			
	Exposure	**Method 1**	**Method 2**
Male	73,209	0.96	0.95
Female	106,635	1.08	1.06
1993 Product	7,452	0.66	0.62
1997 Product	33,437	0.98	0.97
2002 Product	88,678	1.09	1.09
2006 Product	50,277	0.99	0.98

Single	46,922	1.39	1.39
Married	132,922	0.92	0.91
With Inflation	141,925	1.00	0.99
No Inflation	37,919	1.15	1.15
Duration 1	37,405	1.03	1.03
Duration 2	35,047	0.97	0.97
Duration 3	28,584	0.91	0.91
Duration 4-5	40,908	1.11	1.08
Duration 6-8	24,397	1.15	1.17
Duration 9+	13,503	1.78	1.42
Total	179,844	1.03	1.02

The new assumptions are a good fit, except at the longer durations.

Financial Projections

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. The projections do not include any shock lapses or corresponding anti-selection. This is a relatively minor consideration as the amounts are usually small and the two events work against each other. We are comfortable that the projections do not include shock lapses and corresponding anti-selection.

We were able to exactly match the present value calculations of the historical experience. We were able to very closely match the present value calculation of the projected experience. The difference is that the final cell lumps all the experience for 2052 and later together. The difference is relatively small – our future loss ratios are about 7% higher (231% vs. 224%) and our lifetime loss ratios are about 2% higher. This has no impact on the requested rate increase.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. Our rule of thumb for a block of LTC business, with 62% of the policies having inflation protection, is the annual loss ratios should increase by 12-16% per

year. The slope in the Company's projections is a very consistent 11-13% throughout the entire projection period. This aligns well with our rule of thumb.

We also reviewed the loss ratio slope during the transition from the historical to the projected period. This was very difficult because the historical experience is small and still has some wear off of underwriting selection. We used the entire history for our base period in order to smooth the fluctuations. We ignored the effect of underwriting wear-off, which we recognize will overstate the slope. The result is an implied annual slope of 16.0%. This would be lower if underwriting selection is recognized and it too is consistent with our rule of thumb of 12-16%. We found the pattern of loss ratios to be reasonable.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. The model had 96 cells representing combinations of attained age, gender and issue year. Our model matched the Company's implied persistency very closely throughout the projection period but was off by 1.5% in the first year. Generally we were within 0.2%. Given the limitations of our simple model, we consider this a good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

We compared the premiums with and without the premium increase. Once the rate increase is fully effective (2015) the overall effect is a 50% rate increase. We also compared the incurred claims with and without the rate increase. Incurred claims are 0.5% – 2.0% higher with the rate increase, due to the larger premium on waiver claims.

The Company stated that the projections include continued mortality and morbidity improvements. The mortality improvements are 100% of Scale G for males and 50% of Scale G for females. These are reasonable improvements and not uncommon for annuity business (the underlying table is the Annuity 2000 Table). The morbidity improvements are 1% per year through 2025. Again this is a reasonable assumption. In our review work, we see that about half of the companies use a morbidity improvement in their projections. The mortality improvements serve to increase the lifetime loss ratio; the morbidity improvements clearly lower the lifetime loss ratio. They work against each other, though the morbidity improvement is dominant. Again, we find these assumptions to be reasonable.

<u>Loss Ratios</u>

We performed an extensive analysis of the loss ratio calculations. We were able to very closely match the Company's calculations of the loss ratios. We could not match exactly because the

Company lumps all the experience after calendar year 2051. The difference is immaterial to our conclusions.

This policy series has only pre rate stabilization policies. 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The pricing interest rate varied by policy duration as:

Policy Duration	Pricing Interest Rate
1-3	7.00%
4-5	6.50%
6+	6.00%

The use of 6.00% for all durations is a reasonable approximation, but we also tested the sensitivity of the interest rate used to accumulate the historical experience and discount the projections. The following table shows the sensitivity of the interest rate.

Loss Ratio Analysis						
With the Full 50% Rate Increase						
Includes the Effect of Active Life Reserves						
Interest Rate	Company Projections			Lapses Increased to 1.75%		
	Past	Future	Lifetime	Past	Future	Lifetime
4.00%	119.7%	288.7%	153.9%	119.7%	161.9%	137.7%
4.50%	118.9%	257.4%	143.0%	118.9%	142.9%	128.7%
5.00%	118.2%	228.4%	133.5%	118.2%	125.2%	120.9%
6.00%	116.6%	176.4%	118.0%	116.6%	93.2%	108.3%
7.00%	115.1%	131.0%	106.4%	115.1%	65.0%	98.9%
8.00%	113.6%	91.0%	97.8%	113.6%	40.0%	92.0%

The pricing rate of 6.00% is highlighted in green. All the policies were issued during the period when the valuation rate was 4.50%, so that scenario is also included. Clearly, the results are very sensitive to the interest rate. The future and lifetime loss ratios easily exceed the 60% requirement. This analysis shows the loss ratio requirement is met for both the future and lifetime time periods. It is also still met when the lapses are increased to 1.75%.

The Company sold only 2 limited pay plans in this series. They were both single premium policies. These policies were excluded from the Company's historical and projected experience. Their exclusion is immaterial.

Finally, the Bureau has negotiated for three rounds of 15% increases instead of the single round of 50%. This will have very little impact on the lifetime loss ratios. As the loss ratio test was easily met, we saw no need to recast the projections using a slightly different premium pattern.

NAIC Model Bulletin

The filing was also reviewed in light of the NAIC Model Bulletin regarding LTC rate increase approved in December 2013. The Company provided financials for the post rate stabilization block only. These financials used the maximum valuation interest rate. The maximum valuation interest rate varies by year of issue. We could not exactly match the Company's present value calculations because they lump all the experience after 2051 into a single cell. The difference is small and does not affect the conclusion. The following table compares our approximate results to the Company's more exact calculation.

Discounting Using the Maximum Valuation Interest Rate						
	Company			**L&E**		
	Premiums	Inc Claims	Loss Ratio	Premiums	Inc Claims	Loss Ratio
Past	46,146,693	11,732,050	25%	46,146,693	11,732,050	25.4%
Future	23,397,670	92,768,604	396%	23,412,296	95,921,661	409.7%
Total	69,544,362	104,500,654	150%	69,558,989	107,653,711	154.8%

The above results do not reflect the inclusion of active life reserves or the higher lapse assumption we used. All 3 scenarios are shown below:

NAIC Model Bulletin – New Loss Ratio Test							
	Interest Rate	Original Premiums	Incremental Premiums	Loss Ratio	Allowed Claims	Actual Claims	Test
Without Active Life Reserves, With Company Lapse Rate	4.00%	69,052,186	10,113,714	73% Orig 80% Incr	58,499,067	118,744,177	Pass
	4.50%	69,558,989	9,589,318		58,449,517	108,379,026	Pass
	5.00%	70,204,906	9,105,642		58,534,095	99,396,214	Pass
	6.00%	71,893,383	8,244,627		59,077,872	84,802,567	Pass
	7.00%	74,085,740	7,503,497		60,085,389	73,702,880	Pass
	8.00%	76,762,996	6,860,964		61,525,758	65,199,263	Pass

With Active Life Reserves, With Company Lapse Rate	4.00%	69,052,186	10,113,714	73% Orig 80% Incr	58,499,067	127,282,969	Pass
	4.50%	69,558,989	9,589,318		58,449,517	118,155,371	Pass
	5.00%	70,204,906	9,105,642		58,534,095	110,452,585	Pass
	6.00%	71,893,383	8,244,627		59,077,872	98,552,623	Pass
	7.00%	74,085,740	7,503,497		60,085,389	90,335,710	Pass
	8.00%	76,762,996	6,860,964		61,525,758	84,917,916	Pass
With Active Life Reserves, With L&E Lapse Rate	4.00%	69,052,186	10,113,714	73% Orig 80% Incr	58,499,067	86,165,315	Pass
	4.50%	69,558,989	9,589,318		58,449,517	81,530,471	Pass
	5.00%	70,204,906	9,105,642		58,534,095	77,718,418	Pass
	6.00%	71,893,383	8,244,627		59,077,872	72,140,020	Pass
	7.00%	74,085,740	7,503,497		60,085,389	68,744,243	Pass
	8.00%	76,762,996	6,860,964		61,525,758	67,045,353	Pass

The loss ratio test is met at the maximum valuation rate for both with and without active life reserves and using the more conservative higher lapses. The loss ratio test is met at all interest rates, including the prescribed valuation rate of 4.50%. The filing complies with the requirements of the NAIC Model Bulletin.

Other Considerations

We reviewed the status of approvals in other states. The Company has business in force in 45 jurisdictions. To date they have filed in 42 jurisdictions. To date there have been 33 approved increases and 7 disapproved. The average amount for the 33 is 43.4%. The average amount for all 40 decisions is 41.8%.

The insured has options of:

- Accepting the rate increase
- Reducing the daily benefit amount
- Reducing the benefit period
- Increasing the elimination period
- Removing optional riders
- Exercise the nonforfeiture rider, if included on the policy
- Exercise the contingent benefit upon lapse, if eligible.

Conclusions

For this block of pre rate stabilization policies, 14VAC-200-150B requires the loss ratio be at least 60%. This section also requires the inclusion of active life reserves. The Bureau requires the interest rate used for accumulating past experience and discounting future experience be the pricing earned rate. The table in the loss ratio section shows the lifetime and future loss ratios are easily being met under all scenarios. The loss ratio for the future projected experience is 176.4% and the lifetime loss ratio is 118.0%. These ratios include active life reserves. The corresponding loss ratios using only incurred claims are a future loss ratio of 226% and a lifetime loss ratio of 114%. These numbers can be compared to the original target loss ratio when this policy was filed of 60%. In other words, even with the rate increase, the expected lifetime loss ratio is almost double the original target loss ratio.

Reliance and Qualification

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by CMFG Life Insurance Company both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,

Anthony G. Proulx

Anthony G. Proulx, FSA, MAAA
Vice President & Principal
913 766-9165

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Post Submission Update Request Processed On 12/14/2015

Status:	Allowed
Created By:	Kimberly Steggall
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:CMFG Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	52.100%	52.000%
Maximum %Change (where required)	52.100%	52.000%
Minimum %Change (where required)	52.100%	52.000%

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Post Submission Update Request Processed On 05/05/2014

Status:	Allowed
Created By:	Kimberly Steggall
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:CMFG Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	52.000%	50.000%
Written Premium Change for this Program	$47636	$45803
Maximum %Change (where required)	52.000%	50.000%
Minimum %Change (where required)	52.000%	50.000%

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 12/21/2015	Benefit Change Request	2014-LTC-CHANGE	OTH	Initial		61.300	2014-LTC-CHANGE (for VA).pdf
2	Approved 12/21/2015	Change in Schedule of Benefits Endorsement	2015-LTC-SBEND	POLA	Initial		40.000	2015-LTC-SBEND.pdf
3	Filed 12/21/2015	Policyholder Notice	LTC PP CB VA Encl 10.26.15	OTH	Initial		46.500	LTC PP CB VA Encl 10.26.15.pdf
4	Approved 12/21/2015	Contingent Benefit Upon Lapse Option	CBUL-DISC-2014(VA)	OTH	Initial		40.000	CBUL-DISC-2014(VA).pdf
5	Approved 12/14/2016	Contingent Benefit Upon Lapse Option for Limited Pay Policies	CBUL-LP-DISC-2014(VA)	OTH	Initial		40.000	CBUL-LP-DISC-2014(VA).pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

CUNA MUTUAL GROUP
CMFG Life Insurance Company
2000 Heritage Way, Waverly, Iowa 50677

BENEFIT CHANGE REQUEST

Insured's Name: _____ Policy Number: _____

Benefit Change:

Daily Benefit	**From:**	**To:**
Benefit Period	**From:**	**To:**
Elimination Period	**From:**	**To:**
Home Care Percentage	**From:**	**To:**
Inflation Option	**From:**	**To:**
Other: Monthly Benefit	**From:**	**To:**

Delete Riders:

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

The above changes will result in a new Annual Premium of $_____ and a new (MODE) Premium of $_____

Your signature below is required to make the above changes.

Signature of Insured: _____ Date Signed: _____

CUNA MUTUAL GROUP
CMFG Life Insurance Company
A Stock Insurance Company
2000 Heritage Way, Waverly, Iowa 50677

CHANGE IN SCHEDULE OF BENEFITS ENDORSEMENT

Policy Number: [_____] Policyholder Name: [_____]

Endorsement Effective Date: [_____]

Your Schedule of Benefits is endorsed for changes made to your policy as follows:

VARIABLES

This Endorsement is added to and made a part of your Individual Long-Term Care Insurance Policy on the effective date indicated above. This Endorsement does not alter any other existing conditions or limitations of the coverage by the policy to which it is attached.

Please attach this Endorsement to your Policy.

CMFG Life Insurance Company
A Stock Insurance Company

President

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

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

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

Dear <Policyholder Name>:

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

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

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime “loss ratios” (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Virginia’s State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at <www.scc.virginia.gov/BOI>.

<The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated below reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

What are my options?

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

Please note that all options above may not be of equal value. If you wish to discuss these options, have any questions, want additional details, or would like a revised rate schedule/schedule of benefits for your policy, please contact us toll free at <1.866.245.7133>. Our business hours are <7 a.m. to 7 p.m., Monday-Friday, Central time>.

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014, 2015>	<1.5% - 55.2%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

Enclosures

CUNA MUTUAL GROUP

CMFG Life Insurance Company

<Long-Term Care Services>
<411 N Baylen St
Pensacola FL 32501-3901>
Phone <1.866.245.7133>

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- You lapse (do not pay more premiums) within 120 days of the increase; **and**
- Either (a) your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount; however, will not be less than <30 times the facility maximum daily benefit amount> at the time of lapse.

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

If you prefer not to choose this option, you may reduce your policy benefits so premium payments are not increased.

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Benefit Upon Lapse Option** (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)	
Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
54 and under	100%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

CMFG Life Insurance Company
<Long-Term Care Services>
<411 N Baylen St
Pensacola FL 32501-3901>
Phone <1.866.245.7133>

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- You lapse (do not pay more premiums) within 120 days of the increase; **and**
- Either (a) your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount; however, will not be less than <30 times the facility maximum daily benefit amount> at the time of lapse.

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

If you prefer not to choose this option, you may reduce your policy benefits so premium payments are not increased.

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Benefit Upon Lapse Option** (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)	
Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
54 and under	100%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

The Following Contingent Nonforfeiture Benefit Applies Only to Limited Pay Policies

In addition to the contingent nonforfeiture benefits described on page 1, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the "paid-up" AND the contingent benefit are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for this benefit ONLY if:

- Either (a) your premium after the increase exceeds your original premium by the following percentages shown in the table below (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years; **and**

Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
Under 65	50%
65-80	30%
Over 80	10%

- You lapse (not pay more premiums) within 120 days of the increase; **and**
- The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- The total lifetime amount of benefits your reduced paid up-policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid-up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- The daily (or monthly) benefit amounts you purchased will also be adjusted by the same ratio.

EXAMPLE:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you received a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy benefits are .45 (.90 times .50) times the total benefits amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy.

Call us to confirm eligibility before exercising this option.

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

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):
CMFG Life Insurance Company	294.000%	52.100%	$47,636	82	$91,607	52.100%	52.100%

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		1997 LTC New Rates	97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL, 97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO	Revised	Previous State Filing Number: Percent Rate Change Request: 52.1	VA LTC 1997 New Rates 15.pdf, VA LTC 1997 New Rates 15+15.pdf, VA LTC 1997 New Rates 15+15+15.pdf,

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$2.30	$3.45	$4.60	$4.60	$9.20	$2.30
36	2.30	4.60	4.60	4.60	10.35	2.30
37	2.30	4.60	5.75	5.75	10.35	3.45
38	3.45	4.60	5.75	5.75	11.50	3.45
39	3.45	5.75	6.90	6.90	12.65	3.45
40	3.45	5.75	6.90	8.05	13.80	4.60
41	4.60	6.90	8.05	8.05	14.95	4.60
42	4.60	8.05	9.20	9.20	14.95	4.60
43	4.60	8.05	9.20	10.35	16.10	5.75
44	5.75	9.20	10.35	11.50	17.25	5.75
45	5.75	10.35	11.50	12.65	19.55	6.90
46	6.90	11.50	12.65	13.80	20.70	6.90
47	6.90	11.50	13.80	14.95	21.85	8.05
48	8.05	12.65	14.95	16.10	23.00	9.20
49	9.20	13.80	16.10	17.25	25.30	9.20
50	9.20	16.10	17.25	19.55	26.45	10.35
51	10.35	17.25	19.55	20.70	28.75	11.50
52	11.50	19.55	20.70	23.00	31.05	12.65
53	12.65	20.70	23.00	25.30	33.35	13.80
54	14.95	23.00	25.30	27.60	35.65	16.10
55	16.10	25.30	27.60	31.05	37.95	17.25
56	17.25	27.60	29.90	33.35	41.40	19.55
57	19.55	31.05	33.35	36.80	44.85	21.85
58	21.85	34.50	35.65	40.25	48.30	23.00
59	24.15	36.80	39.10	43.70	51.75	26.45
60	26.45	40.25	42.55	48.30	55.20	28.75
61	28.75	44.85	46.00	51.75	58.65	31.05
62	32.20	48.30	50.60	56.35	63.25	34.50
63	34.50	51.75	54.05	60.95	66.70	37.95
64	37.95	56.35	58.65	65.55	71.30	41.40
65	41.40	62.10	63.25	71.30	77.05	46.00
66	46.00	67.85	69.00	77.05	82.80	50.60
67	50.60	73.60	74.75	83.95	88.55	55.20
68	55.20	80.50	81.65	92.00	95.45	59.80
69	60.95	88.55	89.70	100.05	103.50	66.70
70	67.85	96.60	97.75	108.10	111.55	73.60
71	75.90	106.95	106.95	118.45	120.75	82.80
72	85.10	117.30	117.30	128.80	131.10	92.00
73	94.30	128.80	128.80	140.30	142.60	103.50
74	105.80	141.45	141.45	152.95	155.25	115.00
75	118.45	155.25	155.25	167.90	169.05	128.80
76	131.10	170.20	171.35	182.85	184.00	142.60
77	144.90	186.30	186.30	198.95	200.10	157.55
78	161.00	203.55	204.70	216.20	217.35	174.80
79	178.25	224.25	224.25	236.90	238.05	194.35
80	201.25	249.55	249.55	262.20	262.20	218.50
81	225.40	278.30	278.30	290.95	290.95	246.10
82	253.00	309.35	309.35	323.15	323.15	276.00
83	284.05	345.00	345.00	357.65	357.65	309.35
84	319.70	385.25	385.25	397.90	397.90	348.45
85	361.10	431.25	431.25	443.90	443.90	394.45

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.45	$5.75	$8.05	$8.05	$14.95	$4.60
36	4.60	6.90	8.05	8.05	16.10	4.60
37	4.60	8.05	9.20	9.20	18.40	4.60
38	5.75	8.05	10.35	10.35	19.55	5.75
39	5.75	9.20	11.50	11.50	20.70	6.90
40	6.90	10.35	12.65	12.65	21.85	6.90
41	6.90	11.50	13.80	13.80	24.15	8.05
42	8.05	12.65	14.95	14.95	25.30	8.05
43	9.20	13.80	16.10	17.25	27.60	9.20
44	9.20	14.95	17.25	18.40	28.75	10.35
45	10.35	17.25	19.55	20.70	31.05	11.50
46	11.50	18.40	20.70	21.85	33.35	12.65
47	12.65	19.55	23.00	24.15	35.65	13.80
48	13.80	21.85	25.30	26.45	37.95	14.95
49	14.95	24.15	26.45	28.75	41.40	16.10
50	16.10	26.45	29.90	32.20	43.70	18.40
51	18.40	28.75	32.20	34.50	47.15	19.55
52	19.55	32.20	34.50	37.95	50.60	21.85
53	21.85	34.50	37.95	41.40	54.05	24.15
54	24.15	37.95	41.40	46.00	58.65	26.45
55	26.45	42.55	46.00	50.60	62.10	28.75
56	29.90	46.00	49.45	55.20	66.70	32.20
57	32.20	50.60	54.05	59.80	72.45	37.95
58	35.65	55.20	58.65	65.55	77.05	39.10
59	39.10	60.95	64.40	71.30	82.80	42.55
60	43.70	66.70	70.15	78.20	89.70	47.15
61	47.15	72.45	75.90	85.10	95.45	51.75
62	51.75	78.20	81.65	90.85	101.20	56.35
63	56.35	85.10	88.55	98.90	108.10	62.10
64	62.10	92.00	95.45	106.95	116.15	67.85
65	69.00	101.20	103.50	116.15	124.20	74.75
66	75.90	110.40	112.70	126.50	133.40	81.65
67	82.80	120.75	123.05	136.85	143.75	89.70
68	90.85	131.10	133.40	148.35	155.25	98.90
69	101.20	143.75	146.05	162.15	166.75	109.25
70	112.70	157.55	159.85	177.10	181.70	121.90
71	125.35	173.65	174.80	193.20	196.65	135.70
72	140.30	190.90	192.05	210.45	213.90	151.80
73	156.40	209.30	210.45	228.85	232.30	169.05
74	173.65	231.15	231.15	250.70	253.00	188.60
75	194.35	254.15	255.30	273.70	276.00	211.60
76	216.20	279.45	279.45	299.00	300.15	235.75
77	239.20	305.90	304.75	325.45	326.60	259.90
78	264.50	334.65	334.65	354.20	355.35	287.50
79	295.55	369.15	369.15	388.70	388.70	320.85
80	331.20	410.55	410.55	430.10	430.10	361.10
81	373.75	457.70	457.70	477.25	477.25	407.10
82	418.60	509.45	509.45	530.15	530.15	456.55
83	470.35	566.95	566.95	588.80	588.80	512.90
84	529.00	633.65	633.65	654.35	654.35	578.45
85	598.00	709.55	709.55	730.25	730.25	654.35

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.60	$8.05	$9.20	$9.20	$18.40	$4.60
36	5.75	9.20	10.35	10.35	20.70	5.75
37	5.75	9.20	11.50	11.50	21.85	6.90
38	6.90	10.35	12.65	12.65	23.00	6.90
39	6.90	11.50	13.80	13.80	25.30	8.05
40	8.05	12.65	14.95	16.10	26.45	9.20
41	9.20	13.80	17.25	17.25	28.75	9.20
42	10.35	16.10	18.40	19.55	31.05	10.35
43	10.35	17.25	19.55	20.70	33.35	11.50
44	11.50	18.40	21.85	23.00	35.65	12.65
45	12.65	20.70	24.15	25.30	37.95	13.80
46	14.95	23.00	26.45	27.60	40.25	16.10
47	16.10	25.30	27.60	29.90	43.70	17.25
48	17.25	26.45	29.90	32.20	46.00	18.40
49	18.40	29.90	33.35	35.65	49.45	19.55
50	20.70	32.20	35.65	39.10	52.90	21.85
51	21.85	35.65	39.10	42.55	56.35	24.15
52	24.15	39.10	42.55	46.00	60.95	26.45
53	27.60	42.55	46.00	50.60	65.55	29.90
54	29.90	46.00	50.60	51.75	70.15	32.20
55	33.35	50.60	55.20	60.95	74.75	35.65
56	35.65	56.35	59.80	66.70	80.50	39.10
57	39.10	60.95	65.55	72.45	86.25	42.55
58	43.70	66.70	71.30	79.35	93.15	47.15
59	47.15	72.45	77.05	86.25	98.90	51.75
60	51.75	79.35	83.95	93.15	105.80	56.35
61	57.50	86.25	89.70	101.20	113.85	62.10
62	62.10	93.15	97.75	109.25	120.75	67.85
63	67.85	101.20	104.65	117.30	128.80	73.60
64	74.75	110.40	113.85	126.50	136.85	80.50
65	81.65	119.60	123.05	138.00	147.20	88.55
66	89.70	131.10	133.40	149.50	157.55	97.75
67	98.90	142.60	144.90	162.15	169.05	106.95
68	108.10	155.25	157.55	175.95	182.85	117.30
69	119.60	169.05	171.35	190.90	196.65	128.80
70	132.25	186.30	187.45	208.15	213.90	143.75
71	148.35	204.70	205.85	226.55	231.15	161.00
72	164.45	224.25	225.40	247.25	250.70	178.25
73	184.00	246.10	247.25	269.10	272.55	200.10
74	204.70	271.40	271.40	294.40	294.40	223.10
75	228.85	299.00	299.00	322.00	324.30	249.55
76	254.15	327.75	327.75	350.75	350.75	277.15
77	280.60	357.65	357.65	380.65	381.80	304.75
78	310.50	391.00	392.15	415.15	415.15	338.10
79	345.00	431.25	431.25	454.25	455.40	376.05
80	387.55	479.55	479.55	502.55	502.55	422.05
81	435.85	533.60	534.75	557.75	557.75	476.10
82	488.75	594.55	594.55	618.70	618.70	534.75
83	548.55	662.40	661.25	686.55	687.70	600.30
84	618.70	740.60	740.60	764.75	764.75	676.20
85	699.20	829.15	829.15	853.30	853.30	765.90

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.90	$11.50	$13.80	$13.80	$24.15	$8.05
36	8.05	12.65	14.95	14.95	26.45	8.05
37	8.05	13.80	16.10	16.10	28.75	9.20
38	9.20	14.95	17.25	18.40	29.90	10.35
39	10.35	17.25	19.55	19.55	32.20	11.50
40	11.50	18.40	21.85	21.85	34.50	12.65
41	12.65	20.70	23.00	24.15	37.95	13.80
42	13.80	21.85	25.30	26.45	40.25	14.95
43	16.10	24.15	27.60	28.75	42.55	17.25
44	17.25	26.45	29.90	31.05	46.00	18.40
45	18.40	28.75	32.20	34.50	48.30	20.70
46	20.70	31.05	34.50	36.80	51.75	21.85
47	21.85	33.35	37.95	40.25	55.20	24.15
48	24.15	36.80	40.25	43.70	58.65	25.30
49	25.30	39.10	43.70	47.15	62.10	27.60
50	27.60	42.55	47.15	50.60	66.70	29.90
51	29.90	47.15	50.60	55.20	71.30	33.35
52	33.35	50.60	55.20	59.80	75.90	35.65
53	35.65	55.20	59.80	65.55	81.65	39.10
54	39.10	59.80	64.40	71.30	87.40	42.55
55	42.55	65.55	70.15	77.05	93.15	47.15
56	47.15	71.30	75.90	82.80	98.90	50.60
57	50.60	77.05	81.65	89.70	105.80	55.20
58	55.20	82.80	87.40	97.75	112.70	59.80
59	59.80	89.70	94.30	104.65	119.60	64.40
60	64.40	97.75	101.20	113.85	127.65	70.15
61	70.15	104.65	109.25	121.90	135.70	75.90
62	75.90	113.85	117.30	131.10	143.75	82.80
63	82.80	121.90	126.50	140.30	152.95	89.70
64	90.85	132.25	135.70	151.80	162.15	97.75
65	98.90	143.75	146.05	163.30	173.65	106.95
66	108.10	155.25	158.70	175.95	186.30	117.30
67	117.30	167.90	171.35	190.90	198.95	127.65
68	127.65	182.85	185.15	205.85	213.90	139.15
69	140.30	198.95	201.25	223.10	230.00	152.95
70	156.40	217.35	219.65	242.65	247.25	169.05
71	173.65	238.05	240.35	263.35	269.10	188.60
72	193.20	261.05	263.35	287.50	290.95	209.30
73	215.05	286.35	287.50	312.80	316.25	233.45
74	239.20	315.10	315.10	339.25	343.85	259.90
75	266.80	346.15	346.15	371.45	373.75	289.80
76	295.55	378.35	379.50	404.80	405.95	320.85
77	324.30	412.85	412.85	438.15	439.30	354.20
78	357.65	449.65	450.80	476.10	477.25	389.85
79	396.75	494.50	494.50	519.80	520.95	432.40
80	443.90	547.40	547.40	573.85	573.85	485.30
81	497.95	608.35	608.35	634.80	634.80	543.95
82	556.60	675.05	676.20	702.65	702.65	609.50
83	623.30	750.95	750.95	778.55	778.55	683.10
84	699.20	836.05	836.05	863.65	863.65	767.05
85	787.75	933.80	933.80	961.40	961.40	864.80

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.45	$4.60	$5.75	$5.75	$11.50	$3.45
36	3.45	5.75	6.90	6.90	12.65	3.45
37	3.45	5.75	6.90	6.90	12.65	3.45
38	3.45	5.75	8.05	6.90	13.80	4.60
39	4.60	6.90	8.05	8.05	14.95	4.60
40	4.60	6.90	9.20	9.20	16.10	4.60
41	4.60	8.05	9.20	9.20	16.10	5.75
42	5.75	8.05	10.35	10.35	17.25	5.75
43	5.75	9.20	10.35	10.35	18.40	5.75
44	5.75	9.20	11.50	11.50	19.55	6.90
45	5.75	10.35	12.65	12.65	20.70	6.90
46	6.90	11.50	12.65	13.80	21.85	6.90
47	6.90	11.50	13.80	14.95	23.00	8.05
45	8.05	12.65	14.95	16.10	24.15	8.05
49	8.05	13.80	16.10	17.25	26.45	9.20
50	9.20	14.95	17.25	17.25	27.60	9.20
51	9.20	16.10	18.40	19.55	29.90	10.35
52	10.35	17.25	20.70	21.85	32.20	11.50
53	11.50	19.55	21.85	24.15	33.35	12.65
54	12.65	21.85	24.15	26.45	36.80	13.80
55	13.80	23.00	26.45	28.75	39.10	14.95
56	14.95	26.45	28.75	32.20	41.40	16.10
57	16.10	28.75	31.05	35.65	44.85	18.40
58	18.40	31.05	34.50	39.10	48.30	19.55
59	19.55	34.50	37.95	42.55	51.75	21.85
60	21.85	37.95	40.25	47.15	55.20	24.15
61	24.15	41.40	44.85	51.75	59.80	26.45
62	26.45	46.00	48.30	56.35	63.25	29.90
63	29.90	50.60	52.90	60.95	67.85	33.35
64	33.35	55.20	57.50	66.70	73.60	36.80
65	36.80	60.95	63.25	73.60	79.35	41.40
66	41.40	67.85	70.15	80.50	86.25	46.00
67	47.15	74.75	77.05	88.55	93.15	51.75
68	51.75	82.80	83.95	96.60	101.20	57.50
69	58.65	92.00	93.15	106.95	110.40	64.40
70	66.70	113.85	103.50	117.30	120.75	73.60
71	75.90	113.85	115.00	128.80	132.25	82.80
72	85.10	126.50	126.50	141.45	143.75	94.30
73	108.10	139.15	140.30	155.25	155.25	106.95
74	109.25	155.25	155.25	170.20	171.35	120.75
75	120.75	172.50	172.50	187.45	188.60	136.85
76	140.30	190.90	192.05	207.00	208.15	155.25
77	157.55	211.60	211.60	226.55	227.70	174.80
78	177.10	233.45	234.60	249.55	249.55	196.65
79	200.10	259.90	259.90	274.85	274.85	220.80
80	226.55	289.80	289.80	304.75	304.75	250.70
81	256.45	323.15	323.15	338.10	338.10	284.05
52	287.50	359.95	359.95	374.90	374.90	318.55
83	324.30	400.20	400.20	415.15	415.15	358.80
84	364.55	446.20	446.20	461.15	461.15	404.80
85	414.00	499.10	499.10	512.90	512.90	458.85

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.60	$8.05	$9.20	$9.20	$18.40	$5.75
36	5.75	9.20	10.35	10.35	19.55	5.75
37	5.75	9.20	11.50	11.50	20.70	6.90
38	6.90	10.35	12.65	12.65	21.85	6.90
39	6.90	11.50	12.65	12.65	23.00	8.05
40	6.90	11.50	13.80	13.80	25.30	8.05
41	8.05	12.65	14.95	14.95	26.45	9.20
42	8.05	13.80	16.10	16.10	27.60	9.20
43	9.20	14.95	17.25	17.25	29.90	10.35
44	9.20	14.95	18.40	18.40	31.05	10.35
45	10.35	16.10	19.55	19.55	33.35	11.50
46	10.35	17.25	20.70	21.85	34.50	11.50
47	11.50	19.55	21.85	23.00	36.80	12.65
48	12.65	20.70	24.15	25.30	39.10	13.80
49	12.65	21.85	25.30	27.60	41.40	13.80
50	13.80	24.15	27.60	29.90	43.70	14.95
51	14.95	26.45	29.90	32.20	47.15	17.25
52	16.10	28.75	32.20	35.65	50.60	18.40
53	18.40	31.05	35.65	39.10	54.05	19.55
54	19.55	34.50	37.95	42.55	57.50	21.85
55	21.85	37.95	42.55	47.15	62.10	24.15
56	24.15	41.40	46.00	51.75	66.70	26.45
57	26.45	46.00	49.45	56.35	71.30	28.75
58	28.75	50.60	54.05	62.10	77.05	32.20
59	32.20	55.20	59.80	67.85	82.80	34.50
60	35.65	60.95	65.55	74.75	88.55	39.10
61	39.10	66.70	71.30	81.65	94.30	42.55
62	43.70	73.60	77.05	88.55	101.20	47.15
63	48.30	80.50	83.95	96.60	108.10	52.90
64	52.90	88.55	92.00	105.80	116.15	58.65
65	59.80	97.75	101.20	116.15	125.35	65.55
66	66.70	108.10	110.40	127.65	136.85	73.60
67	74.75	119.60	121.90	140.30	148.35	81.65
68	82.80	132.25	134.55	154.10	161.00	92.00
69	93.15	146.05	148.35	169.05	174.80	103.50
70	106.95	163.30	164.45	186.30	192.05	117.30
71	120.75	181.70	182.85	205.85	209.30	133.40
72	136.85	201.25	202.40	225.40	228.85	150.65
73	154.10	223.10	223.10	247.25	249.55	170.20
74	175.95	247.25	248.40	272.55	273.70	194.35
75	198.95	276.00	276.00	300.15	302.45	220.80
76	225.40	305.90	307.05	331.20	332.35	249.55
77	254.15	339.25	339.25	363.40	364.55	281.75
78	286.35	376.05	376.05	400.20	400.20	316.25
79	323.15	417.45	417.45	441.60	441.60	357.65
80	366.85	466.90	466.90	491.05	491.05	405.95
81	415.15	522.10	522.10	546.25	546.25	461.15
82	466.90	581.90	581.90	606.05	606.05	518.65
83	525.55	648.60	648.60	672.75	672.75	585.35
84	594.55	724.50	724.50	748.65	748.65	662.40
85	675.05	811.90	811.90	834.90	834.90	753.25

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.75	$10.35	$11.50	$11.50	$21.85	$6.90
36	6.90	10.35	12.65	12.65	23.00	6.90
37	6.90	11.50	13.80	13.80	25.30	8.05
38	8.05	12.65	14.95	14.95	26.45	9.20
39	8.05	13.80	16.10	16.10	28.75	9.20
40	9.20	14.95	17.25	17.25	29.90	10.35
41	10.35	16.10	18.40	18.40	32.20	10.35
42	10.35	16.10	19.55	19.55	33.35	11.50
43	11.50	17.25	20.70	20.70	35.65	12.65
44	11.50	18.40	21.85	23.00	37.95	12.65
45	12.65	20.70	24.15	24.15	40.25	13.80
46	13.80	21.85	25.30	26.45	41.40	14.95
47	13.80	23.00	27.60	28.75	44.85	14.95
48	14.95	25.30	28.75	29.90	47.15	16.10
49	16.10	26.45	31.05	32.20	49.45	17.25
50	17.25	28.75	33.35	35.65	52.90	18.40
51	18.40	31.05	35.65	39.10	56.35	20.70
52	20.70	34.50	39.10	42.55	59.80	21.85
53	21.85	37.95	42.55	46.00	64.40	24.15
54	24.15	41.40	46.00	50.60	69.00	26.45
55	26.45	44.85	50.60	56.35	73.60	28.75
56	28.75	49.45	55.20	60.95	79.35	32.20
57	32.20	55.20	59.80	67.85	85.10	34.50
58	34.50	59.80	64.40	73.60	90.85	37.95
59	37.95	65.55	71.30	80.50	97.75	42.55
60	42.55	72.45	77.05	88.55	104.65	46.00
61	47.15	79.35	83.95	96.60	111.55	51.75
62	51.75	87.40	90.85	104.65	119.60	56.35
63	56.35	95.45	98.90	115.00	127.65	63.25
64	63.25	104.65	108.10	125.35	136.85	70.15
65	71.30	115.00	118.45	136.85	148.35	74.75
66	79.35	127.65	131.10	150.65	161.00	87.40
67	88.55	140.30	143.75	165.60	173.65	96.60
68	97.75	155.25	157.55	180.55	188.60	108.10
69	110.40	172.50	174.80	198.95	205.85	121.90
70	125.35	180.55	189.75	219.65	224.25	138.00
71	142.60	212.75	215.05	241.50	246.10	157.55
72	161.00	235.75	236.90	264.50	267.95	178.25
73	181.70	261.05	262.20	289.80	293.25	201.25
74	207.00	290.95	290.95	319.70	322.00	228.85
75	234.60	323.15	324.30	353.05	354.20	259.90
76	265.65	359.95	359.95	388.70	389.85	294.40
77	299.00	397.90	397.90	426.65	427.80	331.20
78	335.80	440.45	440.45	469.20	469.20	372.60
79	378.35	489.90	489.90	517.50	518.65	420.90
80	430.10	547.40	547.40	575.00	576.15	477.25
81	486.45	611.80	611.80	640.55	640.55	541.65
82	548.55	681.95	681.95	710.70	710.70	610.65
83	617.55	760.15	760.15	788.90	788.90	688.85
84	698.05	849.85	849.85	877.45	877.45	778.55
85	792.35	953.35	953.35	979.80	979.80	885.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$8.05	$12.65	$14.95	$14.95	$25.30	$9.20
36	8.05	13.80	16.10	16.10	27.60	9.20
37	9.20	14.95	17.25	17.25	28.75	10.35
38	10.35	16.10	18.40	18.40	31.05	11.50
39	10.35	17.25	19.55	19.55	32.20	11.50
40	11.50	18.40	20.70	20.70	34.50	12.65
41	12.65	19.55	21.85	23.00	36.80	13.80
42	12.65	20.70	23.00	24.15	37.95	14.95
43	13.80	21.85	25.30	25.30	40.25	14.95
44	14.95	23.00	26.45	27.60	42.55	16.10
45	16.10	24.15	27.60	28.75	44.85	17.25
46	16.10	26.45	29.90	31.05	47.15	18.40
47	17.25	27.60	31.05	33.35	49.45	18.40
48	18.40	28.75	33.35	35.65	51.75	19.55
49	18.40	31.05	35.65	37.95	55.20	20.70
50	20.70	33.35	37.95	40.25	58.65	21.85
51	21.85	35.65	41.40	43.70	62.10	24.15
52	23.00	39.10	43.70	48.30	65.55	26.45
53	25.30	42.55	47.15	51.75	70.15	27.60
54	27.60	46.00	51.75	56.35	74.75	31.05
55	29.90	50.60	56.35	62.10	80.50	33.35
56	33.35	55.20	60.95	67.85	85.10	35.65
57	35.65	59.80	65.55	73.60	90.85	39.10
58	39.10	65.55	70.15	80.50	97.75	42.55
59	42.55	71.30	77.05	87.40	104.65	46.00
60	46.00	78.20	82.80	95.45	111.55	50.60
61	50.60	85.10	89.70	103.50	118.45	56.35
62	56.35	93.15	97.75	112.70	126.50	60.95
63	60.95	101.20	105.80	121.90	134.55	67.85
64	67.85	111.55	115.00	132.25	144.90	74.75
65	75.90	121.90	126.50	144.90	156.40	83.95
66	83.95	134.55	138.00	158.70	169.05	93.15
67	93.15	148.35	151.80	173.65	182.85	103.50
68	103.50	163.30	165.60	189.75	197.80	115.00
69	116.15	180.55	182.85	208.15	215.05	128.80
70	132.25	201.25	202.40	228.85	234.60	146.05
71	149.50	223.10	224.25	251.85	256.45	165.60
72	169.05	247.25	248.40	276.00	279.45	187.45
73	190.90	273.70	274.85	302.45	305.90	211.60
74	216.20	303.60	303.60	332.35	334.65	239.20
75	246.10	336.95	338.10	366.85	368.00	272.55
76	277.15	373.75	374.90	403.65	404.80	307.05
77	311.65	412.85	414.00	442.75	443.90	345.00
78	349.60	456.55	456.55	485.30	486.45	387.55
79	393.30	507.15	507.15	534.75	534.75	437.00
80	445.05	564.65	564.65	593.40	593.40	494.50
81	502.55	630.20	630.20	657.80	658.95	558.90
82	563.50	700.35	700.35	729.10	729.10	627.90
83	633.65	778.55	778.55	807.30	807.30	706.10
84	713.00	867.10	868.25	895.85	895.85	796.95
85	807.30	970.60	970.60	997.05	997.05	902.75

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Form 97-LTCR-NFL **PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION**

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

Form 97-LTCR-ROP PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$2.65	$3.97	$5.29	$5.29	$10.58	$2.65
36	2.65	5.29	5.29	5.29	11.90	2.65
37	2.65	5.29	6.61	6.61	11.90	3.97
38	3.97	5.29	6.61	6.61	13.23	3.97
39	3.97	6.61	7.94	7.94	14.55	3.97
40	3.97	6.61	7.94	9.26	15.87	5.29
41	5.29	7.94	9.26	9.26	17.19	5.29
42	5.29	9.26	10.58	10.58	17.19	5.29
43	5.29	9.26	10.58	11.90	18.52	6.61
44	6.61	10.58	11.90	13.23	19.84	6.61
45	6.61	11.90	13.23	14.55	22.48	7.94
46	7.94	13.23	14.55	15.87	23.81	7.94
47	7.94	13.23	15.87	17.19	25.13	9.26
48	9.26	14.55	17.19	18.52	26.45	10.58
49	10.58	15.87	18.52	19.84	29.10	10.58
50	10.58	18.52	19.84	22.48	30.42	11.90
51	11.90	19.84	22.48	23.81	33.06	13.23
52	13.23	22.48	23.81	26.45	35.71	14.55
53	14.55	23.81	26.45	29.10	38.35	15.87
54	17.19	26.45	29.10	31.74	41.00	18.52
55	18.52	29.10	31.74	35.71	43.64	19.84
56	19.84	31.74	34.39	38.35	47.61	22.48
57	22.48	35.71	38.35	42.32	51.58	25.13
58	25.13	39.68	41.00	46.29	55.55	26.45
59	27.77	42.32	44.97	50.26	59.51	30.42
60	30.42	46.29	48.93	55.55	63.48	33.06
61	33.06	51.58	52.90	59.51	67.45	35.71
62	37.03	55.55	58.19	64.80	72.74	39.68
63	39.68	59.51	62.16	70.09	76.71	43.64
64	43.64	64.80	67.45	75.38	82.00	47.61
65	47.61	71.42	72.74	82.00	88.61	52.90
66	52.90	78.03	79.35	88.61	95.22	58.19
67	58.19	84.64	85.96	96.54	101.83	63.48
68	63.48	92.58	93.90	105.80	109.77	68.77
69	70.09	101.83	103.16	115.06	119.03	76.71
70	78.03	111.09	112.41	124.32	128.28	84.64
71	87.29	122.99	122.99	136.22	138.86	95.22
72	97.87	134.90	134.90	148.12	150.77	105.80
73	108.45	148.12	148.12	161.35	163.99	119.03
74	121.67	162.67	162.67	175.89	178.54	132.25
75	136.22	178.54	178.54	193.09	194.41	148.12
76	150.77	195.73	197.05	210.28	211.60	163.99
77	166.64	214.25	214.25	228.79	230.12	181.18
78	185.15	234.08	235.41	248.63	249.95	201.02
79	204.99	257.89	257.89	272.44	273.76	223.50
80	231.44	286.98	286.98	301.53	301.53	251.28
81	259.21	320.05	320.05	334.59	334.59	283.02
82	290.95	355.75	355.75	371.62	371.62	317.40
83	326.66	396.75	396.75	411.30	411.30	355.75
84	367.66	443.04	443.04	457.59	457.59	400.72
85	415.27	495.94	495.94	510.49	510.49	453.62

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.97	$6.61	$9.26	$9.26	$17.19	$5.29
36	5.29	7.94	9.26	9.26	18.52	5.29
37	5.29	9.26	10.58	10.58	21.16	5.29
38	6.61	9.26	11.90	11.90	22.48	6.61
39	6.61	10.58	13.23	13.23	23.81	7.94
40	7.94	11.90	14.55	14.55	25.13	7.94
41	7.94	13.23	15.87	15.87	27.77	9.26
42	9.26	14.55	17.19	17.19	29.10	9.26
43	10.58	15.87	18.52	19.84	31.74	10.58
44	10.58	17.19	19.84	21.16	33.06	11.90
45	11.90	19.84	22.48	23.81	35.71	13.23
46	13.23	21.16	23.81	25.13	38.35	14.55
47	14.55	22.48	26.45	27.77	41.00	15.87
48	15.87	25.13	29.10	30.42	43.64	17.19
49	17.19	27.77	30.42	33.06	47.61	18.52
50	18.52	30.42	34.39	37.03	50.26	21.16
51	21.16	33.06	37.03	39.68	54.22	22.48
52	22.48	37.03	39.68	43.64	58.19	25.13
53	25.13	39.68	43.64	47.61	62.16	27.77
54	27.77	43.64	47.61	52.90	67.45	30.42
55	30.42	48.93	52.90	58.19	71.42	33.06
56	34.39	52.90	56.87	63.48	76.71	37.03
57	37.03	58.19	62.16	68.77	83.32	43.64
58	41.00	63.48	67.45	75.38	88.61	44.97
59	44.97	70.09	74.06	82.00	95.22	48.93
60	50.26	76.71	80.67	89.93	103.16	54.22
61	54.22	83.32	87.29	97.87	109.77	59.51
62	59.51	89.93	93.90	104.48	116.38	64.80
63	64.80	97.87	101.83	113.74	124.32	71.42
64	71.42	105.80	109.77	122.99	133.57	78.03
65	79.35	116.38	119.03	133.57	142.83	85.96
66	87.29	126.96	129.61	145.48	153.41	93.90
67	95.22	138.86	141.51	157.38	165.31	103.16
68	104.48	150.77	153.41	170.60	178.54	113.74
69	116.38	165.31	167.96	186.47	191.76	125.64
70	129.61	181.18	183.83	203.67	208.96	140.19
71	144.15	199.70	201.02	222.18	226.15	156.06
72	161.35	219.54	220.86	242.02	245.99	174.57
73	179.86	240.70	242.02	263.18	267.15	194.41
74	199.70	265.82	265.82	288.31	290.95	216.89
75	223.50	292.27	293.60	314.76	317.40	243.34
76	248.63	321.37	321.37	343.85	345.17	271.11
77	275.08	351.79	350.46	374.27	375.59	298.89
78	304.18	384.85	384.85	407.33	408.65	330.63
79	339.88	424.52	424.52	447.01	447.01	368.98
80	380.88	472.13	472.13	494.62	494.62	415.27
81	429.81	526.36	526.36	548.84	548.84	468.17
82	481.39	585.87	585.87	609.67	609.67	525.03
83	540.90	651.99	651.99	677.12	677.12	589.84
84	608.35	728.70	728.70	752.50	752.50	665.22
85	687.70	815.98	815.98	839.79	839.79	752.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO
STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.29	$9.26	$10.58	$10.58	$21.16	$5.29
36	6.61	10.58	11.90	11.90	23.81	6.61
37	6.61	10.58	13.23	13.23	25.13	7.94
38	7.94	11.90	14.55	14.55	26.45	7.94
39	7.94	13.23	15.87	15.87	29.10	9.26
40	9.26	14.55	17.19	18.52	30.42	10.58
41	10.58	15.87	19.84	19.84	33.06	10.58
42	11.90	18.52	21.16	22.48	35.71	11.90
43	11.90	19.84	22.48	23.81	38.35	13.23
44	13.23	21.16	25.13	26.45	41.00	14.55
45	14.55	23.81	27.77	29.10	43.64	15.87
46	17.19	26.45	30.42	31.74	46.29	18.52
47	18.52	29.10	31.74	34.39	50.26	19.84
48	19.84	30.42	34.39	37.03	52.90	21.16
49	21.16	34.39	38.35	41.00	56.87	22.48
50	23.81	37.03	41.00	44.97	60.84	25.13
51	25.13	41.00	44.97	48.93	64.80	27.77
52	27.77	44.97	48.93	52.90	70.09	30.42
53	31.74	48.93	52.90	58.19	75.38	34.39
54	34.39	52.90	58.19	59.51	80.67	37.03
55	38.35	58.19	63.48	70.09	85.96	41.00
56	41.00	64.80	68.77	76.71	92.58	44.97
57	44.97	70.09	75.38	83.32	99.19	48.93
58	50.26	76.71	82.00	91.25	107.12	54.22
59	54.22	83.32	88.61	99.19	113.74	59.51
60	59.51	91.25	96.54	107.12	121.67	64.80
61	66.13	99.19	103.16	116.38	130.93	71.42
62	71.42	107.12	112.41	125.64	138.86	78.03
63	78.03	116.38	120.35	134.90	148.12	84.64
64	85.96	126.96	130.93	145.48	157.38	92.58
65	93.90	137.54	141.51	158.70	169.28	101.83
66	103.16	150.77	153.41	171.93	181.18	112.41
67	113.74	163.99	166.64	186.47	194.41	122.99
68	124.32	178.54	181.18	202.34	210.28	134.90
69	137.54	194.41	197.05	219.54	226.15	148.12
70	152.09	214.25	215.57	239.37	245.99	165.31
71	170.60	235.41	236.73	260.53	265.82	185.15
72	189.12	257.89	259.21	284.34	288.31	204.99
73	211.60	283.02	284.34	309.47	313.43	230.12
74	235.41	312.11	312.11	338.56	338.56	256.57
75	263.18	343.85	343.85	370.30	372.95	286.98
76	292.27	376.91	376.91	403.36	403.36	318.72
77	322.69	411.30	411.30	437.75	439.07	350.46
78	357.08	449.65	450.97	477.42	477.42	388.82
79	396.75	495.94	495.94	522.39	523.71	432.46
80	445.68	551.48	551.48	577.93	577.93	485.36
81	501.23	613.64	614.96	641.41	641.41	547.52
82	562.06	683.73	683.73	711.51	711.51	614.96
83	630.83	761.76	760.44	789.53	790.86	690.35
84	711.51	851.69	851.69	879.46	879.46	777.63
85	804.08	953.52	953.52	981.30	981.30	880.79

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$7.94	$13.23	$15.87	$15.87	$27.77	$9.26
36	9.26	14.55	17.19	17.19	30.42	9.26
37	9.26	15.87	18.52	18.52	33.06	10.58
38	10.58	17.19	19.84	21.16	34.39	11.90
39	11.90	19.84	22.48	22.48	37.03	13.23
40	13.23	21.16	25.13	25.13	39.68	14.55
41	14.55	23.81	26.45	27.77	43.64	15.87
42	15.87	25.13	29.10	30.42	46.29	17.19
43	18.52	27.77	31.74	33.06	48.93	19.84
44	19.84	30.42	34.39	35.71	52.90	21.16
45	21.16	33.06	37.03	39.68	55.55	23.81
46	23.81	35.71	39.68	42.32	59.51	25.13
47	25.13	38.35	43.64	46.29	63.48	27.77
48	27.77	42.32	46.29	50.26	67.45	29.10
49	29.10	44.97	50.26	54.22	71.42	31.74
50	31.74	48.93	54.22	58.19	76.71	34.39
51	34.39	54.22	58.19	63.48	82.00	38.35
52	38.35	58.19	63.48	68.77	87.29	41.00
53	41.00	63.48	68.77	75.38	93.90	44.97
54	44.97	68.77	74.06	82.00	100.51	48.93
55	48.93	75.38	80.67	88.61	107.12	54.22
56	54.22	82.00	87.29	95.22	113.74	58.19
57	58.19	88.61	93.90	103.16	121.67	63.48
58	63.48	95.22	100.51	112.41	129.61	68.77
59	68.77	103.16	108.45	120.35	137.54	74.06
60	74.06	112.41	116.38	130.93	146.80	80.67
61	80.67	120.35	125.64	140.19	156.06	87.29
62	87.29	130.93	134.90	150.77	165.31	95.22
63	95.22	140.19	145.48	161.35	175.89	103.16
64	104.48	152.09	156.06	174.57	186.47	112.41
65	113.74	165.31	167.96	187.80	199.70	122.99
66	124.32	178.54	182.51	202.34	214.25	134.90
67	134.90	193.09	197.05	219.54	228.79	146.80
68	146.80	210.28	212.92	236.73	245.99	160.02
69	161.35	228.79	231.44	256.57	264.50	175.89
70	179.86	249.95	252.60	279.05	284.34	194.41
71	199.70	273.76	276.40	302.85	309.47	216.89
72	222.18	300.21	302.85	330.63	334.59	240.70
73	247.31	329.30	330.63	359.72	363.69	268.47
74	275.08	362.37	362.37	390.14	395.43	298.89
75	306.82	398.07	398.07	427.17	429.81	333.27
76	339.88	435.10	436.43	465.52	466.84	368.98
77	372.95	474.78	474.78	503.87	505.20	407.33
78	411.30	517.10	518.42	547.52	548.84	448.33
79	456.26	568.68	568.68	597.77	599.09	497.26
80	510.49	629.51	629.51	659.93	659.93	558.10
81	572.64	699.60	699.60	730.02	730.02	625.54
82	640.09	776.31	777.63	808.05	808.05	700.93
83	716.80	863.59	863.59	895.33	895.33	785.57
84	804.08	961.46	961.46	993.20	993.20	882.11
85	905.91	1073.87	1073.87	1105.61	1105.61	994.52

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.97	$5.29	$6.61	$6.61	$13.23	$3.97
36	3.97	6.61	7.94	7.94	14.55	3.97
37	3.97	6.61	7.94	7.94	14.55	3.97
38	3.97	6.61	9.26	7.94	15.87	5.29
39	5.29	7.94	9.26	9.26	17.19	5.29
40	5.29	7.94	10.58	10.58	18.52	5.29
41	5.29	9.26	10.58	10.58	18.52	6.61
42	6.61	9.26	11.90	11.90	19.84	6.61
43	6.61	10.58	11.90	11.90	21.16	6.61
44	6.61	10.58	13.23	13.23	22.48	7.94
45	6.61	11.90	14.55	14.55	23.81	7.94
46	7.94	13.23	14.55	15.87	25.13	7.94
47	7.94	13.23	15.87	17.19	26.45	9.26
45	9.26	14.55	17.19	18.52	27.77	9.26
49	9.26	15.87	18.52	19.84	30.42	10.58
50	10.58	17.19	19.84	19.84	31.74	10.58
51	10.58	18.52	21.16	22.48	34.39	11.90
52	11.90	19.84	23.81	25.13	37.03	13.23
53	13.23	22.48	25.13	27.77	38.35	14.55
54	14.55	25.13	27.77	30.42	42.32	15.87
55	15.87	26.45	30.42	33.06	44.97	17.19
56	17.19	30.42	33.06	37.03	47.61	18.52
57	18.52	33.06	35.71	41.00	51.58	21.16
58	21.16	35.71	39.68	44.97	55.55	22.48
59	22.48	39.68	43.64	48.93	59.51	25.13
60	25.13	43.64	46.29	54.22	63.48	27.77
61	27.77	47.61	51.58	59.51	68.77	30.42
62	30.42	52.90	55.55	64.80	72.74	34.39
63	34.39	58.19	60.84	70.09	78.03	38.35
64	38.35	63.48	66.13	76.71	84.64	42.32
65	42.32	70.09	72.74	84.64	91.25	47.61
66	47.61	78.03	80.67	92.58	99.19	52.90
67	54.22	85.96	88.61	101.83	107.12	59.51
68	59.51	95.22	96.54	111.09	116.38	66.13
69	67.45	105.80	107.12	122.99	126.96	74.06
70	76.71	130.93	119.03	134.90	138.86	84.64
71	87.29	130.93	132.25	148.12	152.09	95.22
72	97.87	145.48	145.48	162.67	165.31	108.45
73	124.32	160.02	161.35	178.54	178.54	122.99
74	125.64	178.54	178.54	195.73	197.05	138.86
75	138.86	198.38	198.38	215.57	216.89	157.38
76	161.35	219.54	220.86	238.05	239.37	178.54
77	181.18	243.34	243.34	260.53	261.86	201.02
78	203.67	268.47	269.79	286.98	286.98	226.15
79	230.12	298.89	298.89	316.08	316.08	253.92
80	260.53	333.27	333.27	350.46	350.46	288.31
81	294.92	371.62	371.62	388.82	388.82	326.66
52	330.63	413.94	413.94	431.14	431.14	366.33
83	372.95	460.23	460.23	477.42	477.42	412.62
84	419.23	513.13	513.13	530.32	530.32	465.52
85	476.10	573.97	573.97	589.84	589.84	527.68

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.29	$9.26	$10.58	$10.58	$21.16	$6.61
36	6.61	10.58	11.90	11.90	22.48	6.61
37	6.61	10.58	13.23	13.23	23.81	7.94
38	7.94	11.90	14.55	14.55	25.13	7.94
39	7.94	13.23	14.55	14.55	26.45	9.26
40	7.94	13.23	15.87	15.87	29.10	9.26
41	9.26	14.55	17.19	17.19	30.42	10.58
42	9.26	15.87	18.52	18.52	31.74	10.58
43	10.58	17.19	19.84	19.84	34.39	11.90
44	10.58	17.19	21.16	21.16	35.71	11.90
45	11.90	18.52	22.48	22.48	38.35	13.23
46	11.90	19.84	23.81	25.13	39.68	13.23
47	13.23	22.48	25.13	26.45	42.32	14.55
48	14.55	23.81	27.77	29.10	44.97	15.87
49	14.55	25.13	29.10	31.74	47.61	15.87
50	15.87	27.77	31.74	34.39	50.26	17.19
51	17.19	30.42	34.39	37.03	54.22	19.84
52	18.52	33.06	37.03	41.00	58.19	21.16
53	21.16	35.71	41.00	44.97	62.16	22.48
54	22.48	39.68	43.64	48.93	66.13	25.13
55	25.13	43.64	48.93	54.22	71.42	27.77
56	27.77	47.61	52.90	59.51	76.71	30.42
57	30.42	52.90	56.87	64.80	82.00	33.06
58	33.06	58.19	62.16	71.42	88.61	37.03
59	37.03	63.48	68.77	78.03	95.22	39.68
60	41.00	70.09	75.38	85.96	101.83	44.97
61	44.97	76.71	82.00	93.90	108.45	48.93
62	50.26	84.64	88.61	101.83	116.38	54.22
63	55.55	92.58	96.54	111.09	124.32	60.84
64	60.84	101.83	105.80	121.67	133.57	67.45
65	68.77	112.41	116.38	133.57	144.15	75.38
66	76.71	124.32	126.96	146.80	157.38	84.64
67	85.96	137.54	140.19	161.35	170.60	93.90
68	95.22	152.09	154.73	177.22	185.15	105.80
69	107.12	167.96	170.60	194.41	201.02	119.03
70	122.99	187.80	189.12	214.25	220.86	134.90
71	138.86	208.96	210.28	236.73	240.70	153.41
72	157.38	231.44	232.76	259.21	263.18	173.25
73	177.22	256.57	256.57	284.34	286.98	195.73
74	202.34	284.34	285.66	313.43	314.76	223.50
75	228.79	317.40	317.40	345.17	347.82	253.92
76	259.21	351.79	353.11	380.88	382.20	286.98
77	292.27	390.14	390.14	417.91	419.23	324.01
78	329.30	432.46	432.46	460.23	460.23	363.69
79	371.62	480.07	480.07	507.84	507.84	411.30
80	421.88	536.94	536.94	564.71	564.71	466.84
81	477.42	600.42	600.42	628.19	628.19	530.32
82	536.94	669.19	669.19	696.96	696.96	596.45
83	604.38	745.89	745.89	773.66	773.66	673.15
84	683.73	833.18	833.18	860.95	860.95	761.76
85	776.31	933.69	933.69	960.14	960.14	866.24

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.61	$11.90	$13.23	$13.23	$25.13	$7.94
36	7.94	11.90	14.55	14.55	26.45	7.94
37	7.94	13.23	15.87	15.87	29.10	9.26
38	9.26	14.55	17.19	17.19	30.42	10.58
39	9.26	15.87	18.52	18.52	33.06	10.58
40	10.58	17.19	19.84	19.84	34.39	11.90
41	11.90	18.52	21.16	21.16	37.03	11.90
42	11.90	18.52	22.48	22.48	38.35	13.23
43	13.23	19.84	23.81	23.81	41.00	14.55
44	13.23	21.16	25.13	26.45	43.64	14.55
45	14.55	23.81	27.77	27.77	46.29	15.87
46	15.87	25.13	29.10	30.42	47.61	17.19
47	15.87	26.45	31.74	33.06	51.58	17.19
48	17.19	29.10	33.06	34.39	54.22	18.52
49	18.52	30.42	35.71	37.03	56.87	19.84
50	19.84	33.06	38.35	41.00	60.84	21.16
51	21.16	35.71	41.00	44.97	64.80	23.81
52	23.81	39.68	44.97	48.93	68.77	25.13
53	25.13	43.64	48.93	52.90	74.06	27.77
54	27.77	47.61	52.90	58.19	79.35	30.42
55	30.42	51.58	58.19	64.80	84.64	33.06
56	33.06	56.87	63.48	70.09	91.25	37.03
57	37.03	63.48	68.77	78.03	97.87	39.68
58	39.68	68.77	74.06	84.64	104.48	43.64
59	43.64	75.38	82.00	92.58	112.41	48.93
60	48.93	83.32	88.61	101.83	120.35	52.90
61	54.22	91.25	96.54	111.09	128.28	59.51
62	59.51	100.51	104.48	120.35	137.54	64.80
63	64.80	109.77	113.74	132.25	146.80	72.74
64	72.74	120.35	124.32	144.15	157.38	80.67
65	82.00	132.25	136.22	157.38	170.60	85.96
66	91.25	146.80	150.77	173.25	185.15	100.51
67	101.83	161.35	165.31	190.44	199.70	111.09
68	112.41	178.54	181.18	207.63	216.89	124.32
69	126.96	198.38	201.02	228.79	236.73	140.19
70	144.15	207.63	218.21	252.60	257.89	158.70
71	163.99	244.66	247.31	277.73	283.02	181.18
72	185.15	271.11	272.44	304.18	308.14	204.99
73	208.96	300.21	301.53	333.27	337.24	231.44
74	238.05	334.59	334.59	367.66	370.30	263.18
75	269.79	371.62	372.95	406.01	407.33	298.89
76	305.50	413.94	413.94	447.01	448.33	338.56
77	343.85	457.59	457.59	490.65	491.97	380.88
78	386.17	506.52	506.52	539.58	539.58	428.49
79	435.10	563.39	563.39	595.13	596.45	484.04
80	494.62	629.51	629.51	661.25	662.57	548.84
81	559.42	703.57	703.57	736.63	736.63	622.90
82	630.83	784.24	784.24	817.31	817.31	702.25
83	710.18	874.17	874.17	907.24	907.24	792.18
84	802.76	977.33	977.33	1009.07	1009.07	895.33
85	911.20	1096.35	1096.35	1126.77	1126.77	1018.33

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$9.26	$14.55	$17.19	$17.19	$29.10	$10.58
36	9.26	15.87	18.52	18.52	31.74	10.58
37	10.58	17.19	19.84	19.84	33.06	11.90
38	11.90	18.52	21.16	21.16	35.71	13.23
39	11.90	19.84	22.48	22.48	37.03	13.23
40	13.23	21.16	23.81	23.81	39.68	14.55
41	14.55	22.48	25.13	26.45	42.32	15.87
42	14.55	23.81	26.45	27.77	43.64	17.19
43	15.87	25.13	29.10	29.10	46.29	17.19
44	17.19	26.45	30.42	31.74	48.93	18.52
45	18.52	27.77	31.74	33.06	51.58	19.84
46	18.52	30.42	34.39	35.71	54.22	21.16
47	19.84	31.74	35.71	38.35	56.87	21.16
48	21.16	33.06	38.35	41.00	59.51	22.48
49	21.16	35.71	41.00	43.64	63.48	23.81
50	23.81	38.35	43.64	46.29	67.45	25.13
51	25.13	41.00	47.61	50.26	71.42	27.77
52	26.45	44.97	50.26	55.55	75.38	30.42
53	29.10	48.93	54.22	59.51	80.67	31.74
54	31.74	52.90	59.51	64.80	85.96	35.71
55	34.39	58.19	64.80	71.42	92.58	38.35
56	38.35	63.48	70.09	78.03	97.87	41.00
57	41.00	68.77	75.38	84.64	104.48	44.97
58	44.97	75.38	80.67	92.58	112.41	48.93
59	48.93	82.00	88.61	100.51	120.35	52.90
60	52.90	89.93	95.22	109.77	128.28	58.19
61	58.19	97.87	103.16	119.03	136.22	64.80
62	64.80	107.12	112.41	129.61	145.48	70.09
63	70.09	116.38	121.67	140.19	154.73	78.03
64	78.03	128.28	132.25	152.09	166.64	85.96
65	87.29	140.19	145.48	166.64	179.86	96.54
66	96.54	154.73	158.70	182.51	194.41	107.12
67	107.12	170.60	174.57	199.70	210.28	119.03
68	119.03	187.80	190.44	218.21	227.47	132.25
69	133.57	207.63	210.28	239.37	247.31	148.12
70	152.09	231.44	232.76	263.18	269.79	167.96
71	171.93	256.57	257.89	289.63	294.92	190.44
72	194.41	284.34	285.66	317.40	321.37	215.57
73	219.54	314.76	316.08	347.82	351.79	243.34
74	248.63	349.14	349.14	382.20	384.85	275.08
75	283.02	387.49	388.82	421.88	423.20	313.43
76	318.72	429.81	431.14	464.20	465.52	353.11
77	358.40	474.78	476.10	509.16	510.49	396.75
78	402.04	525.03	525.03	558.10	559.42	445.68
79	452.30	583.22	583.22	614.96	614.96	502.55
80	511.81	649.35	649.35	682.41	682.41	568.68
81	577.93	724.73	724.73	756.47	757.79	642.74
82	648.03	805.40	805.40	838.47	838.47	722.09
83	728.70	895.33	895.33	928.40	928.40	812.02
84	819.95	997.17	998.49	1030.23	1030.23	916.49
85	928.40	1116.19	1116.19	1146.61	1146.61	1038.16

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Form 97-LTCR-NFL **PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION**

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

Form 97-LTCR-ROP PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$3.04	$4.56	$6.08	$6.08	$12.17	$3.04
36	3.04	6.08	6.08	6.08	13.69	3.04
37	3.04	6.08	7.60	7.60	13.69	4.56
38	4.56	6.08	7.60	7.60	15.21	4.56
39	4.56	7.60	9.13	9.13	16.73	4.56
40	4.56	7.60	9.13	10.65	18.25	6.08
41	6.08	9.13	10.65	10.65	19.77	6.08
42	6.08	10.65	12.17	12.17	19.77	6.08
43	6.08	10.65	12.17	13.69	21.29	7.60
44	7.60	12.17	13.69	15.21	22.81	7.60
45	7.60	13.69	15.21	16.73	25.85	9.13
46	9.13	15.21	16.73	18.25	27.38	9.13
47	9.13	15.21	18.25	19.77	28.90	10.65
48	10.65	16.73	19.77	21.29	30.42	12.17
49	12.17	18.25	21.29	22.81	33.46	12.17
50	12.17	21.29	22.81	25.85	34.98	13.69
51	13.69	22.81	25.85	27.38	38.02	15.21
52	15.21	25.85	27.38	30.42	41.06	16.73
53	16.73	27.38	30.42	33.46	44.11	18.25
54	19.77	30.42	33.46	36.50	47.15	21.29
55	21.29	33.46	36.50	41.06	50.19	22.81
56	22.81	36.50	39.54	44.11	54.75	25.85
57	25.85	41.06	44.11	48.67	59.31	28.90
58	28.90	45.63	47.15	53.23	63.88	30.42
59	31.94	48.67	51.71	57.79	68.44	34.98
60	34.98	53.23	56.27	63.88	73.00	38.02
61	38.02	59.31	60.84	68.44	77.56	41.06
62	42.58	63.88	66.92	74.52	83.65	45.63
63	45.63	68.44	71.48	80.61	88.21	50.19
64	50.19	74.52	77.56	86.69	94.29	54.75
65	54.75	82.13	83.65	94.29	101.90	60.84
66	60.84	89.73	91.25	101.90	109.50	66.92
67	66.92	97.34	98.86	111.02	117.11	73.00
68	73.00	106.46	107.98	121.67	126.23	79.09
69	80.61	117.11	118.63	132.32	136.88	88.21
70	89.73	127.75	129.27	142.96	147.52	97.34
71	100.38	141.44	141.44	156.65	159.69	109.50
72	112.54	155.13	155.13	170.34	173.38	121.67
73	124.71	170.34	170.34	185.55	188.59	136.88
74	139.92	187.07	187.07	202.28	205.32	152.09
75	156.65	205.32	205.32	222.05	223.57	170.34
76	173.38	225.09	226.61	241.82	243.34	188.59
77	191.63	246.38	246.38	263.11	264.63	208.36
78	212.92	269.19	270.72	285.92	287.45	231.17
79	235.74	296.57	296.57	313.30	314.82	257.03
80	266.15	330.03	330.03	346.76	346.76	288.97
81	298.09	368.05	368.05	384.78	384.78	325.47
82	334.59	409.12	409.12	427.37	427.37	365.01
83	375.66	456.26	456.26	472.99	472.99	409.12
84	422.80	509.49	509.49	526.22	526.22	460.83
85	477.55	570.33	570.33	587.06	587.06	521.66

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$4.56	$7.60	$10.65	$10.65	$19.77	$6.08
36	6.08	9.13	10.65	10.65	21.29	6.08
37	6.08	10.65	12.17	12.17	24.33	6.08
38	7.60	10.65	13.69	13.69	25.85	7.60
39	7.60	12.17	15.21	15.21	27.38	9.13
40	9.13	13.69	16.73	16.73	28.90	9.13
41	9.13	15.21	18.25	18.25	31.94	10.65
42	10.65	16.73	19.77	19.77	33.46	10.65
43	12.17	18.25	21.29	22.81	36.50	12.17
44	12.17	19.77	22.81	24.33	38.02	13.69
45	13.69	22.81	25.85	27.38	41.06	15.21
46	15.21	24.33	27.38	28.90	44.11	16.73
47	16.73	25.85	30.42	31.94	47.15	18.25
48	18.25	28.90	33.46	34.98	50.19	19.77
49	19.77	31.94	34.98	38.02	54.75	21.29
50	21.29	34.98	39.54	42.58	57.79	24.33
51	24.33	38.02	42.58	45.63	62.36	25.85
52	25.85	42.58	45.63	50.19	66.92	28.90
53	28.90	45.63	50.19	54.75	71.48	31.94
54	31.94	50.19	54.75	60.84	77.56	34.98
55	34.98	56.27	60.84	66.92	82.13	38.02
56	39.54	60.84	65.40	73.00	88.21	42.58
57	42.58	66.92	71.48	79.09	95.82	50.19
58	47.15	73.00	77.56	86.69	101.90	51.71
59	51.71	80.61	85.17	94.29	109.50	56.27
60	57.79	88.21	92.77	103.42	118.63	62.36
61	62.36	95.82	100.38	112.54	126.23	68.44
62	68.44	103.42	107.98	120.15	133.84	74.52
63	74.52	112.54	117.11	130.80	142.96	82.13
64	82.13	121.67	126.23	141.44	153.61	89.73
65	91.25	133.84	136.88	153.61	164.25	98.86
66	100.38	146.00	149.05	167.30	176.42	107.98
67	109.50	159.69	162.73	180.98	190.11	118.63
68	120.15	173.38	176.42	196.19	205.32	130.80
69	133.84	190.11	193.15	214.44	220.53	144.48
70	149.05	208.36	211.40	234.21	240.30	161.21
71	165.78	229.65	231.17	255.51	260.07	179.46
72	185.55	252.47	253.99	278.32	282.88	200.76
73	206.84	276.80	278.32	302.65	307.22	223.57
74	229.65	305.70	305.70	331.55	334.59	249.42
75	257.03	336.11	337.63	361.97	365.01	279.84
76	285.92	369.57	369.57	395.43	396.95	311.78
77	316.34	404.55	403.03	430.41	431.93	343.72
78	349.80	442.57	442.57	468.43	469.95	380.22
79	390.86	488.20	488.20	514.06	514.06	424.32
80	438.01	542.95	542.95	568.81	568.81	477.55
81	494.28	605.31	605.31	631.16	631.16	538.39
82	553.60	673.75	673.75	701.12	701.12	603.79
83	622.04	749.79	749.79	778.69	778.69	678.31
84	699.60	838.00	838.00	865.38	865.38	765.00
85	790.86	938.38	938.38	965.76	965.76	865.38

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$6.08	$10.65	$12.17	$12.17	$24.33	$6.08
36	7.60	12.17	13.69	13.69	27.38	7.60
37	7.60	12.17	15.21	15.21	28.90	9.13
38	9.13	13.69	16.73	16.73	30.42	9.13
39	9.13	15.21	18.25	18.25	33.46	10.65
40	10.65	16.73	19.77	21.29	34.98	12.17
41	12.17	18.25	22.81	22.81	38.02	12.17
42	13.69	21.29	24.33	25.85	41.06	13.69
43	13.69	22.81	25.85	27.38	44.11	15.21
44	15.21	24.33	28.90	30.42	47.15	16.73
45	16.73	27.38	31.94	33.46	50.19	18.25
46	19.77	30.42	34.98	36.50	53.23	21.29
47	21.29	33.46	36.50	39.54	57.79	22.81
48	22.81	34.98	39.54	42.58	60.84	24.33
49	24.33	39.54	44.11	47.15	65.40	25.85
50	27.38	42.58	47.15	51.71	69.96	28.90
51	28.90	47.15	51.71	56.27	74.52	31.94
52	31.94	51.71	56.27	60.84	80.61	34.98
53	36.50	56.27	60.84	66.92	86.69	39.54
54	39.54	60.84	66.92	68.44	92.77	42.58
55	44.11	66.92	73.00	80.61	98.86	47.15
56	47.15	74.52	79.09	88.21	106.46	51.71
57	51.71	80.61	86.69	95.82	114.07	56.27
58	57.79	88.21	94.29	104.94	123.19	62.36
59	62.36	95.82	101.90	114.07	130.80	68.44
60	68.44	104.94	111.02	123.19	139.92	74.52
61	76.04	114.07	118.63	133.84	150.57	82.13
62	82.13	123.19	129.27	144.48	159.69	89.73
63	89.73	133.84	138.40	155.13	170.34	97.34
64	98.86	146.00	150.57	167.30	180.98	106.46
65	107.98	158.17	162.73	182.51	194.67	117.11
66	118.63	173.38	176.42	197.71	208.36	129.27
67	130.80	188.59	191.63	214.44	223.57	141.44
68	142.96	205.32	208.36	232.69	241.82	155.13
69	158.17	223.57	226.61	252.47	260.07	170.34
70	174.90	246.38	247.90	275.28	282.88	190.11
71	196.19	270.72	272.24	299.61	305.70	212.92
72	217.49	296.57	298.09	326.99	331.55	235.74
73	243.34	325.47	326.99	355.88	360.45	264.63
74	270.72	358.93	358.93	389.34	389.34	295.05
75	302.65	395.43	395.43	425.85	428.89	330.03
76	336.11	433.45	433.45	463.87	463.87	366.53
77	371.09	472.99	472.99	503.41	504.93	403.03
78	410.64	517.10	518.62	549.04	549.04	447.14
79	456.26	570.33	570.33	600.75	602.27	497.33
80	512.53	634.20	634.20	664.62	664.62	558.16
81	576.41	705.69	707.21	737.62	737.62	629.64
82	646.37	786.29	786.29	818.23	818.23	707.21
83	725.46	876.02	874.50	907.96	909.48	793.90
84	818.23	979.44	979.44	1011.38	1011.38	894.27
85	924.69	1096.55	1096.55	1128.49	1128.49	1012.90

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTC-HHC1(VA), 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$9.13	$15.21	$18.25	$18.25	$31.94	$10.65
36	10.65	16.73	19.77	19.77	34.98	10.65
37	10.65	18.25	21.29	21.29	38.02	12.17
38	12.17	19.77	22.81	24.33	39.54	13.69
39	13.69	22.81	25.85	25.85	42.58	15.21
40	15.21	24.33	28.90	28.90	45.63	16.73
41	16.73	27.38	30.42	31.94	50.19	18.25
42	18.25	28.90	33.46	34.98	53.23	19.77
43	21.29	31.94	36.50	38.02	56.27	22.81
44	22.81	34.98	39.54	41.06	60.84	24.33
45	24.33	38.02	42.58	45.63	63.88	27.38
46	27.38	41.06	45.63	48.67	68.44	28.90
47	28.90	44.11	50.19	53.23	73.00	31.94
48	31.94	48.67	53.23	57.79	77.56	33.46
49	33.46	51.71	57.79	62.36	82.13	36.50
50	36.50	56.27	62.36	66.92	88.21	39.54
51	39.54	62.36	66.92	73.00	94.29	44.11
52	44.11	66.92	73.00	79.09	100.38	47.15
53	47.15	73.00	79.09	86.69	107.98	51.71
54	51.71	79.09	85.17	94.29	115.59	56.27
55	56.27	86.69	92.77	101.90	123.19	62.36
56	62.36	94.29	100.38	109.50	130.80	66.92
57	66.92	101.90	107.98	118.63	139.92	73.00
58	73.00	109.50	115.59	129.27	149.05	79.09
59	79.09	118.63	124.71	138.40	158.17	85.17
60	85.17	129.27	133.84	150.57	168.82	92.77
61	92.77	138.40	144.48	161.21	179.46	100.38
62	100.38	150.57	155.13	173.38	190.11	109.50
63	109.50	161.21	167.30	185.55	202.28	118.63
64	120.15	174.90	179.46	200.76	214.44	129.27
65	130.80	190.11	193.15	215.96	229.65	141.44
66	142.96	205.32	209.88	232.69	246.38	155.13
67	155.13	222.05	226.61	252.47	263.11	168.82
68	168.82	241.82	244.86	272.24	282.88	184.03
69	185.55	263.11	266.15	295.05	304.18	202.28
70	206.84	287.45	290.49	320.90	326.99	223.57
71	229.65	314.82	317.86	348.28	355.88	249.42
72	255.51	345.24	348.28	380.22	384.78	276.80
73	284.40	378.70	380.22	413.68	418.24	308.74
74	316.34	416.72	416.72	448.66	454.74	343.72
75	352.84	457.78	457.78	491.24	494.28	383.26
76	390.86	500.37	501.89	535.35	536.87	424.32
77	428.89	545.99	545.99	579.45	580.97	468.43
78	472.99	594.66	596.18	629.64	631.16	515.58
79	524.70	653.98	653.98	687.44	688.96	571.85
80	587.06	723.94	723.94	758.92	758.92	641.81
81	658.54	804.54	804.54	839.52	839.52	719.37
82	736.10	892.75	894.27	929.25	929.25	806.06
83	824.31	993.13	993.13	1029.63	1029.63	903.40
84	924.69	1105.68	1105.68	1142.18	1142.18	1014.42
85	1041.80	1234.95	1234.95	1271.45	1271.45	1143.70

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.56	$6.08	$7.60	$7.60	$15.21	$4.56
36	4.56	7.60	9.13	9.13	16.73	4.56
37	4.56	7.60	9.13	9.13	16.73	4.56
38	4.56	7.60	10.65	9.13	18.25	6.08
39	6.08	9.13	10.65	10.65	19.77	6.08
40	6.08	9.13	12.17	12.17	21.29	6.08
41	6.08	10.65	12.17	12.17	21.29	7.60
42	7.60	10.65	13.69	13.69	22.81	7.60
43	7.60	12.17	13.69	13.69	24.33	7.60
44	7.60	12.17	15.21	15.21	25.85	9.13
45	7.60	13.69	16.73	16.73	27.38	9.13
46	9.13	15.21	16.73	18.25	28.90	9.13
47	9.13	15.21	18.25	19.77	30.42	10.65
45	10.65	16.73	19.77	21.29	31.94	10.65
49	10.65	18.25	21.29	22.81	34.98	12.17
50	12.17	19.77	22.81	22.81	36.50	12.17
51	12.17	21.29	24.33	25.85	39.54	13.69
52	13.69	22.81	27.38	28.90	42.58	15.21
53	15.21	25.85	28.90	31.94	44.11	16.73
54	16.73	28.90	31.94	34.98	48.67	18.25
55	18.25	30.42	34.98	38.02	51.71	19.77
56	19.77	34.98	38.02	42.58	54.75	21.29
57	21.29	38.02	41.06	47.15	59.31	24.33
58	24.33	41.06	45.63	51.71	63.88	25.85
59	25.85	45.63	50.19	56.27	68.44	28.90
60	28.90	50.19	53.23	62.36	73.00	31.94
61	31.94	54.75	59.31	68.44	79.09	34.98
62	34.98	60.84	63.88	74.52	83.65	39.54
63	39.54	66.92	69.96	80.61	89.73	44.11
64	44.11	73.00	76.04	88.21	97.34	48.67
65	48.67	80.61	83.65	97.34	104.94	54.75
66	54.75	89.73	92.77	106.46	114.07	60.84
67	62.36	98.86	101.90	117.11	123.19	68.44
68	68.44	109.50	111.02	127.75	133.84	76.04
69	77.56	121.67	123.19	141.44	146.00	85.17
70	88.21	150.57	136.88	155.13	159.69	97.34
71	100.38	150.57	152.09	170.34	174.90	109.50
72	112.54	167.30	167.30	187.07	190.11	124.71
73	142.96	184.03	185.55	205.32	205.32	141.44
74	144.48	205.32	205.32	225.09	226.61	159.69
75	159.69	228.13	228.13	247.90	249.42	180.98
76	185.55	252.47	253.99	273.76	275.28	205.32
77	208.36	279.84	279.84	299.61	301.13	231.17
78	234.21	308.74	310.26	330.03	330.03	260.07
79	264.63	343.72	343.72	363.49	363.49	292.01
80	299.61	383.26	383.26	403.03	403.03	331.55
81	339.16	427.37	427.37	447.14	447.14	375.66
52	380.22	476.03	476.03	495.81	495.81	421.28
83	428.89	529.26	529.26	549.04	549.04	474.51
84	482.12	590.10	590.10	609.87	609.87	535.35
85	547.52	660.06	660.06	678.31	678.31	606.83

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.08	$10.65	$12.17	$12.17	$24.33	$7.60
36	7.60	12.17	13.69	13.69	25.85	7.60
37	7.60	12.17	15.21	15.21	27.38	9.13
38	9.13	13.69	16.73	16.73	28.90	9.13
39	9.13	15.21	16.73	16.73	30.42	10.65
40	9.13	15.21	18.25	18.25	33.46	10.65
41	10.65	16.73	19.77	19.77	34.98	12.17
42	10.65	18.25	21.29	21.29	36.50	12.17
43	12.17	19.77	22.81	22.81	39.54	13.69
44	12.17	19.77	24.33	24.33	41.06	13.69
45	13.69	21.29	25.85	25.85	44.11	15.21
46	13.69	22.81	27.38	28.90	45.63	15.21
47	15.21	25.85	28.90	30.42	48.67	16.73
48	16.73	27.38	31.94	33.46	51.71	18.25
49	16.73	28.90	33.46	36.50	54.75	18.25
50	18.25	31.94	36.50	39.54	57.79	19.77
51	19.77	34.98	39.54	42.58	62.36	22.81
52	21.29	38.02	42.58	47.15	66.92	24.33
53	24.33	41.06	47.15	51.71	71.48	25.85
54	25.85	45.63	50.19	56.27	76.04	28.90
55	28.90	50.19	56.27	62.36	82.13	31.94
56	31.94	54.75	60.84	68.44	88.21	34.98
57	34.98	60.84	65.40	74.52	94.29	38.02
58	38.02	66.92	71.48	82.13	101.90	42.58
59	42.58	73.00	79.09	89.73	109.50	45.63
60	47.15	80.61	86.69	98.86	117.11	51.71
61	51.71	88.21	94.29	107.98	124.71	56.27
62	57.79	97.34	101.90	117.11	133.84	62.36
63	63.88	106.46	111.02	127.75	142.96	69.96
64	69.96	117.11	121.67	139.92	153.61	77.56
65	79.09	129.27	133.84	153.61	165.78	86.69
66	88.21	142.96	146.00	168.82	180.98	97.34
67	98.86	158.17	161.21	185.55	196.19	107.98
68	109.50	174.90	177.94	203.80	212.92	121.67
69	123.19	193.15	196.19	223.57	231.17	136.88
70	141.44	215.96	217.49	246.38	253.99	155.13
71	159.69	240.30	241.82	272.24	276.80	176.42
72	180.98	266.15	267.67	298.09	302.65	199.23
73	203.80	295.05	295.05	326.99	330.03	225.09
74	232.69	326.99	328.51	360.45	361.97	257.03
75	263.11	365.01	365.01	396.95	399.99	292.01
76	298.09	404.55	406.07	438.01	439.53	330.03
77	336.11	448.66	448.66	480.60	482.12	372.61
78	378.70	497.33	497.33	529.26	529.26	418.24
79	427.37	552.08	552.08	584.02	584.02	472.99
80	485.16	617.48	617.48	649.41	649.41	536.87
81	549.04	690.48	690.48	722.42	722.42	609.87
82	617.48	769.56	769.56	801.50	801.50	685.91
83	695.04	857.77	857.77	889.71	889.71	774.13
84	786.29	958.15	958.15	990.09	990.09	876.02
85	892.75	1073.74	1073.74	1104.16	1104.16	996.17

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$7.60	$13.69	$15.21	$15.21	$28.90	$9.13
36	9.13	13.69	16.73	16.73	30.42	9.13
37	9.13	15.21	18.25	18.25	33.46	10.65
38	10.65	16.73	19.77	19.77	34.98	12.17
39	10.65	18.25	21.29	21.29	38.02	12.17
40	12.17	19.77	22.81	22.81	39.54	13.69
41	13.69	21.29	24.33	24.33	42.58	13.69
42	13.69	21.29	25.85	25.85	44.11	15.21
43	15.21	22.81	27.38	27.38	47.15	16.73
44	15.21	24.33	28.90	30.42	50.19	16.73
45	16.73	27.38	31.94	31.94	53.23	18.25
46	18.25	28.90	33.46	34.98	54.75	19.77
47	18.25	30.42	36.50	38.02	59.31	19.77
48	19.77	33.46	38.02	39.54	62.36	21.29
49	21.29	34.98	41.06	42.58	65.40	22.81
50	22.81	38.02	44.11	47.15	69.96	24.33
51	24.33	41.06	47.15	51.71	74.52	27.38
52	27.38	45.63	51.71	56.27	79.09	28.90
53	28.90	50.19	56.27	60.84	85.17	31.94
54	31.94	54.75	60.84	66.92	91.25	34.98
55	34.98	59.31	66.92	74.52	97.34	38.02
56	38.02	65.40	73.00	80.61	104.94	42.58
57	42.58	73.00	79.09	89.73	112.54	45.63
58	45.63	79.09	85.17	97.34	120.15	50.19
59	50.19	86.69	94.29	106.46	129.27	56.27
60	56.27	95.82	101.90	117.11	138.40	60.84
61	62.36	104.94	111.02	127.75	147.52	68.44
62	68.44	115.59	120.15	138.40	158.17	74.52
63	74.52	126.23	130.80	152.09	168.82	83.65
64	83.65	138.40	142.96	165.78	180.98	92.77
65	94.29	152.09	156.65	180.98	196.19	98.86
66	104.94	168.82	173.38	199.23	212.92	115.59
67	117.11	185.55	190.11	219.01	229.65	127.75
68	129.27	205.32	208.36	238.78	249.42	142.96
69	146.00	228.13	231.17	263.11	272.24	161.21
70	165.78	238.78	250.94	290.49	296.57	182.51
71	188.59	281.36	284.40	319.38	325.47	208.36
72	212.92	311.78	313.30	349.80	354.36	235.74
73	240.30	345.24	346.76	383.26	387.82	266.15
74	273.76	384.78	384.78	422.80	425.85	302.65
75	310.26	427.37	428.89	466.91	468.43	343.72
76	351.32	476.03	476.03	514.06	515.58	389.34
77	395.43	526.22	526.22	564.24	565.77	438.01
78	444.10	582.50	582.50	620.52	620.52	492.76
79	500.37	647.89	647.89	684.39	685.91	556.64
80	568.81	723.94	723.94	760.44	761.96	631.16
81	643.33	809.11	809.11	847.13	847.13	716.33
82	725.46	901.88	901.88	939.90	939.90	807.58
83	816.71	1005.30	1005.30	1043.32	1043.32	911.00
84	923.17	1123.93	1123.93	1160.43	1160.43	1029.63
85	1047.88	1260.81	1260.81	1295.79	1295.79	1171.07

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

Forms 97-LTCR-FCP, 97-LTCR-IPO, 97-LTCR-FPO

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	BASE	20 yrs.	Life	20 yrs.	Life	Option
18-35	$10.65	$16.73	$19.77	$19.77	$33.46	$12.17
36	10.65	18.25	21.29	21.29	36.50	12.17
37	12.17	19.77	22.81	22.81	38.02	13.69
38	13.69	21.29	24.33	24.33	41.06	15.21
39	13.69	22.81	25.85	25.85	42.58	15.21
40	15.21	24.33	27.38	27.38	45.63	16.73
41	16.73	25.85	28.90	30.42	48.67	18.25
42	16.73	27.38	30.42	31.94	50.19	19.77
43	18.25	28.90	33.46	33.46	53.23	19.77
44	19.77	30.42	34.98	36.50	56.27	21.29
45	21.29	31.94	36.50	38.02	59.31	22.81
46	21.29	34.98	39.54	41.06	62.36	24.33
47	22.81	36.50	41.06	44.11	65.40	24.33
48	24.33	38.02	44.11	47.15	68.44	25.85
49	24.33	41.06	47.15	50.19	73.00	27.38
50	27.38	44.11	50.19	53.23	77.56	28.90
51	28.90	47.15	54.75	57.79	82.13	31.94
52	30.42	51.71	57.79	63.88	86.69	34.98
53	33.46	56.27	62.36	68.44	92.77	36.50
54	36.50	60.84	68.44	74.52	98.86	41.06
55	39.54	66.92	74.52	82.13	106.46	44.11
56	44.11	73.00	80.61	89.73	112.54	47.15
57	47.15	79.09	86.69	97.34	120.15	51.71
58	51.71	86.69	92.77	106.46	129.27	56.27
59	56.27	94.29	101.90	115.59	138.40	60.84
60	60.84	103.42	109.50	126.23	147.52	66.92
61	66.92	112.54	118.63	136.88	156.65	74.52
62	74.52	123.19	129.27	149.05	167.30	80.61
63	80.61	133.84	139.92	161.21	177.94	89.73
64	89.73	147.52	152.09	174.90	191.63	98.86
65	100.38	161.21	167.30	191.63	206.84	111.02
66	111.02	177.94	182.51	209.88	223.57	123.19
67	123.19	196.19	200.76	229.65	241.82	136.88
68	136.88	215.96	219.01	250.94	261.59	152.09
69	153.61	238.78	241.82	275.28	284.40	170.34
70	174.90	266.15	267.67	302.65	310.26	193.15
71	197.71	295.05	296.57	333.07	339.16	219.01
72	223.57	326.99	328.51	365.01	369.57	247.90
73	252.47	361.97	363.49	399.99	404.55	279.84
74	285.92	401.51	401.51	439.53	442.57	316.34
75	325.47	445.62	447.14	485.16	486.68	360.45
76	366.53	494.28	495.81	533.83	535.35	406.07
77	412.16	545.99	547.52	585.54	587.06	456.26
78	462.35	603.79	603.79	641.81	643.33	512.53
79	520.14	670.71	670.71	707.21	707.21	577.93
80	588.58	746.75	746.75	784.77	784.77	653.98
81	664.62	833.44	833.44	869.94	871.46	739.15
82	745.23	926.21	926.21	964.23	964.23	830.40
83	838.00	1029.63	1029.63	1067.65	1067.65	933.82
84	942.94	1146.74	1148.26	1184.76	1184.76	1053.97
85	1067.65	1283.62	1283.62	1318.60	1318.60	1193.89

EP	0 Day	10 Day	20 Day	60 Day	180 Day
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

Form 97-LTCR-NFL **PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION**

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

Form 97-LTCR-ROP **PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION**

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2015

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - 1997 Series (LR) - revised.pdf VA Rate Basis Appendix - 1997 (LR).xlsx
Item Status:	Received & Acknowledged
Status Date:	12/21/2015

Satisfied - Item:	Supplemental Information and Attachments
Comments:	
Attachment(s):	VA Filing Supplement 1997.pdf Assumptions Details Descriptions 123112.pdf Model Formulas 123112.pdf Lapse Analysis Details (Dec 2012).pdf Total Persistency Comparisons (App D) (Dec 2012).pdf Mortality Analysis Details (Dec 2012).pdf Morbidity Analysis Details (Dec 2012).pdf Claim Reserve Retro Test (Dec 2012).pdf Exhibit 1.pdf Exhibit 2.pdf
Item Status:	Received & Acknowledged
Status Date:	01/24/2014

Satisfied - Item:	Policyholder Communication Enclosure and Statement of Variability
Comments:	
Attachment(s):	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 SOV Rev 11.29.2016.pdf CBUL-DISC-2014(VA) SOV Rev 12.12.16.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Current Rates

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Comments:	
Attachment(s):	Original Rates 1997.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	State Filing Grid Status
Comments:	
Attachment(s):	VA 1997 State Filing Grid 9.18.15.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2015

Satisfied - Item:	Exhibit 1 & 2
Comments:	
Attachment(s):	Exhibit 1.pdf Exhibit 2.pdf
Item Status:	Received & Acknowledged
Status Date:	01/24/2014

Satisfied - Item:	1997 Exhibits
Comments:	
Attachment(s):	1997 Exhibits.pdf
Item Status:	Received & Acknowledged
Status Date:	01/24/2014

Satisfied - Item:	Response to 9/20/2013 Objection
Comments:	
Attachment(s):	Objection Responses - 1997.pdf
Item Status:	Received & Acknowledged
Status Date:	01/24/2014

Satisfied - Item:	2014-LTC-CHANGE (for VA) John Doe Version
Comments:	
Attachment(s):	2014-LTC-CHANGE (for VA) john doe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Response to 01/24/2014 Objection and Supporting Documents

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Comments:	
Attachment(s):	Objection Responses - 1997 - final.pdf Exhibit 1 - 1997.xlsx Exhibit 2 - 1997.xlsx Exhibit 3 - 1997.xlsx Appendix D.xlsx
Item Status:	Received & Acknowledged
Status Date:	03/25/2014

Satisfied - Item:	Rate Request Summary
Comments:	
Attachment(s):	VA 1997 Rate Request Summary Rev.pdf
Item Status:	Received & Acknowledged
Status Date:	10/16/2014

Satisfied - Item:	Exhibit 1
Comments:	
Attachment(s):	Exhibit 1 - Loss Ratio Compliance Exhibit - VA.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2014

Satisfied - Item:	Appendix B using 4.50%
Comments:	
Attachment(s):	VA Appendix B - 1997 (LR) (4.50%).xlsx
Item Status:	Received & Acknowledged
Status Date:	10/16/2014

Satisfied - Item:	Form 2002-LTC-SBEND
Comments:	Form 2002-LTC-SBEND, Change in Schedule of Benefits Endorsement, was approved by the Department on November 20, 2002, under Submission No. 007 0000019203.
Attachment(s):	2002-LTC-SBEND.pdf
Item Status:	Received & Acknowledged
Status Date:	04/27/2015

Satisfied - Item:	Form 2015-LTC-SBEND Statement of Variability
Comments:	Attached
Attachment(s):	2015-LTC-SBEND Statement of Variables (for VA).pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Status Date:	10/29/2015

Satisfied - Item:	Certification of Readability
Comments:	
Attachment(s):	VA Readability Cert.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2015

Attachment VA Rate Basis Appendix - 1997 (LR).xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 1 - 1997.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 2 - 1997.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 3 - 1997.xlsx is not a PDF document and cannot be reproduced here.

Attachment Appendix D.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 1 - Loss Ratio Compliance Exhibit - VA.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Appendix B - 1997 (LR) (4.50%).xlsx is not a PDF document and cannot be reproduced here.

VIRGINIA

ACTUARIAL CERTIFICATION

INSURER: CMFG Life Insurance Company

NAIC NO.: 62626

SUBMISSION Rates for 97-LTC-HHC1(VA)

I have reviewed the enclosed rate filing and certify that, to the best of my knowledge and belief, the enclosed submission is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

BY: Joette S. Schleisman, FSA, MAAA, MBA

TITLE: Director, Life/Health Actuarial Management

DATE: May 2, 2013

VIRGINIA

CERTIFICATION OF COMPLIANCE

INSURER: CMFG Life Insurance Company

NAIC NO.: 62626

I hereby certify that the Company has reviewed the enclosed policy form(s) and certify that, to the best of my knowledge and believe, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

BY: Margaret R. Immerfall Digitally signed by Margaret R. Immerfall Date: 2015.12.21 08:35:31 -06'00'

Margaret R. Immerfall

TITLE: VP, Enterprise Services

DATE: December 21, 2015

May 2, 2014

Actuarial Memorandum Supporting Rate Revision for
CMFG Life Insurance Company
Individual Long-Term Care Insurance Plan
1997 Product

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for CMFG Life Insurance Company's (the Company) individual long-term care product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. This product is referred to as the 1997 Product. (Some riders may not be available in all states.) This filing excludes policies that have the lump sum (single-pay) premium payment option as those policies are now paid-up.

This product was sold nationwide from 1997 to 2004 and is no longer being marketed in any state.

The Company is requesting a 15% rate increase in each of the next three years. **The cumulative rate increase is about 52%.** The rate increase is necessary because the current estimate of the nationwide lifetime loss ratio is in excess of expected. The company is filing for premium rate increases in states that did not fully approve the prior rate increase requests. This rate filing is not intended to be used for other purposes.

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

Please refer to Section 26 for a description of the information contained in each Appendix.

2. DESCRIPTION OF BENEFITS

This product provides long-term care coverage on an expense reimbursement basis up to the policy limits. Depending on the state, the product provided either home health care only coverage with an option to add facility care coverage or comprehensive coverage (which includes both home health care and nursing facility care). A benefit period, elimination period, daily benefit, inflation protection option and lump sum premium payment option are selected at issue. Additional optional benefits of nonforfeiture benefits and return of premium were available. The benefit eligibility criteria are based on the insured's loss of the ability to perform Activities of Daily Living (ADLs) or having a severe cognitive impairment. The available benefit choices can be found in the attached rate tables. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

3. RENEWABILITY CLAUSE

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

4. MARKETING METHOD

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

5. UNDERWRITING

All policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience.

6. APPLICABILITY

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

7. MORBIDITY

The morbidity assumptions are based on a combination of the Company's historical claim experience from 2002 through December 31, 2012, the Milliman 2011 *Long Term Care Guidelines* (*Guidelines*) and judgment. The *Guidelines* reflect over $10 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity, including future improvement of 1% per year through 2027. The assumptions do not include any adverse selection resulting from the rate increase or loads for moderately adverse experience.

8. MORTALITY

Mortality assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. The best estimate mortality assumption is the Annuity 2000 Mortality Table on a sex distinct basis, projected forward with mortality improvement to 2027. Mortality improvement was based on 100% of Scale G for males and 50% of Scale G for females. The ultimate mortality table in 2027 was smoothed slightly to maintain a reasonable relationship of mortality rates between males and females. Mortality selection factors are also applied, starting at 0.20 in duration 1 and grading up to 1.00 in duration 9.

9. PERSISTENCY

Voluntary lapse assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lapse rates are shown below and vary by premium payment option and policy duration.

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

10. EXPENSES

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

11. PREMIUM CLASSES

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

12. ISSUE AGE RANGE

This product was available for issue ages 18 to 85. Premiums are based on issue age.

13. AREA FACTORS

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

14. AVERAGE ANNUAL PREMIUM

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

15. MODAL PREMIUM FACTORS

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

16. CLAIM LIABILITY AND RESERVE

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

17. ACTIVE LIFE RESERVES

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

18. TREND ASSUMPTION

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

19. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase is shown in Appendix A based on a minimum loss ratio. The requested rate increase is less than the maximum allowed increase.

20. DISTRIBUTION OF BUSINESS

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

21. EXPERIENCE – PAST AND FUTURE

The historical and projected experience, both with and without the rate increase, is contained in Appendices B and C. Historical claim experience is not available prior to 2002. The premium in Appendix B is shown on a Virginia rate basis (applying the level of the Virginia rate increase to every state).

22. LIFETIME LOSS RATIO

The development of the anticipated nationwide lifetime loss ratio, both without a rate increase and with the requested rate increase, is shown in Appendix B. An annual interest rate of 6.00% was used to calculate the lifetime loss ratio in the supporting appendices and was based on the original investment rate used in the original pricing. The 3 rounds of rate increases of 15% are assumed effective April 1, 2014, April 1, 2015 and April 1, 2016.

23. HISTORY OF RATE ADJUSTMENTS

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

24. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2012 in this state.

25. PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

26. SUMMARY OF APPENDICES

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

Appendix B contains historical and projected nationwide experience for all policies issued under this product. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

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

27. ACTUARIAL CERTIFICATION

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

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

The projected experience shown in this Memorandum is based on best estimate assumptions and does not include any provision for moderately adverse experience. As the loss ratio exceeds the minimum loss ratio of 60%, benefits are reasonable in relation to premium. If the experience does not improve, the Company will need to file for future rate increases. In my opinion, the rates are not excessive or unfairly discriminatory.

Joette S. Schleisman

Joette S. Schleisman, FSA, MAAA, MBA
Director, Corporate Actuarial

Appendix A
CMFG Life Insurance Company
1997 Product (All Business)

Virginia

Requested Rate Increase: 3 rounds of 15.0% each year

14. Average Annual Premium

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

Virginia	$1,117
Nationwide	$1,194

The average annual premium for this form and associated riders, after all 3 rounds of rate increases, is:

Virginia	$1,699
Nationwide	$1,817

19. Maximum Allowable Rate Increase

Maximum Allowable Rate Increase (60% Minimum Loss Ratio)	294%
Requested rate increase	3 rounds of 15% each year

22. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	111%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	100%

23. History of Rate Adjustments

There have been no rate increases on this form in this state.

24. Number of Policyholders and Annualized Premium as of December 31, 2012*

	All Policies	
	Policies	Premium
Virginia	82	$91,607
Nationwide	2,371	$2,832,155

*Excludes policies with single-pay premium option

Appendix B
CMFG Life Insurance Company
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
1997 Product (All Business)

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	5,891	n/a	n/a	n/a	
1998	223,435	n/a	n/a	n/a	
1999	827,446	n/a	n/a	n/a	
2000	1,338,437	n/a	n/a	n/a	
2001	2,001,576	n/a	n/a	n/a	
2002	2,600,458	313,748	135,238	448,985	17%
2003	2,992,037	411,302	0	411,302	14%
2004	3,003,491	20,591	0	20,591	1%
2005	2,920,908	978,680	270,916	1,249,596	43%
2006	2,835,070	644,090	113,941	758,031	27%
2007	2,766,258	460,165	1,345	461,509	17%
2008	2,700,335	796,052	194,196	990,248	37%
2009	2,610,436	620,449	677,898	1,298,347	50%
2010	2,556,989	545,685	655,200	1,200,885	47%
2011	2,496,449	438,680	951,534	1,390,214	56%
2012	2,261,903	100,893	1,025,989	1,126,882	50%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,165,959	1,701,454	79%
2014	2,096,778	1,845,489	88%
2015	2,026,786	1,998,687	99%
2016	1,956,099	2,163,176	111%
2017	1,884,780	2,338,995	124%
2018	1,812,935	2,514,766	139%
2019	1,740,625	2,684,866	154%
2020	1,667,991	2,851,196	171%
2021	1,595,153	3,080,147	193%
2022	1,522,259	3,313,375	218%
2023	1,449,463	3,555,519	245%
2024	1,376,921	3,814,973	277%
2025	1,304,835	4,080,142	313%
2026	1,233,372	4,351,624	353%
2027	1,162,716	4,624,844	398%
2028	1,093,012	4,945,454	452%
2029	1,024,157	5,266,153	514%
2030	956,326	5,573,980	583%
2031	889,799	5,873,705	660%
2032	824,849	6,160,636	747%
2033	761,712	6,432,341	844%
2034	700,649	6,682,359	954%
2035	641,896	6,900,308	1075%
2036	585,671	7,077,618	1208%
2037	532,153	7,215,695	1356%
2038	481,481	7,319,148	1520%
2039	433,775	7,377,582	1701%
2040	389,130	7,391,898	1900%
2041	347,585	7,366,586	2119%
2042	309,165	7,307,908	2364%
2043	273,855	7,218,487	2636%
2044	241,597	7,096,713	2937%
2045	212,310	6,952,580	3275%
2046	185,876	6,786,516	3651%
2047	162,146	6,607,978	4075%
2048	140,949	6,396,038	4538%
2049	122,124	6,218,985	5092%
2050	105,499	6,049,366	5734%
2051	90,892	5,881,588	6471%
2052 and later	493,209	71,040,952	14404%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,165,959	1,701,454	79%
2014	2,275,268	1,853,326	81%
2015	2,526,641	2,021,776	80%
2016	2,804,299	2,204,369	79%
2017	2,863,596	2,388,907	83%
2018	2,757,248	2,565,009	93%
2019	2,647,273	2,734,958	103%
2020	2,536,806	2,900,879	114%
2021	2,426,028	3,130,361	129%
2022	2,315,166	3,363,954	145%
2023	2,204,452	3,606,394	164%
2024	2,094,125	3,866,110	185%
2025	1,984,491	4,131,320	208%
2026	1,875,805	4,402,665	235%
2027	1,768,345	4,675,507	264%
2028	1,662,335	4,995,972	301%
2029	1,557,615	5,316,255	341%
2030	1,454,452	5,623,286	387%
2031	1,353,272	5,921,954	438%
2032	1,254,492	6,207,544	495%
2033	1,158,469	6,477,656	559%
2034	1,065,599	6,725,880	631%
2035	976,244	6,941,786	711%
2036	890,733	7,116,840	799%
2037	809,338	7,252,509	896%
2038	732,273	7,353,467	1004%
2039	659,718	7,409,341	1123%
2040	591,818	7,421,048	1254%
2041	528,634	7,393,130	1399%
2042	470,201	7,331,931	1559%
2043	416,500	7,240,087	1738%
2044	367,438	7,115,999	1937%
2045	322,897	6,969,692	2158%
2046	282,694	6,801,608	2406%
2047	246,604	6,621,248	2685%
2048	214,366	6,407,640	2989%
2049	185,735	6,229,161	3354%
2050	160,452	6,058,304	3776%
2051	138,236	5,889,450	4260%
2052 and later	750,109	71,093,852	9478%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	51,159,878	12,200,245	24%		51,159,878	12,200,245	24%
Present Value of Future to 12/31/2012	20,723,039	67,469,541	326%		28,962,216	68,051,251	235%
Total Values	71,882,917	79,669,786	111%		80,122,093	80,251,496	100%
(Discounted at 6.00%)							
Projected Loss Ratio without Rate Increase			111%	Projected Loss Ratio with Rate Increase			100%
Minimum Lifetime Loss Ratio			60%				
Maximum Allowable Increase			294%				
Requested Rate Increases			3 rounds of 15% each year				

Appendix C
CMFG Life Insurance Company
Historical and Projected Experience
Virginia Experience
1997 Product (All Business)

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	0	n/a	n/a	n/a	
1998	546	n/a	n/a	n/a	
1999	16,265	n/a	n/a	n/a	
2000	30,481	n/a	n/a	n/a	
2001	54,582	n/a	n/a	n/a	
2002	82,776	0	0	0	0%
2003	106,350	0	0	0	0%
2004	109,756	0	0	0	0%
2005	109,716	0	0	0	0%
2006	108,875	145,559	0	145,559	134%
2007	105,971	20,986	0	20,986	20%
2008	104,477	0	0	0	0%
2009	101,613	0	0	0	0%
2010	101,741	80,953	290,395	371,348	365%
2011	100,876	0	0	0	0%
2012	91,441	21,997	225,647	247,644	271%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	85,137	70,629	83%
2015	82,546	77,674	94%
2016	79,883	85,335	107%
2017	77,151	93,463	121%
2018	74,358	102,019	137%
2019	71,505	108,893	152%
2020	68,601	114,924	168%
2021	65,666	123,692	188%
2022	62,719	132,390	211%
2023	59,771	141,476	237%
2024	56,839	151,704	267%
2025	53,951	162,225	301%
2026	51,120	173,836	340%
2027	48,358	186,627	386%
2028	45,665	202,705	444%
2029	43,024	219,771	511%
2030	40,429	237,914	588%
2031	37,886	256,568	677%
2032	35,399	274,315	775%
2033	32,972	291,189	883%
2034	30,606	306,112	1000%
2035	28,306	319,114	1127%
2036	26,074	329,900	1265%
2037	23,915	338,357	1415%
2038	21,833	344,770	1579%
2039	19,836	348,243	1756%
2040	17,928	349,413	1949%
2041	16,115	350,088	2172%
2042	14,400	350,585	2435%
2043	12,792	347,088	2713%
2044	11,292	339,485	3007%
2045	9,902	330,525	3338%
2046	8,624	321,819	3732%
2047	7,459	311,889	4181%
2048	6,407	298,163	4654%
2049	5,463	282,978	5180%
2050	4,624	265,106	5733%
2051	3,887	247,224	6361%
2052 and later	17,293	2,419,132	13989%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	92,385	70,894	77%
2015	102,904	78,488	76%
2016	114,522	86,846	76%
2017	117,217	95,363	81%
2018	113,089	104,007	92%
2019	108,751	110,906	102%
2020	104,334	116,922	112%
2021	99,870	125,708	126%
2022	95,388	134,412	141%
2023	90,904	143,503	158%
2024	86,445	153,730	178%
2025	82,052	164,231	200%
2026	77,748	175,829	226%
2027	73,546	188,612	256%
2028	69,451	204,711	295%
2029	65,434	221,798	339%
2030	61,487	239,964	390%
2031	57,620	258,637	449%
2032	53,838	276,387	513%
2033	50,147	293,256	585%
2034	46,548	308,157	662%
2035	43,051	321,120	746%
2036	39,655	331,852	837%
2037	36,371	340,241	935%
2038	33,205	346,572	1044%
2039	30,168	349,943	1160%
2040	27,267	351,003	1287%
2041	24,509	351,567	1434%
2042	21,901	351,958	1607%
2043	19,455	348,345	1791%
2044	17,173	340,620	1983%
2045	15,060	331,542	2202%
2046	13,116	322,728	2461%
2047	11,344	312,698	2756%
2048	9,744	298,873	3067%
2049	8,309	283,595	3413%
2050	7,032	265,635	3777%
2051	5,911	247,674	4190%
2052 and later	26,300	2,421,489	9207%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	1,781,718	926,044	52%	1,781,718	926,044	52%
Present Value of Future to 12/31/2012	856,365	2,858,353	334%	1,198,735	2,882,616	240%
Total Values	2,638,082	3,784,397	143%	2,980,453	3,808,660	128%
(Discounted at 6.00%)						

Virginia Filing Supplemental Questions – 1997 Product

The following is additional information pertaining to the rate increase filing.

Question #1:
Please state when each form was last issued in Virginia. If on or after October 1, 2003, please note that the filing for those forms will need to be made in accordance with the requirements of 14 VAC 5-200-153. If not, then please ensure that the filing provides the following information.

Response:
The 1997 Product was last issued in Virginia on 6/5/2003.

Question #2:
Please provide all information required by 14 VAC 5-130-70. All information should be provided based on the national and Virginia only experience separately.

Response:
The attached Appendices are provided on a national and Virginia only basis.

Question #3:
In providing the experience, the exhibits should show the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms' inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data.

Response:
Appendices B and C include the items listed above, including paid claims, remaining claim reserves and incurred claims.

Question #4:
Please state the approval date of all applicable forms.

Response:
This product, form 97-LTC-HHC1(VA), was approved in VA on 3/30/1998.

Question #5:
Please provide justification for all assumptions used in the projections.

Please provide a comparison of the differences in the assumptions used in this filing with those originally used and those actually experienced.

Response:
Please refer to the supplemental materials provided with this filing. The document, Assumptions Details Descriptions, provides an explanation of and justification for each of the key assumptions. It also references several other attached documents that show comparisons of original pricing, experience and current assumptions.

Question #6:
Please provide an explanation of the reserve basis and justification for the reserve levels.

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

Pursuant to the NAIC Accounting Practices and Procedures Manual, Appendix A-010, paragraph 37a, the Company performs a gross premium analysis of its prospective contract liabilities to demonstrate continuing adequacy and reasonableness of contract reserves as it relates to expected future gross premiums. As a result, the Company recognized in its 2012 NAIC Annual Statement a $29 million premium deficiency liability on its proprietary LTC block of business (all four product generations – 1993, 1997, 2002, and 2006 – combined).

The Company also performs annual NAIC Asset Adequacy Testing on the Long Term Care business in recognition of Appendix A-822. As a result, the Company recognized in its 2012 NAIC Annual Statement an additional $46 million of reserves on its proprietary LTC block of business (all four product generations – 1993, 1997, 2002, and 2006 – combined).

The following are the LTC Active Life Reserve Statutory Assumptions and Methodology

Methodology: One year full preliminary term method

Interest: Applicable statutory rate for valuation of whole life contracts and is based upon the issue date. For example, consider the following:

Issue Date	Interest Rate
2006 – Current	4.00%
1993– 2005	4.50%

Morbidity: Applicable industry experience, utilizing Milliman LTC Guidelines Morbidity Study

Mortality: Mortality is based upon either the 83 Group Annuity Mortality Table without projection or the 94 Group Annuity Mortality Static Table, depending upon date of incurral. For example consider the following:

Issue Date	Mortality Table
2006 – Current	94 GAM
Prior – 2005	83 GAM

Termination other than Mortality: Voluntary lapse rates are based upon issue date and policy duration. For example, consider the following:

Issue Date	Policy Duration	Lapse Rate
2007– Current	Year 1	Min [80% of pricing lapse; 6%]
	Years 2 – 4	Min [80% of pricing lapse; 4%]
	Years 5 +	Min [100% of pricing lapse; 2%]
Prior – 2006	Years 1 – 4	Min [80% of pricing lapse; 8%]
	Years 5 +	Min [100% of pricing lapse; 4%]

Question #7:
Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.

Response:
The original lifetime loss ratio for this product was 60%.

Question #8:
Please state the interest rate originally assumed in the determination of the premiums. If greater than the discount rate used in the projections, then please revise the projections by using the original rate.

Response:
The 1997 Product assumed interest rates as follows:

Policy Year	Interest Rate
1	7.0%
2	7.0%
3	7.0%
4	6.5%
5	6.5%
6+	6.0%

In calculating the lifetime loss ratio, the rate for the ultimate duration was used as the majority of business is in years beyond 5. An interest rate of 6.0% was used for the 1997 Product.

Question #9:
Please provide assurances that the assumptions used in the projections, other than the interest rate, are no more conservative (i.e., do not produce a higher loss ratio) than those used in the company's prior year's asset adequacy testing.

Response:
The persistency and morbidity assumptions used in the projections are not more conservative than those used in the company's 2012 asset adequacy testing. Further, during the asset adequacy testing, the Company did conduct additional assumption sensitivities, including shocks to stress morbidity and lapse assumptions.

Question #10:
Please disclose the nature and magnitude of any conservatism included in any of the assumptions used in making the lifetime loss ratio projections.

Response:
The assumptions used in this projection, including both persistency and morbidity assumptions, are the best estimate assumptions. They do not include any provision of adverse deviation or any other loads.

Question #11:
The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

Response:
Exhibit 1 shows the requested calculation; however, we do not feel this is an appropriate way to calculate the loss ratio. Using this calculation creates inconsistent results across time and can be impacted by reserve margins held by the Company. For the calculation, the active life reserves (ALR) were recalculated to remove explicit margins. First, we removed the morbidity margins, resulting in the reserve dropping around 8% for the 1997 Product. Second, we removed the interest rate margins by using the original assumed investment income rate in the reserve calculation. Using the investment rate is consistent with the interest rate used in the present value calculations. As instructed by Virginia, the present value calculations use the original assumed investment income rate. Removing the interest rate margin dropped the ALR by around 17% for the 1997 Product.

Question #12:
A separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.

Response:
Exhibit 2 shows the Lifetime Loss Ratio with both the historical and future experience assuming the proposed rate increase was charged since the form's introduction. While we have provided this information as requested, we do not feel this is an appropriate way to calculate the loss ratio. The company did not actually collect this level of premium since issue and this method greatly under reports the actual loss ratio.

CMFG Life Insurance Company Long Term Care Insurance Rate Increase Filings

SUPPLEMENTAL INFORMATION – FORMULAS & KEY ASSUMPTIONS

CONFIDENTIAL

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

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

Model

The projections of future experience were modeled using Milliman's modeling software, MG-ALFA. The assumptions and methodology are listed in the Actuarial Memorandum supporting the rate increase filing and described in further detail in this document. The attached file called "Model Formulas" provides further information on the formulas used to calculate the key components of the loss ratio.

Lapse Study Details

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

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

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

Mortality Study Details

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

Expected mortality is based upon the Annuity 2000 table projected forward using Scale G (100% for males and 50% for females), along with mortality selection factors. The 2002 and 2006 Products have slightly lower mortality experience than the 1993 and 1997 Products. The mortality selection factors for the 1993 and 1997 Products start at 0.20 in year 1, grading up by 0.10 per year to 1.00 in year 9. The mortality selection factors for the 2002 and 2006 Products also start at 0.20 in duration 1 but grade to an ultimate of 0.95 in duration 14. The central point of the study period was 2009; therefore, the mortality table was projected to 2009 and used throughout the study. (Note that the *projections* assume continued mortality improvement, on same bases, to 2027. This is consistent with our assumption that morbidity will improve at the rate of 1% per year through 2027.)

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

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

Morbidity Study Details

A claim experience analysis was performed on all of the Company's LTC business in order to develop appropriate morbidity assumptions for the loss ratio projections. Projection assumptions are based on a combination of CMFG Life's LTC historical claim experience, Milliman's 2011 LTC *Guidelines* and judgment. The *Guidelines* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long term care benefit packages and are based on over $10 billion of incurred LTC claims and 15.3 million life years of exposure. In addition to the information provided in this section, please see the file called "Morbidity Analysis Details", included with this response.

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

Claim Reserve Review

As the majority of incurred claims is derived from the claim reserve ($32.6 million incurred claims is made up of $14.6 million paid claims and $18.0 remaining claim reserve), any assessment of the Company's incurred claims would be heavily impacted by the accuracy of the claim reserves. Therefore, a high level retrospective test was conducted to review the claim reserves. Historical reserve balances, along with historical claim payment amounts, were used. Over the five prior

year-ends tested (2006, 2007, 2008, 2009 and 2010), the claim reserve has been sufficient. Part of the sufficiency was likely due to a large level of IBNR held in prior years. As of 12/31/2012, the IBNR has been reduced and now is only about 4% of the overall claim reserve. Please see the file called "Claim Reserve Retro Test" for further details. Therefore, it was concluded that the claim reserves were a reasonable basis to use in the incurred claim analysis.

Claim Analysis Approach

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

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

1) Ultimate Claim Costs – Claim costs were generated using Milliman's claim cost model which reflected differences in benefit design, age, and gender.

2) Selection Factors – The underwriting for each product was aligned to one of Milliman's underwriting categories. Underwriting for the 1993 and 1997 products was approximately done at the "Moderate" level. Underwriting for the 2002 and 2006 products was a blend of "Tight" and "Moderate" levels, with higher proportions of "Tight" as issue ages increased.

3) Salvage Factors – Salvage factors were used to reflect that the CMFG Life maximum benefits will not be paid out, depending on the benefit design. An LTC inflation rate of 5.0% was assumed in determining the rate at which LTC expenses increase (and resulting salvage values).

4) Claim Management Factor – Based on the level of claim management CMFG Life conducts, a 5% reduction to claims was assumed.

5) Area Factors – For each product, the actual utilization differences by state were determined and a composite area factor was developed.

6) Risk Class Factors – The morbidity difference for each risk class was reflected in the risk class factor. Outside of the substandard factors, the risk class factors composite approximately to 1.00.

7) Additional Rider Factors – Several products have riders which include benefits above what is normally included in the *Guidelines*. The general approach was to apply a claim cost factor equal to the premium loads for the rider.

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

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

	Actual	Baseline Expected*	Actual to Expected
Life Yrs of Exposure	220,465	N/A	N/A
Count of Claims	382	493	77%
Severity per Claim	$85,388	$65,494	130%
Incurred Claims	$32.6 million	$32.3 million	101%

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

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

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

Product	Actual Incurred Claims	Baseline Expected* Incurred Claims	Actual to Expected
1993	$ 4.4 Million	$ 4.9 Million	91%
1997	9.3	6.7	140%
2002	13.6	16.6	82%
2006	5.2	4.1	127%
Total	$32.6 Million	$32.3 Million	101%

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

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

8) Product Factors – The final step of the claim analysis was to review the experience by product. Since the experience of each product was not credible by itself, judgment, along with the experience on each product, was considered. The 1993 Product has experience fairly close to the "baseline expectations", so a constant factor of 1.00 was selected. The 1997 Product has significantly worse experience, although not fully credible. It is anticipated that over time, the experience will trend back towards the Guidelines; however, it likely will remain at an elevated level. Therefore, the product factor for 1997 Product starts at 1.40 and grades down to 1.20 by 2020. The 2002 Product has lower actual claims than expected, although the majority of the experience is in the underwriting select period. Therefore, a product factor of 0.80 grading to 0.90 by 2016 was selected. While the 2006 Product has higher actual claims than expected, the claim experience is only in the first couple policy durations. Over time, we anticipate claims to be slightly better than the "baseline expectations", so a constant factor of 0.95 was selected.

General Model Framework

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

Lives Calculations

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

where,

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

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

Premium Calculation

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

where,

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

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

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

Note: Waived premium is included in the premium calculation

Incurred Claim Calculation

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

where,

IC(t) is the incurred claims in month t

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

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

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

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

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

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

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

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

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

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

Lifetime Loss Ratio

LR = (Accum_IC + PV_IC) / (Accum_EP + PV_EP),

where,

LR is the lifetime loss ratio as of 12/31/2012.

Accum_IC is the historical incurred claims accumulated with interest to 12/31/2012.

PV_IC is the future incurred claims discounted with interest to 12/31/2012.

Accum_EP is the historical earned premium accumulated with interest to 12/31/2012.

PV_EP is the future earned premium discounted with interest to 12/31/2012.

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

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	37,405	2,338	6.3%	0.1%	0.1%	6.1%	6.1%	6.0%
2	35,047	1,436	4.1%	0.2%	0.2%	3.9%	3.9%	4.0%
3	28,584	862	3.0%	0.3%	0.3%	2.7%	2.7%	3.0%
4	23,212	622	2.7%	0.3%	0.4%	2.4%	2.3%	2.0%
5	17,696	428	2.4%	0.4%	0.4%	2.0%	2.0%	2.0%
6	11,886	274	2.3%	0.6%	0.6%	1.7%	1.7%	1.5%
7	7,421	205	2.8%	0.9%	0.7%	1.8%	2.0%	1.5%
8	5,090	117	2.3%	0.7%	0.9%	1.6%	1.4%	1.5%
9	3,631	86	2.4%	0.9%	1.1%	1.4%	1.3%	1.0%
10	2,818	69	2.4%	0.7%	1.2%	1.8%	1.3%	1.0%
11	2,332	58	2.5%	0.9%	1.4%	1.5%	1.1%	1.0%
12	1,832	53	2.9%	0.9%	1.5%	2.0%	1.4%	1.0%
13	1,323	57	4.3%	1.8%	1.7%	2.5%	2.6%	1.0%
14	653	31	4.7%	2.6%	2.5%	2.1%	2.2%	1.0%
15	355	16	4.5%	3.1%	3.3%	1.4%	1.2%	1.0%
16	273	8	2.9%	1.5%	3.5%	1.5%	-0.6%	1.0%
17	189	9	4.8%	3.7%	4.0%	1.1%	0.8%	1.0%
18	74	9	12.2%	6.8%	4.4%	5.4%	7.8%	1.0%
19	23	2	8.7%	0.0%	5.8%	8.7%	2.9%	1.0%
Total	179,844	6,680	3.7%	0.4%	0.4%	3.3%	3.3%	

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

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Female

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	22,065	1,460	6.6%	0.1%	0.1%	6.5%	6.5%	6.0%
2	20,591	863	4.2%	0.2%	0.2%	4.0%	4.0%	4.0%
3	16,826	535	3.2%	0.2%	0.2%	3.0%	3.0%	3.0%
4	13,654	352	2.6%	0.2%	0.3%	2.3%	2.3%	2.0%
5	10,492	248	2.4%	0.3%	0.4%	2.1%	2.0%	2.0%
6	7,096	149	2.1%	0.5%	0.5%	1.6%	1.6%	1.5%
7	4,478	113	2.5%	0.7%	0.6%	1.8%	1.9%	1.5%
8	3,108	55	1.8%	0.5%	0.8%	1.3%	1.0%	1.5%
9	2,240	49	2.2%	0.8%	0.9%	1.3%	1.3%	1.0%
10	1,736	48	2.8%	0.7%	1.0%	2.1%	1.7%	1.0%
11	1,431	37	2.6%	1.0%	1.2%	1.6%	1.4%	1.0%
12	1,118	34	3.0%	0.7%	1.3%	2.3%	1.7%	1.0%
13	810	37	4.6%	1.6%	1.5%	3.0%	3.1%	1.0%
14	406	23	5.7%	2.7%	2.1%	3.0%	3.5%	1.0%
15	226	11	4.9%	3.1%	2.8%	1.8%	2.1%	1.0%
16	170	5	2.9%	1.2%	3.1%	1.8%	-0.2%	1.0%
17	122	4	3.3%	2.5%	3.5%	0.8%	-0.3%	1.0%
18	51	7	13.7%	9.8%	3.9%	3.9%	9.8%	1.0%
19	15	1	6.7%	0.0%	5.4%	6.7%	1.2%	1.0%
Total	106,635	4,031	3.8%	0.3%	0.3%	3.5%	3.4%	

Weighted Average Lapse Rate Durations 6+ =>	1.7%	1.7%
Weighted Average Lapse Rate Durations 8+ =>	1.8%	1.6%
Weighted Average Lapse Rate Durations 10+ =>	2.2%	1.9%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Male

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	15,340	878	5.7%	0.2%	0.2%	5.5%	5.6%	6.0%
2	14,456	573	4.0%	0.3%	0.3%	3.6%	3.7%	4.0%
3	11,758	327	2.8%	0.4%	0.4%	2.4%	2.4%	3.0%
4	9,558	270	2.8%	0.4%	0.5%	2.4%	2.4%	2.0%
5	7,204	180	2.5%	0.5%	0.6%	2.0%	1.9%	2.0%
6	4,790	125	2.6%	0.8%	0.7%	1.8%	1.9%	1.5%
7	2,943	92	3.1%	1.2%	0.9%	1.9%	2.2%	1.5%
8	1,982	62	3.1%	1.2%	1.1%	2.0%	2.0%	1.5%
9	1,391	37	2.7%	1.1%	1.3%	1.6%	1.4%	1.0%
10	1,082	21	1.9%	0.6%	1.4%	1.3%	0.5%	1.0%
11	901	21	2.3%	0.9%	1.6%	1.4%	0.7%	1.0%
12	714	19	2.7%	1.3%	1.8%	1.4%	0.8%	1.0%
13	513	20	3.9%	2.1%	2.1%	1.8%	1.8%	1.0%
14	247	8	3.2%	2.4%	3.2%	0.8%	0.0%	1.0%
15	129	5	3.9%	3.1%	4.1%	0.8%	-0.2%	1.0%
16	103	3	2.9%	1.9%	4.2%	1.0%	-1.3%	1.0%
17	67	5	7.5%	6.0%	4.7%	1.5%	2.7%	1.0%
18	23	2	8.7%	0.0%	5.3%	8.7%	3.4%	1.0%
19	8	1	12.5%	0.0%	6.5%	12.5%	6.0%	1.0%
Total	73,209	2,649	3.6%	0.5%	0.5%	3.1%	3.1%	

Weighted Average Lapse Rate Durations 6+ =>	1.7%	1.6%
Weighted Average Lapse Rate Durations 8+ =>	1.6%	1.2%
Weighted Average Lapse Rate Durations 10+ =>	1.4%	0.8%

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1993 Product

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	547	22	4.0%	0.5%	0.2%	3.5%	3.8%	6.0%
2	525	15	2.9%	0.4%	0.3%	2.5%	2.6%	4.0%
3	510	11	2.2%	1.0%	0.4%	1.2%	1.7%	3.0%
4	499	14	2.8%	2.0%	0.6%	0.8%	2.2%	2.0%
5	485	5	1.0%	0.4%	0.8%	0.6%	0.2%	2.0%
6	480	4	0.8%	0.8%	1.0%	0.0%	-0.2%	1.5%
7	476	11	2.3%	1.5%	1.3%	0.8%	1.0%	1.5%
8	465	4	0.9%	0.9%	1.6%	0.0%	-0.7%	1.5%
9	461	16	3.5%	2.6%	1.9%	0.9%	1.5%	1.0%
10	445	9	2.0%	1.3%	2.1%	0.7%	-0.1%	1.0%
11	436	16	3.7%	2.5%	2.3%	1.1%	1.3%	1.0%
12	420	13	3.1%	1.2%	2.5%	1.9%	0.6%	1.0%
13	407	17	4.2%	2.5%	2.8%	1.7%	1.4%	1.0%
14	388	13	3.4%	2.8%	3.0%	0.5%	0.4%	1.0%
15	349	16	4.6%	3.2%	3.3%	1.4%	1.3%	1.0%
16	273	8	2.9%	1.5%	3.5%	1.5%	-0.6%	1.0%
17	189	9	4.8%	3.7%	4.0%	1.1%	0.8%	1.0%
18	74	9	12.2%	6.8%	4.4%	5.4%	7.8%	1.0%
19	23	2	8.7%	0.0%	5.8%	8.7%	2.9%	1.0%
Total	7,452	214	2.9%	1.6%	1.7%	1.3%	1.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.0%	0.7%	
Weighted Average Lapse Rate Durations 8+ =>	1.2%	0.8%	
Weighted Average Lapse Rate Durations 10+ =>	1.4%	0.9%	

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1997 Product

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	3,322	135	4.1%	0.2%	0.1%	3.9%	4.0%	6.0%
2	3,187	98	3.1%	0.3%	0.1%	2.7%	2.9%	4.0%
3	3,089	85	2.8%	0.2%	0.2%	2.5%	2.6%	3.0%
4	3,004	73	2.4%	0.3%	0.3%	2.1%	2.2%	2.0%
5	2,931	70	2.4%	0.4%	0.4%	1.9%	2.0%	2.0%
6	2,861	61	2.1%	0.6%	0.5%	1.5%	1.7%	1.5%
7	2,800	71	2.5%	0.7%	0.6%	1.8%	1.9%	1.5%
8	2,729	66	2.4%	0.7%	0.7%	1.7%	1.7%	1.5%
9	2,646	63	2.4%	0.8%	0.9%	1.6%	1.5%	1.0%
10	2,373	60	2.5%	0.5%	1.0%	2.0%	1.5%	1.0%
11	1,896	42	2.2%	0.6%	1.1%	1.6%	1.1%	1.0%
12	1,412	40	2.8%	0.8%	1.2%	2.0%	1.6%	1.0%
13	916	40	4.4%	1.5%	1.3%	2.8%	3.1%	1.0%
14	265	18	6.8%	2.3%	1.9%	4.5%	4.9%	1.0%
15	6	0	0.0%	0.0%	2.3%	0.0%	-2.3%	1.0%
Total	33,437	922	2.8%	0.5%	0.6%	2.2%	2.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.8%	1.7%
Weighted Average Lapse Rate Durations 8+ =>	1.9%	1.7%
Weighted Average Lapse Rate Durations 10+ =>	2.1%	1.8%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2002 Product

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,637	1,135	6.8%	0.1%	0.1%	6.7%	6.7%	6.0%
2	15,502	683	4.4%	0.2%	0.2%	4.2%	4.2%	4.0%
3	14,819	480	3.2%	0.3%	0.3%	2.9%	2.9%	3.0%
4	14,111	395	2.8%	0.3%	0.4%	2.5%	2.4%	2.0%
5	12,499	299	2.4%	0.4%	0.5%	2.0%	1.9%	2.0%
6	8,545	209	2.4%	0.6%	0.6%	1.8%	1.9%	1.5%
7	4,145	123	3.0%	1.0%	0.7%	2.0%	2.2%	1.5%
8	1,896	47	2.5%	0.8%	0.9%	1.7%	1.5%	1.5%
9	524	7	1.3%	0.4%	1.0%	1.0%	0.3%	1.0%
Total	88,678	3,378	3.8%	0.3%	0.3%	3.5%	3.5%	

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2006 Product

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,899	1,046	6.2%	0.1%	0.1%	6.1%	6.1%	6.0%
2	15,833	640	4.0%	0.2%	0.2%	3.8%	3.8%	4.0%
3	10,166	286	2.8%	0.2%	0.3%	2.6%	2.5%	3.0%
4	5,598	140	2.5%	0.2%	0.4%	2.3%	2.1%	2.0%
5	1,781	54	3.0%	0.4%	0.4%	2.6%	2.6%	2.0%
Total	50,277	2,166	4.3%	0.2%	0.2%	4.1%	4.1%	

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Single

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	8,272	694	8.4%	0.2%	0.1%	8.2%	8.3%	6.0%
2	7,574	443	5.8%	0.2%	0.2%	5.6%	5.7%	4.0%
3	6,277	256	4.1%	0.3%	0.3%	3.8%	3.8%	3.0%
4	5,311	173	3.3%	0.4%	0.4%	2.9%	2.9%	2.0%
5	4,356	134	3.1%	0.4%	0.5%	2.6%	2.6%	2.0%
6	3,344	86	2.6%	0.7%	0.6%	1.9%	1.9%	1.5%
7	2,484	88	3.5%	1.2%	0.8%	2.3%	2.7%	1.5%
8	1,999	51	2.6%	0.8%	1.0%	1.8%	1.5%	1.5%
9	1,672	56	3.3%	1.4%	1.3%	1.9%	2.1%	1.0%
10	1,397	51	3.7%	1.1%	1.5%	2.5%	2.2%	1.0%
11	1,167	34	2.9%	1.5%	1.7%	1.4%	1.2%	1.0%
12	948	33	3.5%	1.1%	1.9%	2.4%	1.6%	1.0%
13	731	33	4.5%	2.6%	2.2%	1.9%	2.3%	1.0%
14	481	20	4.2%	2.7%	2.9%	1.5%	1.3%	1.0%
15	350	16	4.6%	3.1%	3.3%	1.4%	1.3%	1.0%
16	273	8	2.9%	1.5%	3.5%	1.5%	-0.6%	1.0%
17	189	9	4.8%	3.7%	4.0%	1.1%	0.8%	1.0%
18	74	9	12.2%	6.8%	4.4%	5.4%	7.8%	1.0%
19	23	2	8.7%	0.0%	5.8%	8.7%	2.9%	1.0%
Total	46,922	2,196	4.7%	0.6%	0.6%	4.1%	4.1%	

Weighted Average Lapse Rate Durations 6+ =>	2.0%	1.9%	
Weighted Average Lapse Rate Durations 8+ =>	1.9%	1.7%	
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.6%	

Notes:

1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Married

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	29,133	1,644	5.6%	0.1%	0.1%	5.5%	5.5%	6.0%
2	27,473	993	3.6%	0.2%	0.2%	3.4%	3.4%	4.0%
3	22,307	606	2.7%	0.3%	0.3%	2.4%	2.4%	3.0%
4	17,901	449	2.5%	0.3%	0.4%	2.2%	2.2%	2.0%
5	13,340	294	2.2%	0.4%	0.4%	1.9%	1.8%	2.0%
6	8,542	188	2.2%	0.6%	0.5%	1.6%	1.7%	1.5%
7	4,937	117	2.4%	0.8%	0.7%	1.6%	1.7%	1.5%
8	3,091	66	2.1%	0.7%	0.8%	1.4%	1.4%	1.5%
9	1,959	30	1.5%	0.5%	0.8%	1.0%	0.7%	1.0%
10	1,421	18	1.3%	0.2%	0.9%	1.1%	0.4%	1.0%
11	1,165	24	2.1%	0.3%	1.0%	1.7%	1.1%	1.0%
12	884	20	2.3%	0.8%	1.1%	1.5%	1.2%	1.0%
13	592	24	4.1%	0.8%	1.1%	3.2%	2.9%	1.0%
14	172	11	6.4%	2.3%	1.7%	4.1%	4.7%	1.0%
15	5	0	0.0%	0.0%	2.1%	0.0%	-2.1%	1.0%
Total	132,922	4,484	3.4%	0.3%	0.3%	3.1%	3.0%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.5%	1.2%
Weighted Average Lapse Rate Durations 10+ =>	1.7%	1.3%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies with Inflation Protection

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	31,108	1,868	6.0%	0.1%	0.1%	5.9%	5.9%	6.0%
2	29,220	1,157	4.0%	0.2%	0.2%	3.8%	3.8%	4.0%
3	23,668	697	2.9%	0.2%	0.2%	2.8%	2.7%	3.0%
4	18,975	492	2.6%	0.2%	0.3%	2.3%	2.3%	2.0%
5	14,167	319	2.3%	0.3%	0.4%	1.9%	1.9%	2.0%
6	9,055	199	2.2%	0.5%	0.5%	1.7%	1.7%	1.5%
7	5,178	124	2.4%	0.8%	0.6%	1.6%	1.8%	1.5%
8	3,275	79	2.4%	0.5%	0.7%	1.9%	1.8%	1.5%
9	2,188	51	2.3%	0.6%	0.8%	1.7%	1.6%	1.0%
10	1,581	47	3.0%	0.7%	0.9%	2.3%	2.1%	1.0%
11	1,231	29	2.4%	0.6%	1.0%	1.8%	1.4%	1.0%
12	939	23	2.4%	0.4%	1.1%	2.0%	1.4%	1.0%
13	691	23	3.3%	0.9%	1.2%	2.5%	2.1%	1.0%
14	281	8	2.8%	0.7%	1.9%	2.1%	0.9%	1.0%
15	143	4	2.8%	2.8%	2.8%	0.0%	0.0%	1.0%
16	113	1	0.9%	0.0%	3.0%	0.9%	-2.1%	1.0%
17	79	4	5.1%	5.1%	3.4%	0.0%	1.7%	1.0%
18	26	2	7.7%	3.8%	3.2%	3.8%	4.5%	1.0%
19	7	2	28.6%	0.0%	6.1%	28.6%	22.5%	1.0%
Total	141,925	5,129	3.6%	0.3%	0.3%	3.3%	3.3%	

Weighted Average Lapse Rate Durations 6+ =>	1.8%	1.7%
Weighted Average Lapse Rate Durations 8+ =>	1.9%	1.7%
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.6%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies without Inflation Protection

Policy	Total	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
Duration	Lives	Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	6,297	470	7.5%	0.2%	0.2%	7.2%	7.3%	6.0%
2	5,827	279	4.8%	0.4%	0.3%	4.3%	4.5%	4.0%
3	4,916	165	3.4%	0.7%	0.5%	2.7%	2.9%	3.0%
4	4,237	130	3.1%	0.6%	0.6%	2.5%	2.5%	2.0%
5	3,529	109	3.1%	0.6%	0.7%	2.5%	2.4%	2.0%
6	2,831	75	2.6%	1.1%	0.9%	1.6%	1.7%	1.5%
7	2,243	81	3.6%	1.3%	1.1%	2.3%	2.5%	1.5%
8	1,815	38	2.1%	1.2%	1.3%	0.9%	0.8%	1.5%
9	1,443	35	2.4%	1.5%	1.5%	1.0%	0.9%	1.0%
10	1,237	22	1.8%	0.6%	1.6%	1.1%	0.2%	1.0%
11	1,101	29	2.6%	1.4%	1.8%	1.3%	0.8%	1.0%
12	893	30	3.4%	1.5%	2.0%	1.9%	1.4%	1.0%
13	632	34	5.4%	2.8%	2.3%	2.5%	3.1%	1.0%
14	372	23	6.2%	4.0%	3.0%	2.2%	3.2%	1.0%
15	212	12	5.7%	3.3%	3.6%	2.4%	2.1%	1.0%
16	160	7	4.4%	2.5%	3.9%	1.9%	0.4%	1.0%
17	110	5	4.5%	2.7%	4.4%	1.8%	0.1%	1.0%
18	48	7	14.6%	8.3%	5.0%	6.3%	9.6%	1.0%
19	16	0	0.0%	0.0%	5.7%	0.0%	-5.7%	1.0%
Total	37,919	1,551	4.1%	0.8%	0.8%	3.3%	3.3%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.4%	1.1%
Weighted Average Lapse Rate Durations 10+ =>	1.7%	1.3%

Notes:
1) Experience from inception through December 31, 2012
2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
6) Current Voluntary Lapse Rate is the current projection assumption (ultimate lapse rate of 1.0% starts in duration 9 and later)
7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

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

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	37,405		6.3%		8.5%	0.5%	9.0%		6.0%	0.1%	6.1%
2	35,047		4.1%		7.0%	0.6%	7.6%		4.0%	0.2%	4.2%
3	28,584		3.0%		5.8%	0.7%	6.5%		3.0%	0.3%	3.3%
4	23,212		2.7%		5.1%	0.9%	6.0%		2.0%	0.4%	2.4%
5	17,696		2.4%		4.9%	1.1%	6.1%		2.0%	0.4%	2.4%
6	11,886		2.3%		5.0%	1.4%	6.3%		1.5%	0.6%	2.1%
7	7,421		2.8%		4.6%	1.5%	6.1%		1.5%	0.7%	2.2%
8	5,090		2.3%		4.9%	1.6%	6.5%		1.5%	0.9%	2.4%
9	3,631		2.4%		5.6%	1.5%	7.2%		1.0%	1.1%	2.1%
10	2,818		2.4%		6.2%	1.6%	7.8%		1.0%	1.2%	2.2%
11	2,332		2.5%		6.2%	1.8%	8.0%		1.0%	1.4%	2.4%
12	1,832		2.9%		6.2%	2.0%	8.3%		1.0%	1.5%	2.5%
13	1,323		4.3%		6.3%	2.3%	8.6%		1.0%	1.7%	2.7%
14	653		4.7%		6.6%	3.4%	10.0%		1.0%	2.5%	3.5%
15	355		4.5%		7.0%	4.2%	11.2%		1.0%	3.3%	4.3%
16	273		2.9%		7.0%	4.6%	11.5%		1.0%	3.5%	4.5%
17	189		4.8%		7.0%	5.1%	12.1%		1.0%	4.0%	5.0%
18	74		12.2%		7.0%	5.5%	12.5%		1.0%	4.4%	5.4%
19	23		8.7%		7.0%	7.3%	14.3%		1.0%	5.8%	6.8%

Demonstration of Credibility of Persistency Data

Provided below is a 95% confidence interval around the observed total termination rates (column D). Current assumptions reasonably match actual experience, and fall within the confidence interval; whereas, original pricing assumptions do not.

Variance	Square Root of Variance	One Standard Deviation	Lower Bound of 95% Confidence Interval	Current Assumptions	Upper Bound of 95% Confidence Interval
2,191.86	46.82	0.13%	6.0%	6.1%	6.5%
1,377.16	37.11	0.11%	3.9%	4.2%	4.3%
836.00	28.91	0.10%	2.8%	3.3%	3.2%
605.33	24.60	0.11%	2.5%	2.4%	2.9%
417.65	20.44	0.12%	2.2%	2.4%	2.6%
267.68	16.36	0.14%	2.0%	2.1%	2.6%
199.34	14.12	0.19%	2.4%	2.2%	3.1%
114.31	10.69	0.21%	1.9%	2.4%	2.7%
83.96	9.16	0.25%	1.9%	2.1%	2.9%
67.31	8.20	0.29%	1.9%	2.2%	3.0%
56.56	7.52	0.32%	1.9%	2.4%	3.1%
51.47	7.17	0.39%	2.1%	2.5%	3.7%
54.54	7.39	0.56%	3.2%	2.7%	5.4%
29.53	5.43	0.83%	3.1%	3.5%	6.4%
15.28	3.91	1.10%	2.3%	4.3%	6.7%
7.77	2.79	1.02%	0.9%	4.5%	4.9%
8.57	2.93	1.55%	1.7%	5.0%	7.8%
7.91	2.81	3.80%	4.7%	5.4%	19.6%
1.83	1.35	5.88%	-2.8%	6.8%	20.2%

Notes:
1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
2) The "Actual Results" are the historical total policy termination rates observed by the Company.
3) The "Original Pricing Assumptions" are those assumptions originally used to price each product.
4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
5) Experience is through December 31, 2012

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

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	547		4.0%		22.4%	1.2%	23.6%		6.0%	0.2%	6.2%
2	525		2.9%		17.4%	1.3%	18.8%		4.0%	0.3%	4.3%
3	510		2.2%		13.5%	1.5%	14.9%		3.0%	0.4%	3.4%
4	499		2.8%		11.9%	1.6%	13.6%		2.0%	0.6%	2.6%
5	485		1.0%		10.4%	1.7%	12.2%		2.0%	0.8%	2.8%
6	480		0.8%		8.9%	1.9%	10.8%		1.5%	1.0%	2.5%
7	476		2.3%		8.4%	2.1%	10.5%		1.5%	1.3%	2.8%
8	465		0.9%		7.9%	2.3%	10.2%		1.5%	1.6%	3.1%
9	461		3.5%		7.5%	2.5%	10.0%		1.0%	1.9%	2.9%
10	445		2.0%		7.0%	2.8%	9.7%		1.0%	2.1%	3.1%
11	436		3.7%		7.0%	3.0%	10.0%		1.0%	2.3%	3.3%
12	420		3.1%		7.0%	3.3%	10.2%		1.0%	2.5%	3.5%
13	407		4.2%		7.0%	3.6%	10.5%		1.0%	2.8%	3.8%
14	388		3.4%		7.0%	3.9%	10.8%		1.0%	3.0%	4.0%
15	349		4.6%		7.0%	4.2%	11.2%		1.0%	3.3%	4.3%
16	273		2.9%		7.0%	4.6%	11.5%		1.0%	3.5%	4.5%
17	189		4.8%		7.0%	5.1%	12.1%		1.0%	4.0%	5.0%
18	74		12.2%		7.0%	5.5%	12.5%		1.0%	4.4%	5.4%
19	23		8.7%		7.0%	7.3%	14.3%		1.0%	5.8%	6.8%

Notes:
1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
2) The "Actual Results" are the historical total policy termination rates observed by the Company.
3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 IAM table.
The original ultimate lapse assumption was 6.0% for issue ages 59 and younger and 8.0% for issue ages 60 and older.
4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
5) Experience is through December 31, 2012

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

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	3,322		4.1%		10.8%	0.5%	11.3%		6.0%	0.1%	6.1%
2	3,187		3.1%		8.8%	0.6%	9.4%		4.0%	0.1%	4.1%
3	3,089		2.8%		6.8%	0.7%	7.4%		3.0%	0.2%	3.2%
4	3,004		2.4%		6.6%	0.7%	7.3%		2.0%	0.3%	2.3%
5	2,931		2.4%		6.4%	0.8%	7.2%		2.0%	0.4%	2.4%
6	2,861		2.1%		6.2%	0.9%	7.1%		1.5%	0.5%	2.0%
7	2,800		2.5%		6.0%	1.0%	7.0%		1.5%	0.6%	2.1%
8	2,729		2.4%		6.0%	1.1%	7.1%		1.5%	0.7%	2.2%
9	2,646		2.4%		6.0%	1.2%	7.2%		1.0%	0.9%	1.9%
10	2,373		2.5%		6.0%	1.4%	7.4%		1.0%	1.0%	2.0%
11	1,896		2.2%		6.0%	1.6%	7.6%		1.0%	1.1%	2.1%
12	1,412		2.8%		6.0%	1.7%	7.7%		1.0%	1.2%	2.2%
13	916		4.4%		6.0%	1.8%	7.8%		1.0%	1.3%	2.3%
14	265		6.8%		6.0%	2.7%	8.7%		1.0%	1.9%	2.9%
15	6		0.0%		6.0%	3.4%	9.4%		1.0%	2.3%	3.3%

Notes:
1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
2) The "Actual Results" are the historical total policy termination rates observed by the Company.
3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption was 6.0%.
4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
5) Experience is through December 31, 2012

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

			Actual Results		**Original Pricing Assumptions**				**Current Assumptions**		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	16,637		6.8%		10.3%	0.8%	11.1%		6.0%	0.1%	6.1%
2	15,502		4.4%		8.3%	0.9%	9.2%		4.0%	0.2%	4.2%
3	14,819		3.2%		6.5%	1.0%	7.6%		3.0%	0.3%	3.3%
4	14,111		2.8%		5.3%	1.1%	6.5%		2.0%	0.4%	2.4%
5	12,499		2.4%		4.7%	1.3%	6.0%		2.0%	0.5%	2.5%
6	8,545		2.4%		4.3%	1.5%	5.8%		1.5%	0.6%	2.1%
7	4,145		3.0%		3.2%	1.7%	4.9%		1.5%	0.7%	2.2%
8	1,896		2.5%		2.6%	2.0%	4.7%		1.5%	0.9%	2.4%
9	524		1.3%		2.2%	2.1%	4.3%		1.0%	1.0%	2.0%

Notes:
1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
2) The "Actual Results" are the historical total policy termination rates observed by the Company.
3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption reached 2.0% by duration 10.
4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
5) Experience is through December 31, 2012

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

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	16,899		6.2%		5.9%	0.1%	6.1%		6.0%	0.1%	6.1%
2	15,833		4.0%		5.0%	0.2%	5.2%		4.0%	0.2%	4.2%
3	10,166		2.8%		4.0%	0.3%	4.3%		3.0%	0.3%	3.3%
4	5,598		2.5%		3.0%	0.5%	3.5%		2.0%	0.4%	2.4%
5	1,781		3.0%		2.5%	0.7%	3.1%		2.0%	0.4%	2.4%

Notes:
1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
2) The "Actual Results" are the historical total policy termination rates observed by the Company.
3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1994 GAM table, projected to 2006. The original ultimate lapse assumption reached 1.0% by duration 7.
4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
5) Experience is through December 31, 2012

Mortality Study
CMFG Life Insurance Company
Experience by Policy Duration

Policy Duration	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate Actual	Mortality Rate Expected	A:E
1 to 3	107,706	4,769	220	203	0.20%	0.19%	109%
4 to 6	58,863	1,403	223	250	0.38%	0.42%	89%
7 to 9	19,315	437	152	153	0.79%	0.79%	99%
10 to 12	6,982	180	58	92	0.83%	1.32%	63%
13+	2,890	132	68	73	2.35%	2.52%	93%
Total	195,756	6,921	721	771	0.37%	0.39%	94%

Notes:
1) Experience from inception through December 31, 2012
2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors
4) Mortality Study includes all premium payment options

Mortality Study
CMFG Life Insurance Company
Experience by Attained Age

Attained Age	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate Actual	Mortality Rate Expected	A:E
<=49	14,711	673	7	8	0.05%	0.05%	89%
50-54	24,899	1,031	32	24	0.13%	0.10%	133%
55-59	42,639	1,390	66	66	0.15%	0.16%	100%
60-64	48,737	1,491	94	120	0.19%	0.25%	78%
65-69	35,025	1,165	170	151	0.49%	0.43%	113%
70-74	18,517	661	136	149	0.73%	0.81%	91%
75-79	8,246	323	109	132	1.32%	1.61%	82%
80-84	2,379	119	68	79	2.86%	3.30%	87%
85-89	530	59	33	33	6.23%	6.14%	101%
90+	73	9	6	9	8.22%	12.90%	64%
Total	195,756	6,921	721	771	0.37%	0.39%	94%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors
4) Mortality Study includes all premium payment options

Mortality Study
CMFG Life Insurance Company
Experience by Gender

Gender	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate Actual	Mortality Rate Expected	A:E
Female	115,969	4,174	333	377	0.29%	0.33%	88%
Male	79,787	2,747	388	394	0.49%	0.49%	99%
Total	195,756	6,921	721	771	0.37%	0.39%	94%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors
4) Mortality Study includes all premium payment options

Mortality Study
CMFG Life Insurance Company
Experience by Product

Product	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate Actual	Mortality Rate Expected	A:E
2006	50,663	2,179	97	109	0.19%	0.21%	89%
2002	104,202	3,606	328	352	0.31%	0.34%	93%
1997	33,439	922	177	185	0.53%	0.55%	96%
1993	7,452	214	119	125	1.60%	1.68%	95%
Total	195,756	6,921	721	771	0.37%	0.39%	94%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors
4) Mortality Study includes all premium payment options

Mortality Study
CMFG Life Insurance Company
Experience by Marital Status

Marital Status	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate Actual	Mortality Rate Expected	A:E
Single	50,232	2,269	289	301	0.27%	0.33%	81%
Married - 1 Insured	28,585	1,577	77	95	0.30%	0.32%	95%
Married - 2 Insured	116,939	3,075	355	375	0.58%	0.60%	96%
Total	195,756	6,921	721	771	0.37%	0.39%	94%

Notes:

1) Experience from inception through December 31, 2012
2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors
4) Mortality Study includes all premium payment options

Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
All Business

Calendar	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Year	Lives	Count	Paid	Reserve	Severity	Incurred		Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
2002	3,220	8	876,606	188,064	133,084	1,064,670		8	59,591	465,790	13%	102%	223%	229%
2003	4,051	16	527,034	-	32,940	527,034		10	62,296	619,681	14%	161%	53%	85%
2004	6,356	3	123,779	-	41,260	123,779		13	64,251	866,745	18%	22%	64%	14%
2005	9,443	14	1,517,411	270,611	127,716	1,788,022		18	66,079	1,202,607	22%	77%	193%	149%
2006	13,829	18	1,287,128	124,772	78,439	1,411,900		24	67,715	1,633,512	26%	75%	116%	86%
2007	19,451	27	1,245,040	54,706	48,139	1,299,746		32	68,722	2,203,678	31%	84%	70%	59%
2008	24,945	36	2,088,742	1,105,642	88,733	3,194,384		42	69,570	2,903,218	35%	86%	128%	110%
2009	29,989	47	2,363,057	1,428,684	80,675	3,791,741		53	70,361	3,756,062	39%	88%	115%	101%
2010	35,171	52	1,975,722	1,885,306	74,251	3,861,028		67	71,448	4,789,898	42%	78%	104%	81%
2011	36,902	86	2,094,760	5,525,769	88,611	7,620,529		81	72,793	5,891,759	43%	106%	122%	129%
2012	37,107	75	471,081	7,448,190	105,857	7,919,271		95	74,240	7,081,327	43%	78%	143%	112%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104		444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2011 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Product Series
All Business

Product	Total	Actual Claims					Expected Claims			Credibility	Actual to Expected		
Series	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
1993	5,463	55	2,321,624	2,122,379	80,504	4,444,003	88	55,783	4,881,273	17%	63%	144%	91%
1997	31,586	100	5,324,346	4,021,730	93,366	9,346,077	109	85,493	9,344,207	40%	92%	109%	100%
2002	116,507	168	6,096,784	7,544,919	81,344	13,641,703	181	73,645	13,312,545	76%	93%	110%	102%
2006	66,909	59	827,606	4,342,716	87,926	5,170,322	67	58,245	3,876,253	58%	88%	151%	133%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2011 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1993

Calendar	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Year	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
2002	524	6	563,211	52,978	102,698	616,189	4	49,876	215,032	5%	139%	206%	287%
2003	521	5	112,377	-	22,475	112,377	5	50,833	250,844	5%	101%	44%	45%
2004	522	0	-	-	-	-	6	52,250	302,324	5%	0%	0%	0%
2005	521	4	247,713	-	61,928	247,713	7	53,697	358,692	5%	60%	115%	69%
2006	511	2	137,255	-	68,627	137,255	7	54,809	402,675	5%	27%	125%	34%
2007	500	2	156,622	-	78,311	156,622	8	55,862	451,899	5%	25%	140%	35%
2008	499	2	16,609	-	8,304	16,609	9	55,968	488,110	5%	23%	15%	3%
2009	492	11	758,900	304,968	96,715	1,063,868	10	56,279	534,935	5%	116%	172%	199%
2010	472	2	92,463	292,317	192,390	384,780	10	57,534	581,349	5%	20%	334%	66%
2011	457	8	182,785	355,879	67,333	538,664	11	58,631	623,159	5%	75%	115%	86%
2012	444	13	53,690	1,116,237	88,618	1,169,926	11	58,987	672,254	5%	116%	150%	174%
Total	5,463	55	2,321,624	2,122,379	80,504	4,444,003	88	55,783	4,881,273	17%	63%	144%	91%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1997

Calendar	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Year	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
2002	2,697	2	313,395	135,086	224,240	448,481	4	71,544	250,725	12%	57%	313%	179%
2003	3,051	9	410,840	-	45,649	410,840	5	74,491	352,103	12%	190%	61%	117%
2004	3,076	1	20,568	-	20,568	20,568	6	76,831	460,193	12%	17%	27%	4%
2005	3,027	5	977,581	270,611	249,638	1,248,192	7	79,075	570,731	12%	69%	316%	219%
2006	2,972	9	643,366	113,813	84,131	757,179	9	80,953	688,431	12%	106%	104%	110%
2007	2,920	11	459,648	1,343	41,908	460,991	10	82,113	809,755	12%	112%	51%	57%
2008	2,865	10	795,158	193,977	98,914	989,135	11	83,644	938,156	12%	89%	118%	105%
2009	2,828	12	619,752	677,136	108,074	1,296,888	13	85,660	1,081,327	12%	95%	126%	120%
2010	2,787	16	545,072	654,464	74,971	1,199,536	14	88,455	1,242,688	12%	114%	85%	97%
2011	2,735	13	438,187	950,465	106,819	1,388,652	15	91,417	1,408,082	12%	84%	117%	99%
2012	2,629	12	100,780	1,024,836	93,012	1,125,616	16	95,170	1,542,018	11%	75%	98%	73%
Total	31,586	100	5,324,346	4,021,730	93,366	9,346,077	109	85,493	9,344,207	40%	92%	109%	100%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2002

Calendar	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Year	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
2002	0	0	-	-	-	-	0	51,557	33	0%	0%	0%	0%
2003	480	2	3,816	-	1,908	3,816	0	58,526	16,735	5%	699%	3%	23%
2004	2,758	2	103,211	-	51,606	103,211	2	60,806	104,229	12%	117%	85%	99%
2005	5,895	5	292,117	-	58,423	292,117	4	63,501	273,184	17%	116%	92%	107%
2006	10,346	7	506,507	10,959	73,924	517,466	8	65,568	542,388	23%	85%	113%	95%
2007	14,828	14	628,770	53,363	48,724	682,134	14	67,503	912,488	27%	104%	72%	75%
2008	16,451	20	1,139,779	907,576	102,368	2,047,355	19	69,782	1,323,180	29%	105%	147%	155%
2009	16,703	19	932,497	442,223	72,354	1,374,720	24	71,818	1,757,060	29%	78%	101%	78%
2010	16,448	24	1,198,465	763,609	81,753	1,962,073	30	73,931	2,231,333	29%	80%	111%	88%
2011	16,320	45	1,067,859	2,473,671	78,701	3,541,530	36	76,386	2,758,747	29%	125%	103%	128%
2012	16,279	30	223,763	2,893,518	104,943	3,117,280	43	79,002	3,393,169	29%	69%	133%	92%
Total	116,507	168	6,096,784	7,544,919	81,344	13,641,703	181	73,645	13,312,545	76%	93%	110%	102%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2006

Calendar	Total			Actual Claims				Expected Claims		Credibility	Actual to Expected		
Year	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
2006	0	0	-	-	-	-	-	-	-	0%	0%	0%	0%
2007	1,203	0	-	-	-	-	1	49,410	29,535	8%	0%	0%	0%
2008	5,129	4	137,197	4,088	35,321	141,285	3	54,303	153,773	16%	141%	65%	92%
2009	9,965	5	51,909	4,357	11,253	56,265	7	56,378	382,740	22%	74%	20%	15%
2010	15,465	10	139,723	174,916	31,464	314,639	13	57,811	734,530	28%	79%	54%	43%
2011	17,390	20	405,928	1,745,755	107,584	2,151,683	19	58,630	1,101,771	29%	106%	183%	195%
2012	17,756	20	92,849	2,413,600	126,570	2,506,449	25	59,349	1,473,886	30%	80%	213%	170%
Total	66,908	59	827,606	4,342,716	87,926	5,170,322	67	58,245	3,876,235	58%	88%	151%	133%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Attained Age
All Business

Attained	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Age	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
<60	85,848	34	1,903,033	2,723,077	135,662	4,626,110	31	94,931	2,924,151	66%	111%	143%	158%
60 - 69	99,202	84	2,799,188	5,103,243	189,977	7,902,431	115	155,708	8,861,810	70%	73%	122%	89%
70 - 79	32,088	158	6,544,196	6,216,233	162,169	12,760,429	185	135,601	12,560,235	40%	85%	120%	102%
80 - 89	3,251	102	3,295,168	3,724,510	132,262	7,019,678	104	125,768	6,568,605	13%	98%	105%	107%
90 +	76	3	28,775	264,683	133,929	293,457	9	100,706	499,477	2%	35%	133%	59%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business

Policy	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Duration	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
1 - 3	107,234	85	3,751,256	3,075,161	233,638	6,826,416	86	190,179	5,480,251	73%	99%	123%	125%
4 - 6	72,594	126	4,604,159	5,698,965	250,858	10,303,124	131	212,594	9,272,960	60%	96%	118%	111%
7 - 9	27,056	74	2,907,700	4,820,680	329,274	7,728,380	98	234,032	7,622,985	37%	75%	141%	101%
10 - 12	8,963	50	1,922,683	1,620,046	221,649	3,542,729	61	226,883	4,618,868	21%	81%	98%	77%
13 +	4,617	48	1,384,562	2,816,893	605,107	4,201,455	69	494,635	4,419,215	15%	69%	122%	95%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Single Insureds

Policy	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Duration	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
1 - 3	20,745	29	2,119,716	1,455,823	387,394	3,575,539	33	183,081	2,066,118	32%	87%	212%	173%
4 - 6	15,408	57	2,477,856	2,120,380	246,709	4,598,236	52	210,406	3,684,425	28%	108%	117%	125%
7 - 9	8,232	36	1,671,739	2,451,546	354,561	4,123,285	52	225,094	3,903,357	20%	69%	158%	106%
10 - 12	4,386	33	1,293,595	792,579	186,789	2,086,175	46	213,452	3,272,931	15%	71%	88%	64%
13 +	3,181	44	1,344,405	2,620,347	621,120	3,964,752	63	484,907	3,863,216	13%	70%	128%	103%
Total	51,952	198	8,907,311	9,440,676	92,804	18,347,987	246	68,123	16,790,046	51%	80%	136%	109%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Married Insureds

Policy	Total	Actual Claims					Expected Claims			Credibility	Actual to Expected		
Duration	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
1 - 3	86,489	56	1,631,539	1,619,337	176,814	3,250,877	52	194,859	3,414,134	66%	106%	91%	95%
4 - 6	57,186	69	2,126,303	3,578,585	251,001	5,704,888	78	214,092	5,588,535	53%	88%	117%	102%
7 - 9	18,825	38	1,235,961	2,369,134	299,224	3,605,095	46	245,440	3,719,628	31%	83%	122%	97%
10 - 12	4,576	17	629,088	827,466	238,731	1,456,555	15	268,498	1,345,937	15%	114%	89%	108%
13 +	1,436	4	40,157	196,546	115,203	236,703	6	353,088	555,998	8%	66%	33%	43%
Total	168,513	184	5,663,049	8,591,069	77,424	14,254,118	198	73,989	14,624,232	92%	93%	105%	97%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Issue Age
All Business

Issue	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Age	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
<=49	23,928	14	1,450,228	1,548,278	212,658	2,998,506	8	111,681	946,146	35%	166%	190%	317%
50-54	40,191	21	709,653	1,908,728	124,093	2,618,381	21	95,377	2,039,352	45%	99%	130%	128%
55-59	56,853	32	682,424	2,708,126	107,634	3,390,550	47	85,432	3,978,460	53%	68%	126%	85%
60-64	53,528	62	2,337,819	2,484,928	77,784	4,822,747	82	73,005	5,960,272	52%	76%	107%	81%
65-69	30,116	92	4,231,787	4,050,376	90,315	8,282,164	110	65,355	7,207,413	39%	83%	138%	115%
70-74	12,487	96	3,149,487	3,997,262	74,210	7,146,748	111	64,694	7,149,565	25%	87%	115%	100%
75-79	3,028	50	1,536,644	1,043,719	51,709	2,580,363	50	65,328	3,275,146	12%	100%	79%	79%
80+	333	15	472,318	290,327	50,173	762,645	15	56,712	857,925	4%	100%	88%	89%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Coverage Type
All Business

Coverage	Total	Actual Claims					Expected Claims			Credibility	Actual to Expected		
Type	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
Home Care Only	4,505	5	114,557	225,393	66,655	339,950	10	56,509	543,455	15%	53%	118%	63%
Facility Only	9,422	16	453,028	686,776	69,925	1,139,804	23	86,694	1,969,852	22%	72%	81%	58%
Comprehensive	206,538	360	14,002,775	17,119,576	86,353	31,122,351	412	70,185	28,900,972	100%	88%	123%	108%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Benefit Period
All Business

Benefit Period	Total Lives	Actual Claims Count	Actual Claims Paid	Actual Claims Reserve	Actual Claims Severity	Actual Claims Incurred	Expected Claims Count	Expected Claims Severity	Expected Claims Incurred	Credibility Measure	Actual to Expected Incidence	Actual to Expected Severity	Actual to Expected Incurred
Non-Lifetime	188,113	296	10,041,027	11,307,246	72,218	21,348,273	337	62,071	20,897,945	97%	88%	116%	102%
Lifetime	32,352	86	4,529,333	6,724,499	130,552	11,253,832	107	97,881	10,516,333	40%	80%	133%	107%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Elimination Period
All Business

Elimination	Total	Actual Claims					Expected Claims			Credibility	Actual to Expected		
Period (days)	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
0 and 30	55,129	107	4,576,497	4,744,441	87,436	9,320,938	136	68,004	9,275,588	53%	78%	129%	100%
31 to 90	149,235	248	9,125,624	11,828,349	84,592	20,953,973	271	73,328	19,851,098	86%	92%	115%	106%
91 +	16,101	28	868,239	1,458,955	84,623	2,327,193	37	61,820	2,287,593	28%	74%	137%	102%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Daily Benefit
All Business

Daily	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Benefit	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
0 to 99	43,042	114	4,440,556	3,098,486	66,363	7,539,042	168	46,121	7,753,226	46%	68%	144%	97%
100 to 149	92,000	175	6,108,444	7,481,210	77,520	13,589,654	185	78,777	14,609,352	68%	95%	98%	93%
150 +	85,423	93	4,021,359	7,452,049	123,499	11,473,408	91	99,952	9,051,701	65%	103%	124%	127%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Inflation Protection Option
All Business

Inflation	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Type	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
None	42,413	177	6,644,499	5,516,545	68,743	12,161,044	220	57,236	12,610,276	46%	80%	120%	96%
Simple	24,747	34	1,596,094	1,652,385	94,431	3,248,479	37	94,948	3,499,561	35%	93%	99%	93%
Compound	153,306	171	6,329,767	10,862,815	100,833	17,192,582	187	81,867	15,304,442	88%	91%	123%	112%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Home Health Percentage
All Business

Home Health	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Percentage	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
0 pct	9,422	16	453,028	686,776	69,925	1,139,804	23	86,694	1,969,852	22%	72%	81%	58%
1 to 99 pct	50,699	144	5,952,954	5,962,222	82,914	11,915,176	183	62,994	11,516,113	50%	79%	132%	103%
100 pct	151,434	194	7,484,235	10,403,540	92,441	17,887,775	218	74,667	16,241,651	87%	89%	124%	110%
101+ pct	8,910	28	680,143	979,207	58,633	1,659,350	21	80,076	1,686,663	21%	134%	73%	98%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Gender
All Business

	Total			Actual Claims				Expected Claims			Credibility	Actual to Expected		
Gender	Lives	Count	Paid	Reserve	Severity	Incurred		Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
Female	130,419	247	9,108,002	12,238,478	86,281	21,346,479		294	73,190	21,535,554	81%	84%	118%	99%
Male	90,046	134	5,462,358	5,793,267	83,745	11,255,625		150	65,912	9,878,725	67%	90%	127%	114%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104		444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Risk Class
All Business

Risk	Total	Actual Claims					Expected Claims			Credibility	Actual to Expected		
Class	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
Preferred	78,432	89	3,257,706	4,273,021	85,961	7,530,727	145	140,670	9,578,780	63%	61%	61%	79%
Standard	133,992	278	11,016,255	12,499,874	84,710	23,516,129	284	73,632	20,907,154	82%	98%	115%	112%
Sub Standard	8,042	15	296,399	1,258,850	196,247	1,555,249	15	166,622	928,344	20%	101%	118%	168%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

Claim Study
CMFG Life Insurance Company
Experience by Marital Status
All Business

Marital	Total			Actual Claims				Expected Claims		Credibility	Actual to Expected		
Status	Lives	Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Measure	Incidence	Severity	Incurred
Single	51,952	198	8,907,311	9,440,676	92,804	18,347,987	246	68,123	16,790,046	51%	80%	136%	109%
Married - 1 Insured	33,897	53	1,267,214	2,000,964	61,199	3,268,178	62	65,333	4,044,100	41%	86%	94%	81%
Married - 2 Insureds	134,616	131	4,395,835	6,590,105	84,053	10,985,940	136	77,936	10,580,132	82%	96%	108%	104%
Total	220,465	382	14,570,360	18,031,745	85,388	32,602,104	444	70,734	31,414,279	100%	86%	121%	104%

Notes:
1) Experience from January 1, 2002 through December 31, 2012
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred ate
4) Severity is defined as incurred claims divided by the count of claims
5) Expected Claims are based on the Milliman 2009 Long-Term Care Guidelines (including Product Factors)
6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
8) This exhibit excludes waiver of premium benefits in both actual and expected results

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

Test Valuation Date	IBNR	IBNR / Total	DLR + ICOS	Starting Claim Reserve	Claims Paid 2007	2008	2009	2010	2011	2012	Present Value Of Paid Claims	Present Value of Remaining Claim Reserve	Percent Remaining	Retrospective Test Reserve	Amount of Excess / (Deficiency)	Percent Excess / (Deficiency)
12/31/2006	1,470,000	27%	3,878,364	5,348,364	957,341	939,676	782,173	586,465	472,556	230,511	3,512,736	565,267	11%	4,078,002	1,270,362	24%
12/31/2007	1,156,000	16%	6,253,520	7,409,520		1,414,318	1,129,053	800,959	583,399	287,500	3,829,147	646,363	9%	4,475,510	2,934,011	40%
12/31/2008	960,000	12%	6,914,698	7,874,698			1,815,013	1,388,432	1,053,712	617,626	4,482,142	1,720,920	22%	6,203,062	1,671,636	21%
12/31/2009	1,027,000	11%	8,208,685	9,235,685				2,284,467	1,851,464	1,252,769	5,028,529	3,165,695	34%	8,194,224	1,041,462	11%
12/31/2010	566,000	5%	10,914,592	11,480,592					2,792,793	2,145,655	4,699,094	5,150,939	45%	9,850,033	1,630,559	14%
														Average =	1,709,606	22%

Notes:
1) Starting Claim Reserve is made up of ICOS, DLR, and IBNR.
2) Claims Paid include only claim payments for claims incurred before the test valuation date.
3) Present Value of Paid Claims assume middle of year payment and are discounted back to the test valuation date.
4) Remaining Claim Reserve as of 12/31/2012 for claims incurred prior to the test valuation date, discounted back to the test valuation date.
5) Present values calculated at 5.50% (both paid claims and remaining claim reserve).
6) Retrospective Test Reserve is the sum of present value of paid claim plus the present value of remaining claim reserve.
7) A minor inconsistency exists between claim incurred dates. The claim reserves are based on CMFG Life's incurred date while the paid claims are based on Milliman's date.

Exhibit 1
CMFG Life Insurance Company
Loss Ratio Calculations
Nationwide Experience
1997 Product
Discounted at 6.0%

	All Policies			
	Without Rate Increase		**With Rate Increase**	
	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
Present Value of Future to 12/31/2012	20,723,039	67,469,541	30,362,006	68,105,140
Active Life Reserves (12/31/2012)*		45,543,967		45,543,967
Loss Ratio = (Future IC - ALR)/Future EP		106%		74%

*Active Life Reserve restated to remove explicit morbidity load and to be calculated using a 6.0% interest rate.

Exhibit 2
CMFG Life Insurance Company
Lifetime Loss Ratio Calculation Assuming Rate Increase Since Inception
Nationwide Experience
1997 Product
Discounted at 6.0%

	Historical & Projection without Rate Increase			Historical & Projection with Rate Increase*		
All Policies	**Earned Premium**	**Incurred Claims**	**Incurred Ratio**	**Earned Premium**	**Incurred Claims**	**Incurred Ratio**
Accumulated Value of Historical to 12/31/2012	51,159,878	12,200,245	24%	76,739,816	12,430,110	16%
Present Value of Future to 12/31/2012	20,723,039	67,469,541	326%	31,084,559	68,105,140	219%
Total Values	71,882,917	79,669,786	111%	107,824,375	80,535,250	75%
Requested Rate Increase			50%			

*Rate increase shown effective since policy inception.

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $[4523.66].

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $[1357.10]. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $[1637.50]. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $[1363.53]. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

DRAFT

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

A: This change will result in an annual premium reduction of $[907.63]. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $[227.69]. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $[2188.87]. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

CMFG Life Insurance Company
Statement of Variability
November 29, 2016

Policyholder Notice: LTC PP CB VA Encl 10.26.15

Company Address	**Bracketed to allow for future changes**
Policyholder Specifics	**The following information will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #>
Fourth Paragraph:	**The bracketed website allows for future changes.**
Rate increases may be implemented as a single increase or in a series of two or three periods as approved by Virginia's State Corporation Commission, Virginia Bureau of Insurance. The following language will be based on the implementation schedule of such rate increase.	
Fifth Paragraph used in series of three increases: <The approval is an overall percentage increase in premium rates of <52.1>%, to be implemented over a three-year period with a <15>% increase each year. The premium stated above reflects the first <15>% rate increase as of the date shown. The second rate increase and third rate increase (an additional <15>% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of <52.1>%, to be implemented over a three-year period, with a <15>% increase each year. The first increase occurred one year ago. The premium stated above reflects the second <15>% rate increase as of the date shown. The third rate increase (an additional <15>%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of <52.1>%, to be implemented over a three-year period, with a <15>% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third <15>% rate increase as of the date shown.
Fifth Paragraph used in series of two increases:	**This paragraph may be replaced with the following. (The 1st bullet will be used for the first increase and the 2nd bullet will be used for the second increase.)** • The approval is an overall percentage increase in premium rates of <99.5>%, to be implemented over a <three>-year period with a <50>% increase initially, followed by an additional <33>% increase <two> year<s> later. The premium stated above reflects the first <50>% rate increase as of the date shown. The second rate increase (an additional <33>%) will occur <two> year<s> after the first rate increase.

	• The approval is an overall percentage increase in premium rates of <99.5>%, to be implemented over a <three>-year period, with a <50>% increase initially followed by an additional <33>% increase <two> year<s> later. The first increase occurred <two> year<s> ago. The premium stated above reflects the second <33>% rate increase as of the date shown. *Where:* *"<three>-year period" will state either 'two' or 'three'.* *"<two> year<s>" will state either 'one' or 'two' and the 's' may be removed..*
Fifth Paragraph used for a single increase:	**This paragraph may be replaced with the following. (This bullet will be used for the single increase.)** • The approval is an increase in premium rates of <10>%. The premium stated above reflects the <10>% rate increase as of the date shown.
Sixth Paragraph:	**The following information will be specific to the policyholder:** <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
First Paragraph on page 2 – third bullet	**The Bullet 'Reduce your maximum <Daily> Benefit Amount' may be replaced with 'Reduce your maximum <Monthly> Benefit Amount'**
Second Paragraph on page 2:	**The bracketed telephone number allows for future changes.** **The bracketed hours and days allow for future changes.** **It may vary in how they are written out and what time zone is used.**
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage

CMFG Life Insurance Company
Statement of Variability
Revised December 12, 2016

Disclosure Notice: CBUL-DISC-2014(VA)

Company Address and telephone number	**Bracketed to allow for future changes**
Third Paragraph	**The bracketed text <30 times the facility maximum daily benefit amount> may be replaced with <the facility maximum monthly benefit amount which is equivalent to 30 times a daily benefit> if this disclosure notice is used for our monthly benefit product.**

Disclosure Notice: CBUL-LP-DISC-2014(VA)

Company Address and telephone number	**Bracketed to allow for future changes**
Third Paragraph	**The bracketed text <30 times the facility maximum daily benefit amount> may be replaced with <the facility maximum monthly benefit amount which is equivalent to 30 times a daily benefit> if this disclosure notice is used for our monthly benefit product.**

CUNA MUTUAL LIFE INSURANCE COMPANY

LONG TERM CARE PROGRAM

POLICY FORM # 97-LTC-HHC1 (VA)

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 day
2 Year	1.533	1.450	1.353	1.074	1.00	0.688
4 Year	1.368	1.294	1.223	1.055	1.00	0.737
6 Year	1.330	1.263	1.203	1.040	1.00	0.770
Unlimited	1.249	1.213	1.164	1.035	1.00	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	.52
Quarterly	.27
Monthly	.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 2	$ 3	$ 4	$ 4	$ 8	$ 2
36	2	4	4	4	9	2
37	2	4	5	5	9	3
38	3	4	5	5	10	3
39	3	5	6	6	11	3
40	3	5	6	7	12	4
41	4	6	7	7	13	4
42	4	7	8	8	13	4
43	4	7	8	9	14	5
44	5	8	9	10	15	5
45	5	9	10	11	17	6
46	6	10	11	12	18	6
47	6	10	12	13	19	7
48	7	11	13	14	20	8
49	8	12	14	15	22	8
50	8	14	15	17	23	9
51	9	15	17	18	25	10
52	10	17	18	20	27	11
53	11	18	20	22	29	12
54	13	20	22	24	31	14
55	14	22	24	27	33	15
56	15	24	26	29	36	17
57	17	27	29	32	39	19
58	19	30	31	35	42	20
59	21	32	34	38	45	23
60	23	35	37	42	48	25
61	25	39	40	45	51	27
62	28	42	44	49	55	30
63	30	45	47	53	58	33
64	33	49	51	57	62	36
65	36	54	55	62	67	40
66	40	59	60	67	72	44
67	44	64	65	73	77	48
68	48	70	71	80	83	52
69	53	77	78	87	90	58
70	59	84	85	94	97	64
71	66	93	93	103	105	72
72	74	102	102	112	114	80
73	82	112	112	122	124	90
74	92	123	123	133	135	100
75	103	135	135	146	147	112
76	114	148	149	159	160	124
77	126	162	162	173	174	137
78	140	177	178	188	189	152
79	155	195	195	206	207	169
80	175	217	217	228	228	190
81	196	242	242	253	253	214
82	220	269	269	281	281	240
83	247	300	300	311	311	269
84	278	335	335	346	346	303
85	314	375	375	386	386	343

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.533	1.450	1.353	1.074	0.688

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 3	$ 5	$ 7	$ 7	$ 13	$ 4
36	4	6	7	7	14	4
37	4	7	8	8	16	4
38	5	7	9	9	17	5
39	5	8	10	10	18	6
40	6	9	11	11	19	6
41	6	10	12	12	21	7
42	7	11	13	13	22	7
43	8	12	14	15	24	8
44	8	13	15	16	25	9
45	9	15	17	18	27	10
46	10	16	18	19	29	11
47	11	17	20	21	31	12
48	12	19	22	23	33	13
49	13	21	23	25	36	14
50	14	23	26	28	38	16
51	16	25	28	30	41	17
52	17	28	30	33	44	19
53	19	30	33	36	47	21
54	21	33	36	40	51	23
55	23	37	40	44	54	25
56	26	40	43	48	58	28
57	28	44	47	52	63	31
58	31	48	51	57	67	34
59	34	53	56	62	72	37
60	38	58	61	68	78	41
61	41	63	66	74	83	45
62	45	68	71	79	88	49
63	49	74	77	86	94	54
64	54	80	83	93	101	59
65	60	88	90	101	108	65
66	66	96	98	110	116	71
67	72	105	107	119	125	78
68	79	114	116	129	135	86
69	88	125	127	141	145	95
70	98	137	139	154	158	106
71	109	151	152	168	171	118
72	122	166	167	183	186	132
73	136	182	183	199	202	147
74	151	201	201	218	220	164
75	169	221	222	238	240	184
76	188	243	243	260	261	205
77	208	266	266	283	284	226
78	230	291	291	308	309	250
79	257	321	321	338	338	279
80	288	357	357	374	374	314
81	325	398	398	415	415	354
82	364	443	443	461	461	397
83	409	493	493	512	512	446
84	460	551	551	569	569	503
85	520	617	617	635	635	569

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.368	1.294	1.223	1.055	0.737

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 4	$ 7	$ 8	$ 8	$ 16	$ 4
36	5	8	9	9	18	5
37	5	8	10	10	19	6
38	6	9	11	11	20	6
39	6	10	12	12	22	7
40	7	11	13	14	23	8
41	8	12	15	15	25	8
42	9	14	16	17	27	9
43	9	15	17	18	29	10
44	10	16	19	20	31	11
45	11	18	21	22	33	12
46	13	20	23	24	35	14
47	14	22	24	26	38	15
48	15	23	26	28	40	16
49	16	26	29	31	43	17
50	18	28	31	34	46	19
51	19	31	34	37	49	21
52	21	34	37	40	53	23
53	24	37	40	44	57	26
54	26	40	44	48	61	28
55	29	44	48	53	65	31
56	31	49	52	58	70	34
57	34	53	57	63	75	37
58	38	58	62	69	81	41
59	41	63	67	75	86	45
60	45	69	73	81	92	49
61	50	75	78	88	99	54
62	54	81	85	95	105	59
63	59	88	91	102	112	64
64	65	96	99	110	119	70
65	71	104	107	120	128	77
66	78	114	116	130	137	85
67	86	124	126	141	147	93
68	94	135	137	153	159	102
69	104	147	149	166	171	112
70	115	162	163	181	186	125
71	129	178	179	197	201	140
72	143	195	196	215	218	156
73	160	214	215	234	237	174
74	178	236	236	256	258	194
75	199	260	260	280	282	217
76	221	285	285	305	306	241
77	244	311	311	331	332	266
78	270	340	341	361	361	294
79	300	375	375	395	396	327
80	337	417	417	437	437	367
81	379	464	465	485	485	414
82	425	517	517	538	538	465
83	477	576	576	597	598	522
84	538	644	644	665	665	588
85	608	721	721	742	742	666

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.330	1.263	1.203	1.040	0.770

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 6	$ 10	$ 12	$ 12	$ 21	$ 7
36	7	11	13	13	23	7
37	7	12	14	14	25	8
38	8	13	15	16	26	9
39	9	15	17	17	28	10
40	10	16	19	19	30	11
41	11	18	20	21	33	12
42	12	19	22	23	35	13
43	14	21	24	25	37	15
44	15	23	26	27	40	16
45	16	25	28	30	42	18
46	18	27	30	32	45	19
47	19	29	33	35	48	21
48	21	32	35	38	51	22
49	22	34	38	41	54	24
50	24	37	41	44	58	26
51	26	41	44	48	62	29
52	29	44	48	52	66	31
53	31	48	52	57	71	34
54	34	52	56	62	76	37
55	37	57	61	67	81	41
56	41	62	66	72	86	44
57	44	67	71	78	92	48
58	48	72	76	85	98	52
59	52	78	82	91	104	56
60	56	85	88	99	111	61
61	61	91	95	106	118	66
62	66	99	102	114	125	72
63	72	106	110	122	133	78
64	79	115	118	132	141	85
65	86	125	127	142	151	93
66	94	135	138	153	162	102
67	102	146	149	166	173	111
68	111	159	161	179	186	121
69	122	173	175	194	200	133
70	136	189	191	211	216	147
71	151	207	209	229	234	164
72	168	227	229	250	253	182
73	187	249	250	272	275	203
74	208	274	274	296	299	226
75	232	301	301	323	325	252
76	257	329	330	352	353	279
77	282	359	359	381	382	308
78	311	391	392	414	415	339
79	345	430	430	452	453	376
80	386	476	476	499	499	422
81	433	529	529	552	552	473
82	484	587	588	611	611	530
83	542	653	653	677	677	594
84	608	727	727	751	751	667
85	685	812	812	836	836	752

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.249	1.213	1.164	1.035	0.918

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

2 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 3	$ 4	$ 5	$ 5	$ 10	$ 3
36	3	5	6	6	11	3
37	3	5	6	6	11	3
38	3	5	7	6	12	4
39	4	6	7	7	13	4
40	4	6	8	8	14	4
41	4	7	8	8	14	5
42	5	7	9	9	15	5
43	5	8	9	9	16	5
44	5	8	10	10	17	6
45	5	9	11	11	18	6
46	6	10	11	12	19	6
47	6	10	12	13	20	7
48	7	11	13	14	21	7
49	7	12	14	15	23	8
50	8	13	15	16	24	8
51	8	14	16	17	26	9
52	9	15	18	19	28	10
53	10	17	19	21	29	11
54	11	19	21	23	32	12
55	12	20	23	25	34	13
56	13	23	25	28	36	14
57	14	25	27	31	39	16
58	16	27	30	34	42	17
59	17	30	32	37	45	19
60	19	33	35	41	48	21
61	21	36	39	45	52	23
62	23	40	42	49	55	26
63	26	44	46	53	59	29
64	29	48	50	58	64	32
65	32	53	55	64	69	36
66	36	59	61	70	75	40
67	41	65	67	77	81	45
68	45	72	73	84	88	50
69	51	80	81	93	96	56
70	58	89	90	102	105	64
71	66	99	100	112	115	72
72	74	110	110	123	125	82
73	84	121	122	135	136	93
74	95	135	135	148	149	105
75	108	150	150	163	164	119
76	122	166	167	180	181	135
77	137	184	184	197	198	152
78	154	203	204	217	217	171
79	174	226	226	239	239	192
80	197	252	252	265	265	218
81	223	281	281	294	294	247
82	250	313	313	326	326	277
83	282	348	348	361	361	312
84	317	388	388	401	401	352
85	360	434	434	446	446	399

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.533	1.450	1.353	1.074	0.688

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

4 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 4	$ 7	$ 8	$ 8	$ 16	$ 5
36	5	8	9	9	17	5
37	5	8	10	10	18	6
38	6	9	11	11	19	6
39	6	10	11	11	20	7
40	6	10	12	12	22	7
41	7	11	13	13	23	8
42	7	12	14	14	24	8
43	8	13	15	15	26	9
44	8	13	16	16	27	9
45	9	14	17	17	29	10
46	9	15	18	19	30	10
47	10	17	19	20	32	11
48	11	18	21	22	34	12
49	11	19	22	24	36	12
50	12	21	24	26	38	13
51	13	23	26	28	41	15
52	14	25	28	31	44	16
53	16	27	31	34	47	17
54	17	30	33	37	50	19
55	19	33	37	41	54	21
56	21	36	40	45	58	23
57	23	40	43	49	62	25
58	25	44	47	54	67	28
59	28	48	52	59	72	30
60	31	53	57	65	77	34
61	34	58	62	71	82	37
62	38	64	67	77	88	41
63	42	70	73	84	94	46
64	46	77	80	92	101	51
65	52	85	88	101	109	57
66	58	94	96	111	119	64
67	65	104	106	122	129	71
68	72	115	117	134	140	80
69	81	127	129	147	152	90
70	92	142	143	162	167	102
71	105	158	159	179	182	116
72	119	175	176	196	199	131
73	134	194	194	215	217	148
74	153	215	216	237	238	169
75	173	240	240	261	263	192
76	196	266	267	288	289	217
77	221	295	295	316	317	245
78	249	327	327	348	348	275
79	281	363	363	384	384	311
80	319	406	406	427	427	353
81	361	454	454	475	475	401
82	406	506	506	527	527	451
83	457	564	564	585	585	509
84	517	630	630	651	651	576
85	587	706	706	726	726	655

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.368	1.294	1.223	1.055	0.737

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

6 YEAR BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 5	$ 9	$ 10	$ 10	$ 19	$ 6
36	6	9	11	11	20	6
37	6	10	12	12	22	7
38	7	11	13	13	23	8
39	7	12	14	14	25	8
40	8	13	15	15	26	9
41	9	14	16	16	28	9
42	9	14	17	17	29	10
43	10	15	18	18	31	11
44	10	16	19	20	33	11
45	11	18	21	21	35	12
46	12	19	22	23	36	13
47	12	20	24	25	39	13
48	13	22	25	26	41	14
49	14	23	27	28	43	15
50	15	25	29	31	46	16
51	16	27	31	34	49	18
52	18	30	34	37	52	19
53	19	33	37	40	56	21
54	21	36	40	44	60	23
55	23	39	44	49	64	25
56	25	43	48	53	69	28
57	28	48	52	59	74	30
58	30	52	56	64	79	33
59	33	57	62	70	85	37
60	37	63	67	77	91	40
61	41	69	73	84	97	45
62	45	76	79	91	104	49
63	49	83	86	100	111	55
64	55	91	94	109	119	61
65	62	100	103	119	129	68
66	69	111	114	131	140	76
67	77	122	125	144	151	84
68	85	135	137	157	164	94
69	96	150	152	173	179	106
70	109	167	168	191	195	120
71	124	185	187	210	214	137
72	140	205	206	230	233	155
73	158	227	228	252	255	175
74	180	253	253	278	280	199
75	204	281	282	307	308	226
76	231	313	313	338	339	256
77	260	346	346	371	372	288
78	292	383	383	408	408	324
79	329	426	426	450	451	366
80	374	476	476	500	501	415
81	423	532	532	557	557	471
82	477	593	593	618	618	531
83	537	661	661	686	686	599
84	607	739	739	763	763	677
85	689	829	829	852	852	770

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.330	1.263	1.203	1.040	0.770

CUNA MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE PROGRAM
POLICY FORM # 97-LTC-HHC1 (VA)

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT

UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)

Issue Age	BASE	INFLATION PROTECTION OPTION Simple 20 yrs.	Simple Life	Compounded 20 yrs.	Compounded Life	Future Purchase Option
18-35	$ 7	$ 11	$ 13	$ 13	$ 22	$ 8
36	7	12	14	14	24	8
37	8	13	15	15	25	9
38	9	14	16	16	27	10
39	9	15	17	17	28	10
40	10	16	18	18	30	11
41	11	17	19	20	32	12
42	11	18	20	21	33	13
43	12	19	22	22	35	13
44	13	20	23	24	37	14
45	14	21	24	25	39	15
46	14	23	26	27	41	16
47	15	24	27	29	43	16
48	16	25	29	31	45	17
49	16	27	31	33	48	18
50	18	29	33	35	51	19
51	19	31	36	38	54	21
52	20	34	38	42	57	23
53	22	37	41	45	61	24
54	24	40	45	49	65	27
55	26	44	49	54	70	29
56	29	48	53	59	74	31
57	31	52	57	64	79	34
58	34	57	61	70	85	37
59	37	62	67	76	91	40
60	40	68	72	83	97	44
61	44	74	78	90	103	49
62	49	81	85	98	110	53
63	53	88	92	106	117	59
64	59	97	100	115	126	65
65	66	106	110	126	136	73
66	73	117	120	138	147	81
67	81	129	132	151	159	90
68	90	142	144	165	172	100
69	101	157	159	181	187	112
70	115	175	176	199	204	127
71	130	194	195	219	223	144
72	147	215	216	240	243	163
73	166	238	239	263	266	184
74	188	264	264	289	291	208
75	214	293	294	319	320	237
76	241	325	326	351	352	267
77	271	359	360	385	386	300
78	304	397	397	422	423	337
79	342	441	441	465	466	380
80	387	491	491	516	516	430
81	437	548	548	572	573	486
82	490	609	609	634	634	546
83	551	677	677	702	702	614
84	620	754	755	779	779	693
85	702	844	844	867	867	785

EP	0 Day	10 Day	20 Day	60 Day	180 Day
ELIMINATION PERIOD FACTORS	1.249	1.213	1.164	1.035	0.918

CUNA MUTUAL LIFE INSURANCE COMPANY

LONG TERM CARE PROGRAM

POLICY FORM # 97-LTC-HHC1 (VA)

PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION

Issue Age	Percent Increase in Premium
35 and under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.8
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

CUNA MUTUAL LIFE INSURANCE COMPANY

LONG TERM CARE PROGRAM

POLICY FORM # 97-LTC-HHC1 (VA)

PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35 and under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
48	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70 and over	N/A

9/18/2015

LTC Rate Increase Filing Details

1997 Product

State	Annualized Earned Premium as of 12/31/2014	Total of Policies as of 12/31/2014	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
AK	$9,863	7	Filing was not Required	N/A	N/A	50%												
AL	$7,295	5	Accepted	2/22/2011	12/7/2011	50%												
AR	$1,556	2	Disapproved*	3/31/2011														
AZ	$144,151	78	Approved	9/7/2011	12/7/2011	50%												
CA	$42,710	33	Disapproved*	10/10/2013														
CO	$35,680	17	Approved	2/24/2011	4/11/2011	50%												
CT	$2,147	1	Disapproved*	6/1/2012														
DC	$7,287	4	Disapproved*	7/1/2014														
DE	$5,355	5	Accepted	3/22/2011	6/15/2011	10%	Accepted	5/4/2012	6/13/2012	10%	Accepted	7/1/2013	9/23/2013	10%	Accepted	7/30/2014	8/18/2014	10%
FL	$83,331	95	Approved	3/21/2012	6/21/2012	1.8%	Approved	4/9/2013	12/6/2013	1.5%	Approved	6/11/2014	9/4/2014	10%***				
GA	$60,280	42	Approved	8/30/2011	10/5/2011	15%	Approved	6/7/2012	7/30/2012	15%	Approved	8/9/2013	10/1/2013	10%	Approved	7/31/2014	8/20/2014	9.9%
HI	$39,337	20	Accepted	2/1/2011	8/4/2011	30% / 2011 20% / 2012												
IA	$158,891	175	Approved	2/25/2011	5/12/2011	25%	Approved	4/11/2012	7/26/2012	15%	Approved	4/18/2013	5/7/2013	10%				
ID	$34,733	26	Accepted	2/15/2011	8/8/2011	25%	Accepted	6/5/2012	12/10/2012	20%								
IL	$156,631	80	Accepted	4/14/2011	8/23/2011	50%												
IN	$9,999	7	Disapproved*	4/25/2013														
KS	$29,920	28	Accepted	2/7/2011	6/24/2011	10%	Accepted	4/20/2012	8/8/2012	10%	Accepted	4/30/2013	5/29/2013	10%	Accepted	4/15/2014	8/15/2014	50%
KY	$3,227	5	Approved	4/5/2011	5/13/2011	50%												
LA	$5,632	5	Disapproved*	1/2/2013														
MA	$6,660	5	Pending	10/8/2013														
MD	$39,811	22	Accepted	6/1/2011	8/16/2011	15%	Accepted	6/5/2012	8/13/2012	15%	Accepted	7/1/2013	7/31/2014	15%				
ME	NA	NA																
MI	$186,357	97	Accepted	5/19/2011	6/6/2011	50%												
MN	$75,659	46	Approved	6/1/2011	10/20/2011	50%												
MO	$55,641	54	Accepted	11/16/2011	10/3/2012	10%	Accepted	5/15/2013	10/15/2013	10%	Accepted	10/9/2014	10/16/2014	10%				
MS	NA	NA																
MT	$9,544	9	Accepted	3/15/2011	4/8/2011	25%	Accepted	5/15/2012	6/20/2012	15%	Accepted	7/1/2013	7/24/2013	10%				
NC	$46,476	31	Approved	10/14/2011	12/13/2011	50%												
ND	NA	NA																
NE	$972	2	Approved	3/29/2011	8/23/2011	25%	Approved	6/5/2012	10/2/2012	25%								
NH	$2,841	2	Approved	10/11/2012	1/24/2013	16%	Disapproved*	2/10/2014										
NJ	$12,080	9	Approved	5/7/2014	12/19/2014	15% (5/1/2015) 15% (5/1/2016) 13.5% (5/1/2017)												
NM	$13,185	11	Disapproved*	3/1/2011														
NV	$49,228	29	Approved	4/12/2011	3/20/2012	25%	Approved	10/22/2012	4/10/2013	10%	Approved	3/5/2014	12/10/2014	15%				
OH	$122,216	103	Accepted	5/17/2011	6/3/2011	25%	Accepted	5/16/2012	7/5/2012	10%	Accepted	5/16/2013	9/8/2014	1.5%				
OK	$40,230	22	Approved	2/10/2011	9/23/2011	25%	Approved	5/1/2013	7/30/2013	25%								
OR	$193,973	107	Approved	8/12/2011	11/30/2011	22.47% / yr for 2 yrs (2011 & 2012)												
PA	$187,249	105	Approved	5/16/2011	6/24/2011	15% / yr for 2 yrs (2011 & 2012)	Approved	5/29/2013	6/28/2013	15%								
RI	NA	NA																
SC	$87,798	58	Approved	9/26/2011	2/21/2012	20%	Approved	10/23/2012	3/22/2013	20%								
SD	NA	NA																
TN	$90,627	88	Approved	7/5/2011	1/9/2012	25%	Approved	9/11/2012	12/4/2012	25%								

State	Annualized Earned Premium as of 12/31/2014	Total of Policies as of 12/31/2014	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
TX (pre-rate stab.)	$179,325	118	Approved	9/19/2011	10/10/2011	24%	Approved	7/3/2014	8/12/2014	18%								
TX (post rate stab.)	$42,411	36	Disapproved*	6/30/2014														
UT	$46,517	27	Accepted	5/12/2011	9/26/2011	50%												
VA	$84,542	79	Pending	5/3/2013														
VT	$31,424	25	Disapproved*	12/3/2013														
WA	$87,622	46	Accepted	8/2/2011	8/30/2011	46%												
WI	$325,169	482	Accepted	3/17/2011	4/27/2011	50%												
WV	$753	1	Approved	10/11/2012	12/4/2012	50%												
WY	NA	NA																

* In states where the rate increase filing has been disapproved, CMFG Life is continuing to work with the state to eventually gain approval of a rate increase.

**In states where the rate increase(s) approved is/are less than 50%, the Company is seeking additional rate increases to be effective one year after the prior approval.

*** FL - 10% rate increase for policyholders with issue ages less than age 65 with the increases decreasing linearly thereafter to 0% for issue ages 85-90

Exhibit X
CMFG Life Insurance Company
Loss Ratio Calculations
Nationwide Experience
1997 Product
Policies Sold Before 10/01/2003
Discounted at 6.0%

All Policies

	Without Rate Increase		**With Rate Increase**	
	Earned Premium	Incurred Claims	Earned Premium	Incurred Claims
Present Value of Future to 12/31/2012	20,331,232	65,514,430	29,784,993	66,157,814
Active Life Reserves (12/31/2012)*		44,945,778		44,945,778
Loss Ratio = (Future IC - ALR)/Future EP		101%		71%

*Active Life Reserve restated to remove explicit morbidity load and to be calculated using a 6.0% interest rate.

Exhibit Y
CMFG Life Insurance Company
Lifetime Loss Ratio Calculation Assuming Rate Increase Since Inception
Nationwide Experience
1997 Product
Policies Sold Before 10/01/2003
Discounted at 6.0%

	Historical & Projection without Rate Increase			Historical & Projection with Rate Increase*		
All Policies	**Earned Premium**	**Incurred Claims**	**Incurred Ratio**	**Earned Premium**	**Incurred Claims**	**Incurred Ratio**
Accumulated Value of Historical to 12/31/2012	50,777,723	12,200,245	24%	76,166,584	12,439,870	16%
Present Value of Future to 12/31/2012	20,331,232	65,514,430	322%	30,496,848	66,157,814	217%
Total Values	71,108,955	77,714,675	109%	106,663,432	78,597,683	74%
Requested Rate Increase			50%			

*Rate increase shown effective since policy inception.

Exhibit 1
CMFG Life Insurance Company
Distribution of Business for Limited Pay Options
1997 Product

	Count of Policies by Premium Payment Type		
Payment Cease Year	Single Pay	10 Pay	Paid Up 65
1997	0	0	0
1998	0	0	0
1999	1	0	0
2000	0	0	0
2001	1	0	0
2002	0	0	0
2003	0	0	0
2004	0	0	0
2005	0	0	0
2006	0	0	0
2007	0	0	0
2008	0	0	0
2009	0	0	0
2010	0	0	0
2011	0	0	0
2012	0	0	0
2013	0	0	0
2014	0	0	0
2015	0	0	0
2016	0	0	0
2017	0	0	0
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022	0	0	0
2023	0	0	0
2024	0	0	0
2025	0	0	0
Total	2	0	0

Exhibit 2
CMFG Life Insurance Company
Active Life Reserves by Year
1997 Product - Pre-Rate Stabilization

Year-End	Statutory ALR Balance	ALR without Morbidity Conservatism & Valued at 6%
2004	11,772,065	8,989,149
2005	15,979,553	12,201,986
2006	24,839,807	18,967,677
2007	36,633,225	27,973,131
2008	38,190,667	29,162,393
2009	43,961,492	33,568,995
2010	46,358,418	35,399,288
2011	51,865,306	39,604,347
2012	58,860,369	44,945,778

Exhibit 3
CMFG Life Insurance Company
Sample 1997 Selection Factors

Age	52	52	52	52	62	62	62	62	72	72	72	72
Gender	M	F	M	F	M	F	M	F	M	F	M	F
Marital Status	Single	Single	Married	Married	Single	Single	Married	Married	Single	Single	Married	Married
Duration												
1	0.283	0.282	0.127	0.141	0.289	0.288	0.130	0.144	0.488	0.498	0.239	0.286
2	0.550	0.549	0.249	0.295	0.561	0.560	0.254	0.301	0.803	0.800	0.400	0.469
3	0.637	0.645	0.301	0.358	0.650	0.658	0.307	0.365	0.883	0.895	0.448	0.533
4	0.729	0.738	0.352	0.412	0.745	0.754	0.360	0.421	0.960	0.971	0.524	0.597
5	0.778	0.792	0.378	0.448	0.787	0.802	0.389	0.459	1.011	1.011	0.614	0.657
6	0.827	0.840	0.417	0.481	0.838	0.850	0.421	0.486	1.053	1.061	0.682	0.730
7	0.867	0.879	0.456	0.522	0.881	0.892	0.465	0.532	1.091	1.099	0.758	0.816
8	0.913	0.927	0.494	0.572	0.930	0.946	0.515	0.598	1.118	1.126	0.823	0.872
9	0.949	0.964	0.538	0.619	0.970	0.984	0.561	0.646	1.139	1.148	0.851	0.910
10	0.988	1.006	0.576	0.662	1.000	1.018	0.594	0.683	1.150	1.160	0.880	0.940
11	0.995	1.013	0.592	0.680	1.008	1.024	0.604	0.694	1.161	1.167	0.910	0.960
12	1.000	1.020	0.598	0.696	1.015	1.032	0.613	0.714	1.169	1.174	0.930	0.980
13	1.005	1.025	0.601	0.707	1.021	1.039	0.619	0.729	1.176	1.181	0.950	1.000
14	1.009	1.028	0.604	0.710	1.027	1.043	0.623	0.730	1.183	1.186	0.980	1.020
15	1.014	1.032	0.608	0.713	1.034	1.049	0.635	0.744	1.188	1.191	1.000	1.040
16	1.019	1.037	0.619	0.724	1.041	1.056	0.653	0.765	1.193	1.194	1.013	1.051
17	1.023	1.040	0.623	0.727	1.047	1.061	0.662	0.776	1.197	1.197	1.034	1.064
18	1.029	1.045	0.634	0.737	1.054	1.067	0.683	0.800	1.200	1.200	1.048	1.070
19	1.033	1.049	0.637	0.747	1.061	1.073	0.704	0.826	1.200	1.200	1.074	1.097
20	1.038	1.052	0.647	0.752	1.066	1.077	0.716	0.840	1.200	1.200	1.091	1.111
21	1.043	1.056	0.658	0.760	1.072	1.081	0.730	0.850	1.200	1.200	1.108	1.123
22	1.047	1.060	0.668	0.769	1.077	1.085	0.756	0.873	1.200	1.200	1.121	1.139
23	1.051	1.063	0.675	0.773	1.082	1.089	0.778	0.891	1.200	1.200	1.136	1.151
24	1.055	1.065	0.683	0.777	1.087	1.092	0.798	0.908	1.200	1.200	1.150	1.163
25	1.060	1.069	0.694	0.784	1.091	1.094	0.818	0.923	1.200	1.200	1.162	1.174
26	1.064	1.072	0.707	0.791	1.094	1.097	0.847	0.947	1.200	1.200	1.169	1.178
27	1.068	1.075	0.719	0.799	1.098	1.099	0.872	0.968	1.200	1.200	1.174	1.181
28	1.072	1.078	0.735	0.810	1.100	1.100	0.899	0.989	1.200	1.200	1.182	1.187
29	1.077	1.081	0.760	0.829	1.100	1.100	0.920	1.004	1.200	1.200	1.189	1.192
30	1.081	1.085	0.784	0.850	1.100	1.100	0.939	1.018	1.200	1.200	1.194	1.194
31	1.084	1.088	0.810	0.870	1.100	1.100	0.959	1.031	1.200	1.200	1.196	1.196
32	1.088	1.090	0.835	0.890	1.100	1.100	0.978	1.043	1.200	1.200	1.199	1.199
33	1.091	1.093	0.860	0.910	1.100	1.100	0.996	1.053	1.200	1.200	1.200	1.200
34	1.093	1.095	0.886	0.928	1.100	1.100	1.022	1.073	1.200	1.200	1.200	1.200
35	1.096	1.096	0.905	0.942	1.100	1.100	1.036	1.078	1.200	1.200	1.200	1.200
36	1.097	1.098	0.926	0.956	1.100	1.100	1.059	1.095	1.200	1.200	1.200	1.200
37	1.099	1.099	0.946	0.969	1.100	1.100	1.070	1.097	1.200	1.200	1.200	1.200
38	1.100	1.100	0.967	0.982	1.100	1.100	1.080	1.098	1.200	1.200	1.200	1.200
39	1.100	1.100	0.988	0.996	1.100	1.100	1.089	1.098	1.200	1.200	1.200	1.200
40	1.100	1.100	1.008	1.008	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
41	1.100	1.100	1.023	1.023	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
42	1.100	1.100	1.037	1.037	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
43	1.100	1.100	1.051	1.051	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
44	1.100	1.100	1.062	1.062	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
45	1.100	1.100	1.071	1.071	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
46	1.100	1.100	1.079	1.079	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
47	1.100	1.100	1.086	1.086	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
48	1.100	1.100	1.090	1.090	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
49	1.100	1.100	1.093	1.093	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200
50	1.100	1.100	1.093	1.093	1.100	1.100	1.100	1.100	1.200	1.200	1.200	1.200

Exhibit 4
CMFG Life Insurance Company
Remaining Reserve Breakout - 1997 Product
Pre-Rate Stabilization

	Discounted		
Incurred Year	ICOS + DLR	IBNR	Total
2002	135,238	0	135,238
2003	0	0	0
2004	0	0	0
2005	270,916	0	270,916
2006	113,941	0	113,941
2007	1,345	0	1,345
2008	194,196	0	194,196
2009	677,898	0	677,898
2010	655,200	0	655,200
2011	951,534	0	951,534
2012	923,508	102,480	1,025,989
Total	3,923,774	102,480	4,026,255

Exhibit 5A
CMFG Life Insurance Company
Distribution of Business by Issue Year
1997 Product

Issue Year	Count of Policies	Distribution
1997	29	1.2%
1998	247	10.4%
1999	612	25.8%
2000	484	20.4%
2001	443	18.7%
2002	388	16.4%
2003	154	6.5%
2004	16	0.7%
2005	0	0.0%
2006	0	0.0%
2007	0	0.0%
2008	0	0.0%
2009	0	0.0%
2010	0	0.0%
2011	0	0.0%
2012	0	0.0%
2013	0	0.0%
Total	2,373	100.0%

Exhibit 5B
CMFG Life Insurance Company
Distribution of Business by Gender
1997 Product

Gender	Count of Policies	Distribution
Male	919	38.7%
Female	1,454	61.3%
Total	2,373	100.0%

Exhibit 5C
CMFG Life Insurance Company
Distribution of Business by Attained Age Group
1997 Product

Attained Age Group*	Count of Policies	Distribution
Less than 50	197	8.3%
50-54	187	7.9%
55-59	235	9.9%
60-64	356	15.0%
65-69	477	20.1%
70-74	412	17.4%
75-79	280	11.8%
80+	229	9.7%
Total	2,373	100.0%

**Attained age as of 12/31/2012*

Exhibit 5D
CMFG Life Insurance Company
Distribution of Business by Inflation
1997 Product

Inflation Type	Count of Policies	Distribution
None	903	38.1%
3% Compound	0	0.0%
5% Compound	903	38.1%
5% Simple	567	23.9%
Total	2,373	100.0%

1997 LTC Rate Increase Filing in Virginia SERFF Tracking #CUNA-128867185
Response to 09/20/2013 Objection

1. **The actuarial memorandum states policies were sold nationwide from 1997 to 2004. What is the corresponding range for policies sold in Virginia?**

   Policies were sold in Virginia from 1998 to 2003.

2. **The filing indicates the block has policies with a limited pay option. Please confirm these limited pay options are properly reflected in the projections. Describe the limited pay option (10-pay, to age 65, or something else) and provide a distribution of business by the year in which the premiums cease. For example, a policy with a to-age-65 payment option, issued to a 40 year old in 2000, would cease payments in 2025.**

   For the 1997 Product, the only limited pay option available was the single pay option. Only two policies elected the single pay option. As noted in the Actuarial Memorandum, policies that have the lump sum (single pay) premium payment option have been excluded from the filing as those policies are now paid-up. The historical premium, as well as the projected future claims, for those two policies are excluded from the loss ratio demonstrations. Please see Exhibit 1, included with this response, for the distribution of business by the year in which the premiums cease, for each limited pay option.

3. **We note the projected incurred claims with the rate increase are slightly higher than the projected incurred claims without the rate increase. Do you include waived premiums in both premiums and claims in the projections and thus the explanation of the difference? If so, are waived premiums similarly included in both earned premiums and incurred claims in the historical experience?**

   Waived premiums are included in the claims, which is the reason incurred claims are slightly higher when the rate increase is included. They are also included in the projected earned premium, and are included in both earned premium and incurred claims in the historical experience.

4. **We reviewed the annual loss ratios in the historical and projection period. We took the ratio of successive annual loss ratios to develop a slope. This slope should serve as a proxy for the slope of the claim cost curve. In the projection period, the slope is a fairly consistent 11-13% per year. The historical experience has been a fairly flat 50% for the last four years. However, there is a large discontinuity from the historical period to the projection period, namely from 50% for 2009-2012 to 79% in 2013. The Supplemental Information document states the 1997 policies series has been running about 140% of expected, but the projections assume a grading down to an ultimate level of 120%. The jump from 50% to 79% appears to contradict this slowing down. We believe the starting point for the projections is way too high. Please explain what is happening here.**

   The 1997 Product has had only 100 claims nationwide over the life of the product, and only 12 claims in 2012. Therefore, given the low volume of claims in any calendar year, there will be year by year volatility in the claim levels and the loss ratios. The 2012 actual experience of $1.1 million in claims was more favorable than the current assumptions expected, although the year's experience by itself is not fully credible. The expected incurred claims in 2012, under current assumptions, was $1.5 million, which is much closer to the projected 2013 incurred claims level of $1.7 million, or about a 13% increase. The difference between the 2012 actual and the 2013 projected claims is mainly due to the favorable experience in 2012.

   Even if the 1997 product factor were a flat 120%, rather than grading down from 140%, the nationwide lifetime loss ratio would be 108% and the maximum allowable increase would be 280%.

5. **Virginia requires the inclusion of active life (policy) reserves in the analysis of the pre-rate stabilization loss ratio. Exhibit 1 of the filing shows the December 31, 2012 balance with the morbidity conservatism removed and valued at 6%. Proper evaluation of the loss ratio requires the corresponding active life reserve balance for each year in the historical experience period. If this is**

difficult to obtain, an estimate of these prior balances is acceptable. We suggest using the ratio of a) the December 31, 2012 balance without morbidity conservatism and valued at 6.00% to b) the actual 2012 statutory balance. This ratio can be applied to prior year end statutory balances. We are requesting this information only on a nationwide basis; we do not need it for the Virginia subset.

Exhibit 2, included in this response, contains the active life reserve balances as of December 31, 2004 through 2012. We have provided the statutory balance and an estimate of the reserve without morbidity conservatism and valued at 6%, using the method suggested.

6. **The Model Formulas document indicates the use of selection factors in morbidity. Please provide these factors.**

   The selection factors used come from proprietary Milliman's Long Term Care Guidelines. We have provided in Exhibit 3, included with this response, a sample of the selection factors used for three ages; both male and female, and both single and married.

7. **We reviewed the retro reserve test. The starting point of the projections is 2013. What are the actual reserves held at December 31, 2012 which are included in the historical experience? Split these amounts by calendar year of incurral and category of DLR, ICOS, and IBNR. We are only interested in the amounts for the 1997 product series.**

   The present value of reserves held at December 31, 2012 was $4,026,255 for the 1997 Product series alone (remaining reserve was discounted from the valuation date of December 31, 2012 to the claim incurred date). Exhibit 4, included with this response, contains the breakout of reserves for each year on a discounted basis. The IBNR is shown split out of the rest of the claim reserve. The further split of ICOS and DLR is not readily available at that detail; however, in total, nearly all of the claim reserve is DLR. Please note that the discounted reserve amount shown in Exhibit 4 matches what was used in Appendix B of the Actuarial Memorandum provided with the original rate increase filing.

8. **Do the financial projections include any shock lapses due to the rate increase?**

   No, the projections do not include the impact of shock lapse, or the impact of anti-selection. As this is the first rate increase for these policyholders, we do not expect a noticeable impact to lapse rates. There would likely be a bias towards more healthy insureds lapsing or reducing benefits than those needing benefits in the short term. Therefore, any modeling of an increase in lapse rates would also need to reflect an increase in claims due to adverse selection. Those two items impact the loss ratio in opposite directions. Therefore, as we feel there will not be a material "shock lapse" or reduction in benefits and resulting adverse selection, the impact on the lifetime loss ratio is immaterial and no additional lapse was modeled.

9. **Please provide distributions of business by**
   - **Issue year**
   - **Gender**
   - **Attained age brackets**
   - **Inflation option**

   To clarify, we are asking for four distributions, not a 4-dimensional distribution.

   Please see Exhibit 5, included with this response, for these distributions of business.

10. **Please provide an update of the state filing grid as part of your response.**

    Attached is an updated state filing grid for your review.

CUNA MUTUAL GROUP
CMFG Life Insurance Company
2000 Heritage Way, Waverly, Iowa 50677

BENEFIT CHANGE REQUEST

Insured's Name: John Doe **Policy Number: 123456789**

Benefit Change:

Daily Benefit	**From:**	**To:**
Benefit Period	**From:**	**To:**
Elimination Period	**From: 30**	**To: 90**
Home Care Percentage	**From:**	**To:**
Inflation Option	**From:**	**To:**
Other: Monthly Benefit	**From:**	**To:**

Delete Riders:

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

The above changes will result in a new Annual Premium of $_xxx.xx_ and a new (MODE) Premium of $__xxx.xx__

Your signature below is required to make the above changes.

Signature of Insured: *John Doe* Date Signed: 5-1-2013

2014-LTC-CHANGE

Responses to VA 01/24/14 Objections – 1997 Product

1. **The three primary drivers of the rate increase are changes to the assumptions for morbidity, mortality, and lapses. How much of the requested increase is attributable to each assumption? We appreciate that these factors are co-dependent, so we are only asking for a ballpark estimate.**

   Please see the attached Exhibit 1 for a step-through of original and current pricing assumptions. The exhibit shows three scenarios: 1) current pricing assumptions, 2) revised projections using the original morbidity assumptions, and 3) revised projections using both original morbidity and original persistency (mortality and lapse) assumptions. As shown in Exhibit 1, the future loss ratio gets worse using the current persistency, offset somewhat by more favorable morbidity. This illustrates that the *primary* reason for the rate increase is higher persistency. (Please note that in order to provide a ballpark estimate, the step-through exhibit is for the entire 1997 Product series.)

2. **We are attempting to compare the actual experience to the original pricing assumptions.**
   a. **Please provide an expansion of the Lapse Analysis Details. We are only interested in the first page (by duration) of that study. Expand the study to show the number of expected lapses based on the original pricing assumption. What is the original pricing assumption for lapses? Provide this update in an Excel workbook.**

      In the initial rate increase filing, we included an exhibit called "Total Persistency Comparisons (App D) (Dec 2012)" that compares the actual total termination rate to the original pricing assumptions and current assumptions. The exhibit included both lapse rates and mortality rates. As requested, we have added a column to that exhibit that shows the *number* of expected lapses and included with this response an Excel version of the exhibit, now called "Appendix D - . The original lapse assumptions vary by issue age and duration. Please see the attached Exhibit 2, which contains the original lapse assumptions in this format.

   b. **Please provide an expansion of the Mortality Analysis Details. We are only interested in the second page (by attained age) of that study. We believe the Expected Deaths are based on the revised assumption. Expand the study to show the number of expected deaths based on the original pricing assumption, including the effect of mortality selection factors. What is the original pricing assumption for mortality? Provide this update in an Excel workbook.**

      As discussed in item 2(a) above, the same file "Total Persistency Comparisons (App D) (Dec 2012)" shows the expected mortality rate based on the original pricing assumption. We have also added a column to Appendix D that shows the *number* of expected deaths. The original mortality assumption uses the 1983 Group Annuitant Mortality table with no selection factors.

   c. **Please provide an expansion of the Morbidity Analysis Details. We are only interested in the second page (by product) of that study. Expand the study to show the number of expected deaths based on the original pricing assumption, including any morbidity selection factors. Provide this update in an Excel workbook.**

      We assume that you are asking for the total incurred claims based on the original pricing assumption. Please see the attached Exhibit 3 for a summary of original expected incurred claims by issue year and duration.

3. **What was the expected lifetime loss ratio in the original filing?**

   The expected lifetime loss ratio was 60% in the original filing.

4. **Please review the Active Life Reserve balances provided. The ending balance is $44.9 million. Although this is only 76% of the statutory amount, it appears to be very high in comparison to the premium collected. Total earned premiums are only $34.1 million. Even accumulated with 6% interest, those earned premiums are only $51.2 million. This does not seem reasonable.**

We reviewed the Active Life Reserve information and confirmed that the numbers are correct. We acknowledge that the reserve may seem high compared to earned premiums; however, this can be attributed to a combination of relatively young issue ages (i.e., 35% of the policies were issued to ages under age 50; another 36% were issued to ages 50-59) and a high proportion of the policies with lifetime 5% compound inflation protection (33% of the policies issued). This combination tends to drive a higher statutory reserve as a percent of premium.

5. **Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.**

   The Rate Summary is attached for your review.

6. **Should we recommend this rate increase for approval, would the company be willing to implement this over a three year period? If so, please advise the proposed percentage increases. The Actuarial Memorandum and rate attachment under the Rate/Rule Schedule would need to be updated accordingly.**

   The Company would be willing to implement a 15% rate increase each year for the next three years. The Actuarial Memorandum and Rate/Rule Schedule have been updated to reflect three annual rounds of a 15% rate increase.

7. **After reviewing the policyholder letter, we feel the letter should be modified to provide a clearer explanation as to what is driving the need for a rate increase in language the consumer can easily understand. Should the company agree to a three year implementation period, please include in the letter the premium for each period and its effective date.**

   The revised policyholder letter and enclosures are attached for your review.

8. **We note the Rate/Rule Schedule reflects six affected form numbers with one rate schedule page. The Actuarial Memorandum refers to this increase applying to product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. The rate attachment refers only to Form 97-LTC-HHC1(VA). We don't have an issue with the rates being listed on one attachment; however, the rates must be listed on the attachment by affected form number.**

   All affected form numbers are now reflected on the rate schedule pages provided on the Rate/Rule Schedule tab.

9. **The certification in the Actuarial Memorandum does not comply with 14 VAC5-130-60 B 8 requiring the certification to state premiums are reasonable in relation to the benefits provided. Please note 14 VAC5-200-150 B describes how benefits shall be deemed reasonable in relation to the premiums for long term care insurance. Please amend the certification language accordingly.**

   The Actuarial Certification has been revised to include the following sentence: "As the loss ratio exceeds the minimum loss ratio of 60%, benefits are reasonable in relation to premium."

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: CMFG Life Insurance Company 62626

SERFF Tracking Number: CUNA-128867185

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 82

New Rates

Average Annual Premium Per Member: $1,699

Revised Rates

Average Annual Premium Per Member: $1,117

Average Requested Percentage Rate Change Per Member: 52%

Minimum Requested Percentage Rate Change Per Member: 52%

Maximum Requested Percentage Rate Change Per Member: 52%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
97-LTC-HHC1(VA)	Home Health Care Policy
97-LTCR-FCP	Facility Care Plus Rider
97-LTCR-NFL	Nonforfeiture Lapse Rider
97-LTCR-ROP	Return of Premium Rider
97-LTCR-IPO	Inflation Protection Option Rider
97-LTCR-FPO	Future Purchase Option Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

CMFG Life Insurance Company 62626

SERFF Tracking #CUNA-128867185
1997 Product

Health Insurance Rate Request Summary Attachment

Brief Narrative

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime "loss ratios" (i.e., benefits paid to our policyholders, divided by premiums received from those policyholders) are in far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

CUNA MUTUAL GROUP

CMFG Life Insurance Company
A Stock Insurance Company
2000 Heritage Way, Waverly, Iowa 50677

CHANGE IN SCHEDULE OF BENEFITS ENDORSEMENT

Policy Number: **Policyholder Name:**

Endorsement Effective Date:

Your Schedule of Benefits is changed as follows:

This Endorsement is added to and made a part of your Individual Long-Term Care Insurance Policy on the effective date indicated above. **Attach this Endorsement to your Policy.**

CMFG Life Insurance Company
A Stock Insurance Company

President

CMFG Life Insurance Company
Statement of Variability
Endorsement Form Number: 2015-LTC-SBEND
October 26, 2015

Variable	Explanation	
Company Logo	Allows for future changes to our logo. Logo may also be removed.	
Home Office Address	Allows for future changes to the home office address.	
Policy Number	Represents individual insured's data.	
Policyholder Name	Represents individual insured's data.	
Endorsement Effective Date	Effective Date of the policy changes effected on the endorsement.	
VARIABLES	Any of the following types of variables may be printed in this area of the document.	
	Type of Variable	**Variable Information**
	Benefits Decreased	• The following benefits have been decreased: o Your New Maximum Daily Benefit is $ <xxx.xx>. (Range from $40.00-$150.00) o Your New Maximum Home Health Care Daily Benefit Amount is $ <xxx.xx>. (Range from $40.00-$400.00) o Your New Maximum Facility Daily Benefit Amount is $ <xxx.xx>. (Range from $40.00-$400.00) o Your New Maximum Facility Care Daily Benefit Amount is $ <xxx.xx>. (Range from $50.00-$500.00) o Your New Maximum Facility Care Monthly Benefit Amount is $ <xxxx>. (Range from $1,500.00-$15,000.00) o Your New Maximum Benefit Amount is $ <xxxxx>. o Your New Maximum Benefit Period is <xxx> <years>. (Range from 1-6 years) o Your new Maximum Home and Community Care Daily Benefit percentage is <xxx>. (Range from 50%-200%) o Your new Maximum Home and Community Care Monthly Benefit percentage is <xxx>. (Range from 0%-200%)

	Elimination Period Change	• Your New Elimination Period has been increased to <xx> days. (Range from 30-180 days) • Your New Home Care Elimination Period has been increased to <xx> days. (Range from 10-180 days) • Your New Facility Care Elimination Period has been increased to <xx> days. (Range from 10-180 days) • Your Elimination Period has been increased to <xx> days. (Range from 30-180 days) • Your Elimination Period has been changed to <xx> days. (Range from 30-180 days)
	Rider Deletion	• The following rider(s) has (have) been deleted: o Return of Premium o Refund of Premium at Death Rider o Refund of Premium at Death Prior to Age 75 Rider o Future Purchase Option o Lifetime 5% Compound Interest Inflation Protection Rider o 20 Year 5% Compound Interest Inflation Protection Rider o Lifetime 5% Simple Interest Inflation Protection Rider o 20 Years 5% Compound Interest Inflation Protection Rider o 20 years 5% Simple Interest Inflation Protection Rider o 15 year 5% Compound Interest Inflation Protection Rider (20 years if issued in PA) with the original benefits o Lifetime 3% Compound Interest Inflation Protection Rider with the original benefits o Lifetime 5% Compound Interest Inflation Protection Rider with the original benefits o Lifetime 5% Simple Interest Inflation Protection Rider with the original benefits o Shared Extended Expense o Shared Extended Expense Rider o Restoration of Maximum Benefit o Restoration of Maximum Benefit Rider o Home and Community Care 10-Day Elimination Period Rider o Living at Home Rider o Spouse or Partner Waiver of Premium at Death Rider o Nonforfeiture Benefit Rider o Nonforfeiture Lapse Benefit Rider

	Nonforfeiture Option Utilized	• Your Nonforfeiture Lapse Benefits has been utilized and your New Maximum Benefit amount is $ <xxxxx.xx>.
	Contingent Benefit Upon Lapse Option Utilized	• Your Contingent Benefit Upon Lapse Option has been utilized and your New Maximum Benefit amount is $ <xxxxx.xx>.
	Inflation Protection	• Your Inflation Protection has been deleted with the current benefits frozen at $ <xxxxxxx>.
	New Premium	• Your New Premium Payment reflecting the above changes is $ <xxx.xx> <mode>.
	If a Revised Schedule of Benefits is Provided	• The revised Schedule of Benefits replaces the existing Schedule of Benefits in the policy.
President	Allows for future changes. If the Company's President should change, the new officer's signature will be reflected for new issues of the endorsement.	
Affected Policy Form Number	This will reflect the base policy form number for the product series the changes to which the policy changes apply.	

Readability Certification

CMFG Life Insurance Company

I do hereby certify to the best of my knowledge and belief that the policy form(s) listed on the forms schedule is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Form Number	Readability Score	Sentences	Word	Syllables
2014-LTC-CHANGE	61.3	1	93	56.22
2015-LTC-SBEND	40	7	108	192.99
LTC PP CB VA Encl 10.26.15	46.5	41	851	1400.91
CBUL-DIS-2014(VA)	40	18	591	932.67

Margaret R. Immerfall

Digitally signed by Margaret R. Immerfall
Date: 2015.12.21 12:32:50 -06'00'

Signature of an Officer of the Insurer

Margaret R. Immerfall
Name

VP, Enterprise Services
Title

December 21, 2015
Date

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/12/2016	Withdrawn 12/14/2016	Form	Contingent Benefit Upon Lapse Option for Limited Pay Policies	12/14/2016	CBUL-LP-DISC-2014(VA).pdf (Superceded)
11/29/2016	Received & Acknowledged 11/29/2016	Supporting Document	Policyholder Communication Enclosure and Statement of Variability	12/12/2016	LTC Enclosure 97 0815.pdf CBUL-DISC-2014(VA) SOV.pdf (Superceded) LTC PP CB VA Encl 10.26.15 SOV Rev 11.29.2016.pdf
11/28/2016	Withdrawn 11/29/2016	Supporting Document	Policyholder Communication Enclosure and Statement of Variability	11/29/2016	LTC Enclosure 97 0815.pdf CBUL-DISC-2014(VA) SOV.pdf LTC PP CB VA Encl 10.26.15 SOV Rev 11.28.2016.pdf (Superceded)
12/21/2015	Withdrawn 12/21/2015	Supporting Document	Certification of Readability	12/21/2015	VA Certification of Readability Rev.pdf (Superceded)
12/03/2015	Withdrawn 11/29/2016	Supporting Document	Policyholder Communication Enclosure and Statement of Variability	11/28/2016	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 SOV.pdf (Superceded) CBUL-DISC-2014(VA) SOV.pdf
10/26/2015	Withdrawn 12/21/2015	Form	Policyholder Notice	12/16/2015	LTC PP CB VA Encl 10.26.15.pdf (Superceded)
10/26/2015	Withdrawn 12/21/2015	Supporting Document	Policyholder Communication Enclosure and Statement of Variability	12/03/2015	LTC Enclosure 97 0815.pdf LTC PP CB VA Encl 10.26.15 & CBUL SOV.pdf (Superceded)
08/21/2015	Withdrawn 12/11/2015	Form	Policyholder Notice	10/26/2015	97 PP CB VA Encl 8.14.15.pdf (Superceded)
08/17/2015	Withdrawn 12/21/2015	Supporting Document	Policyholder Communication Enclosure and Statement of Variability	10/26/2015	LTC Enclosure 97 0815.pdf 97 PP CB VA Encl 8.14.15 SOV.pdf (Superceded)
08/17/2015	Withdrawn 12/11/2015	Form	Policyholder Notice	08/21/2015	97 PP CB VA Encl 8.14.15.pdf (Superceded)
08/17/2015	Withdrawn 12/21/2015	Form	Contingent Benefit Upon Lapse Option	10/26/2015	CBUL-Disc-2014.pdf (Superceded)

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/12/2015	Withdrawn 12/21/2015	Supporting Document	Certification of Compliance	12/21/2015	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997 2012-LTC-CHANGE.pdf (Superceded) VA Cert of Comp 1997 2015-LTC-SBEND.pdf (Superceded)
08/12/2015	Withdrawn 12/21/2015	Supporting Document	Certification of Readability	12/21/2015	VA Certification of Readability.pdf (Superceded)
08/12/2015	Withdrawn 12/21/2015	Supporting Document	Form 2015-LTC-SBEND Statement of Variability	10/26/2015	2015-LTC-SBEND Statement of Variables.pdf (Superceded)
01/20/2015	Withdrawn 12/21/2015	Supporting Document	Policyholder Communication	08/17/2015	CBUL-Disc-2014.pdf (Superceded) LTC Encl 97 0314.pdf (Superceded) 97 PP CB VA Encl 1.20.15 0913.pdf (Superceded) 97 PP CB VA Encl 1.20.15 0913 SOV.pdf (Superceded)
11/13/2014	Withdrawn 04/27/2015	Supporting Document	Policyholder Communication	01/20/2015	97 PP CB VA Encl 11.13.14 0913.pdf (Superceded) 97 PP CB VA Encl 11.13.14 0913 SOV.pdf (Superceded) CBUL-Disc-2014.pdf LTC Encl 97 0314.pdf
05/08/2014	Withdrawn 04/27/2015	Supporting Document	Policyholder Communication	11/13/2014	97 PP CB VA Encl 5.7.14 0913.pdf (Superceded) 97 PP CB VA Encl 5.7.14 0913 SOV.pdf (Superceded) CBUL_Disc 0212.pdf (Superceded) LTC Encl 97 0314.pdf (Superceded)
05/02/2014	Withdrawn 04/27/2015	Supporting Document	Policyholder Communication	05/08/2014	97 PP CB VA Encl 5.2.14 0913.pdf (Superceded) CBUL_Disc 0212.pdf (Superceded) LTC Encl 97 0314.pdf (Superceded)
05/02/2014	Withdrawn 12/21/2015	Rate	1997 LTC New Rates	12/11/2015	VA LTC 1997 New Rates 15.pdf VA LTC 1997 New Rates 15+15.pdf VA LTC 1997 New Rates 15+15+15.pdf
03/07/2014	Withdrawn 04/27/2015	Supporting Document	Policyholder Communication	05/02/2014	97 PP CB VA Encl 3.7.14 0913.pdf (Superceded) CBUL_Disc 0212.pdf (Superceded) LTC Encl 97 0314.pdf (Superceded)

State: *Virginia* **Filing Company:** *CMFG Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *1997 LTC Product*
Project Name/Number: *2013 LTC Rate Increase/*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/07/2014	Withdrawn 04/27/2015	Rate	1997 LTC New Rates	05/02/2014	VA LTC 1997 New Rates 15.pdf (Superceded) VA LTC 1997 New Rates 15+15.pdf (Superceded) VA LTC 1997 New Rates 15+15+15.pdf (Superceded)
03/07/2014	Withdrawn 04/27/2015	Supporting Document	Rate Request Summary	05/02/2014	VA 1997 Rate Request Summary.pdf (Superceded)
03/07/2014	Withdrawn 04/27/2015	Supporting Document	L&H Actuarial Memorandum	05/02/2014	Act Memo - 1997 Series (LR) - final.pdf (Superceded) VA Rate Basis Appendix - 1997 (LR).xlsx (Superceded)
11/22/2013	Withdrawn 12/21/2015	Supporting Document	State Filing Grid Status	09/18/2015	VA 1997 State Filing Grid 11.22.13.pdf (Superceded)
08/20/2013	Withdrawn 01/24/2014	Supporting Document	State Filing Grid Status	11/22/2013	VA 1997 State Filing Grid 081913.pdf (Superceded)
08/20/2013	Withdrawn 04/27/2015	Supporting Document	L&H Actuarial Memorandum	03/07/2014	Act Memo - 1997 Series (LR).pdf (Superceded) VA Appendices - 1997 - Original - Pre.pdf (Superceded)
05/02/2013	Withdrawn 04/27/2015	Supporting Document	Policyholder Communication	03/07/2014	97 PP CB Encl 6.10.11 0212.pdf (Superceded) CBUL_Disc 0212.pdf (Superceded) LTC- Encl 97 options 0212.pdf (Superceded)
05/02/2013	Withdrawn 04/27/2015	Supporting Document	Current Rates	05/02/2014	Original Rates 1997.pdf
05/02/2013	Withdrawn 01/24/2014	Supporting Document	State Filing Grid Status	08/20/2013	VA 1997 State Filing Grid 050313.pdf (Superceded)
01/25/2013	Withdrawn 03/25/2014	Rate	VA LTC 1997 New Rates	03/07/2014	VA LTC 1997 New Rates.pdf (Superceded)
01/25/2013	Withdrawn 12/21/2015	Supporting Document	Certification of Compliance	08/12/2015	VA Actuarial Certification 1997.pdf VA Cert of Comp 1997 2012-LTC-CHANGE.pdf
01/25/2013	Withdrawn 01/24/2014	Supporting Document	L&H Actuarial Memorandum	08/20/2013	Act Memo - 1997 Series (LR).pdf
01/25/2013	Withdrawn 12/21/2015	Form	Benefit Change Request	02/11/2014	2012-LTC-CHANGE (for VA) john doe.pdf (Superceded)

State: Virginia **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 1997 LTC Product
Project Name/Number: 2013 LTC Rate Increase/

Attachment VA Rate Basis Appendix - 1997 (LR).xlsx is not a PDF document and cannot be reproduced here.

CUNA MUTUAL GROUP

CMFG Life Insurance Company

<Long-Term Care Services>
<411 N Baylen St
Pensacola FL 32501-3901>
Phone <1.866.245.7133>

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- You lapse (do not pay more premiums) within 120 days of the increase; **and**
- Either (a) your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount; however, will not be less than <30 times the facility maximum daily benefit amount> at the time of lapse.

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

If you prefer not to choose this option, you may reduce your policy benefits so premium payments are not increased.

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Benefit Upon Lapse Option** (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)	
Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
54 and under	100%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

The Following Contingent Nonforfeiture Benefit Applies Only to Limited Pay Policies

In addition to the contingent nonforfeiture benefits described on page 1, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the "paid-up" AND the contingent benefit are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for this benefit ONLY if:

- Either (a) your premium after the increase exceeds your original premium by the following percentages shown in the table below (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years; **and**

Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
Under 65	50%
65-80	30%
Over 80	10%

- You lapse (not pay more premiums) within 120 days of the increase; **and**
- The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- The total lifetime amount of benefits your reduced paid up-policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid-up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- The daily (or monthly) benefit amounts you purchased will also be adjusted by the same ratio.

EXAMPLE:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you received a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy benefits are .45 (.90 times .50) times the total benefits amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy.

Call us to confirm eligibility before exercising this option.

CMFG Life Insurance Company
Statement of Variability
December 3, 2015

Disclosure Notice: CBUL-DISC-2014(VA)

Company Address and telephone number	**Bracketed to allow for future changes**
Third Paragraph	**The bracketed text <30 times the facility maximum daily benefit amount> may be replaced with <the facility maximum monthly benefit amount which is equivalent to 30 times a daily benefit> if this disclosure notice is used for our monthly benefit product.**

CMFG Life Insurance Company
Statement of Variability
November 28, 2016

Policyholder Notice: LTC PP CB VA Encl 10.26.15

Company Address	**Bracketed to allow for future changes**
Policyholder Specifics	**The following information will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #>
Fourth Paragraph:	**The bracketed website allows for future changes.**
Fifth Paragraph for **1997 Product - 97-LTC-HHC1(VA)** <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.
Fifth Paragraph for **2002 Product - 2002-LTC-FAC(VA)** **2006 Product - 2006-LTC-COMP(VA)** <The approval is an overall percentage increase in premium rates of 99.5%, to be implemented over a three-year period with a 50% increase initially, followed by an additional 33% increase two years later. The premium stated above reflects the first 50% rate increase as of the date shown. The second rate increase (an additional 33%) will occur two years after the first rate increase.>	**This paragraph may be replaced with the following. (This bullet will be used for the second increase.)** • The approval is an overall percentage increase in premium rates of 99.5%, to be implemented over a three-year period, with a 50% increase initially followed by an additional 33% increase two years later. The first increase occurred two years ago. The premium stated above reflects the second 33% rate increase as of the date shown.

Sixth Paragraph:	**The following information will be specific to the policyholder:** <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
First Paragraph on page 2 – third bullet	**The Bullet 'Reduce your maximum <Dailly> Benefit Amount' may be replaced with 'Reduce your maximum <Monthly> Benefit Amount'**
Second Paragraph on page 2:	**The bracketed telephone number allows for future changes.** **The bracketed hours and days allow for future changes.** **It may vary in how they are written out and what time zone is used.**
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage

STANDARD FORM

CERTIFICATION OF READABILITY

INSURANCE DEPT. USE ONLY		
FILE I.D.	DATE	ANALYST
☐ APPROVED	DATE	INITIALS
☐ FILE & USE	DATE	INITIALS
☐ DISAPPROVED ☐ WITHDRAWN	DATE	INITIALS

STATE	
Virginia	
DATE 8/11/2015	PROPOSED EFFECTIVE DATE Upon Approval by the Department.

NAME AND ADDRESS OF FILER
CMFG Life Insurance Company

CONTACT PERSON	CONTACT TELEPHONE
Kimberly Steggall	319.483.3082

The Flesch Score(s) for the form(s) listed below is (are) as stated opposite each listed form. (Alternate approved methods, if any, are identified.)
Typeface styles and minimum type point sizes are identified and stated opposite each listed form.

FORM NO.	FORM TITLE/DESCRIPTION	LINE OF INS.	FLESCH SCORE	ALT. SCORE CALCULATION	TYPEFACE STYLE	MIN. TYPE POINT SIZE
2014-LTC-CHANGE	Benefit Change Request		61.3			
2015-LTC-SBEND	Change in Schedule of Benefits Endorsement		40			
LTC PP CB VA Encl 10.26.15	Policyholder Notice		46.5			
CBUL-DISC-2014(VA)	Contingent Benefit Upon Lapse Option		40			

The insurance company certifies that the above named forms filed by the company, or on its behalf, meet the minimum standards of readability required by the laws of this state.

SIGNED	COMPANY
Margaret R. Immerfall Digitally signed by Margaret R. Immerfall Date: 2015.12.21 08:38:26 -06'00'	CMFG Life Insurance Company

TITLE (COMPANY OFFICER)	DATE
VP, Enterprise Services	12/21/2015

CMFG Life Insurance Company
Statement of Variability
December 3, 2015

Policyholder Notice: LTC PP CB VA Encl 10.26.15

Company Address	**Bracketed to allow for future changes**
Policyholder Specifics	**The following information will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #>
Fourth Paragraph:	**The bracketed website allows for future changes.**
Fifth Paragraph: <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.
Sixth Paragraph:	**The following information will be specific to the policyholder:** <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
First Paragraph on page 2 – third bullet	**The Bullet 'Reduce your maximum <Dailly> Benefit Amount' may be replaced with 'Reduce your maximum <Monthly> Benefit Amount'**
Second Paragraph on page 2:	**The bracketed telephone number allows for future changes.** **The bracketed hours and days allow for future changes.** **It may vary in how they are written out and what time zone is used.**
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage

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

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

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

Dear <Policyholder Name>:

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

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

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime “loss ratios” (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Virginia’s State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at <www.scc.virginia.gov/BOI>.

<The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated below reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

What are my options?

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

Please note that all options above may not be of equal value. If you wish to discuss these options, have any questions, want additional details, or would like a revised rate schedule/schedule of benefits for your policy, please contact us toll free at <1.866.245.7133>. Our business hours are <7 a.m. to 7 p.m., Monday-Friday, Central time>.

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014, 2015>	<1.5% - 55.2%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

Enclosures

DRAFT

CMFG Life Insurance Company
Statement of Variability
October 26, 2015
LTC PP CB VA Encl 10.26.15 and CBUL-DISC-2014(VA)

Policyholder Notice: LTC PP CB VA Encl 10.26.15

Company Address	**Bracketed to allow for future changes**
Policyholder Specifics	**The following information will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #>
Fourth Paragraph:	**The bracketed website allows for future changes.**
Fifth Paragraph: <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.
Sixth Paragraph:	**The following information will be specific to the policyholder:** <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
First Paragraph on page 2 – third bullet	**The Bullet 'Reduce your maximum <Dailly> Benefit Amount' may be replaced with 'Reduce your maximum <Monthly> Benefit Amount'**
Second Paragraph on page 2:	**The bracketed telephone number allows for future changes.** **The bracketed hours and days allow for future changes.** **It may vary in how they are written out and what time zone is used.**
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage

Disclosure Notice: CBUL-DISC-2014(VA)

Company Address and telephone number	**Bracketed to allow for future changes**
Third Paragraph	**The bracketed text <30 times the facility maximum daily benefit amount> may be replaced with <the facility maximum monthly benefit amount which is equivalent to 30 times a daily benefit> if this disclosure notice is used for our monthly benefit product.**

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

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

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

Dear <Policyholder Name>:

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

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

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime “loss ratios” (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Virginia’s State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at <www.scc.virginia.gov/BOI>.

<The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated below reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

What are my options?

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

Please note that all options above may not be of equal value. If you wish to discuss these options, have any questions, want additional details, or would like a revised rate schedule/schedule of benefits for your policy, please contact us toll free at <1.866.245.7133>. Our business hours are <7 a.m. to 7 p.m., Monday-Friday, Central time>.

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

Enclosures

DRAFT

CMFG Life Insurance Company
Statement of Variability
August 14, 2015
Policyholder Notice: 97 PP CB VA Encl 8.14.15

Policyholder Specifics	**The following informational will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #> <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage
Third Paragraph:	**The bracketed website allows for future changes.**
Fourth Paragraph: <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.
First Paragraph on page 2:	**The bracketed telephone number allows for future changes.** **The bracketed hours and days allow for future changes. It may vary in how they are written out and what time zone is used.**

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

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

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

Dear <Policyholder Name>:

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

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

Virginia's State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <www.scc.virginia.gov/BOI>.

<The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

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

What are my options?

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

DRAFT

Please note that all options above may not be of equal value. If you wish to discuss these options, have any questions, want additional details, or would like a revised rate schedule/schedule of benefits for your policy, please contact us toll free at <1.866.245.7133>. Our business hours are <7 a.m. to 7 p.m., Monday-Friday, Central time>.

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime "loss ratios" (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

Enclosures

DRAFT

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- You lapse (do not pay more premiums) within 120 days of the increase; **and**
- Either (a) your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years.

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Benefit Upon Lapse Option** (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)	
Issue Age	**Percent Increase Over Initial Premium**
54 and under	100%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

VIRGINIA

CERTIFICATION OF COMPLIANCE

INSURER: CMFG Life Insurance Company

NAIC NO.: 62626

FORM(s): 2012-LTC-CHANGE

I hereby certify that the Company has reviewed the enclosed policy form(s) and certify that, to the best of my knowledge and believe, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

BY: Stephen W. Koslow

TITLE: SVP, Chief Ethics & Compliance Officer

DATE: May 2, 2013

VIRGINIA

CERTIFICATION OF COMPLIANCE

INSURER: CMFG Life Insurance Company

NAIC NO.: 62626

FORM(s): 2015-LTC-SBEND

I hereby certify that the Company has reviewed the enclosed policy form(s) and certify that, to the best of my knowledge and believe, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

BY: _____

Christopher Roepe

TITLE: VP, Process Management

DATE: August 12, 2015

STANDARD FORM

CERTIFICATION OF READABILITY

INSURANCE DEPT. USE ONLY		
FILE I.D.	DATE	ANALYST
☐ APPROVED	DATE	INITIALS
☐ FILE & USE	DATE	INITIALS
☐ DISAPPROVED ☐ WITHDRAWN	DATE	INITIALS

STATE	
Virginia	
DATE 8/11/2015	PROPOSED EFFECTIVE DATE Upon Approval by the Department.

NAME AND ADDRESS OF FILER
CMFG Life Insurance Company

CONTACT PERSON	CONTACT TELEPHONE
Kimberly Steggall	319.483.3082

The Flesch Score(s) for the form(s) listed below is (are) as stated opposite each listed form. (Alternate approved methods, if any, are identified.)
Typeface styles and minimum type point sizes are identified and stated opposite each listed form.

FORM NO.	FORM TITLE/DESCRIPTION	LINE OF INS.	FLESCH SCORE	ALT. SCORE CALCULATION	TYPEFACE STYLE	MIN. TYPE POINT SIZE
2014-LTC-CHANGE	Benefit Change Request		61.3			
2015-LTC-SBEND	Change in Schedule of Benefits Endorsement		40			

The insurance company certifies that the above named forms filed by the company, or on its behalf, meet the minimum standards of readability required by the laws of this state.

SIGNED	COMPANY
	CMFG Life Insurance Company
TITLE (COMPANY OFFICER) VP, Process Management	DATE 8/11/2015

CMFG Life Insurance Company
Statement of Variability
Endorsement Form Number: 2015-LTC-SBEND
August 11, 2015

<table>
<tr><th>Variable</th><th colspan="2">Explanation</th></tr>
<tr><td>Company Logo</td><td colspan="2">Allows for future changes to our logo. Logo may also be removed.</td></tr>
<tr><td>Home Office Address</td><td colspan="2">Allows for future changes to the home office address.</td></tr>
<tr><td>Policy Number</td><td colspan="2">Represents individual insured's data.</td></tr>
<tr><td>Policyholder Name</td><td colspan="2">Represents individual insured's data.</td></tr>
<tr><td>Endorsement Effective Date</td><td colspan="2">Effective Date of the policy changes effected on the endorsement.</td></tr>
<tr><td rowspan="3">VARIABLES</td><td colspan="2">Any of the following types of variables may be printed in this area of the document.</td></tr>
<tr><td>Type of Variable</td><td>Variable Information</td></tr>
<tr><td>Benefits Decreased</td><td>• The following benefits have been decreased:
o Your New Maximum Daily Benefit is $ <xxx.xx>.
o Your New Maximum Home Health Care Daily Benefit Amount is $ <xxx.xx>.
o Your New Maximum Facility Daily Benefit Amount is $ <xxx.xx>.
o Your New Maximum Facility Care Daily Benefit Amount is $ <xxx.xx>.
o Your New Maximum Facility Care Monthly Benefit Amount is $ <xxxx>.
o Your New Maximum Benefit Amount is $ <xxxxx>.
o Your New Maximum Benefit Period is <xxx> <years>.
o Your new Maximum Home and Community Care Daily Benefit percentage is <xxx>.
o Your new Maximum Home and Community Care Monthly Benefit percentage is <xxx>.</td></tr>
<tr><td></td><td>Elimination Period Change</td><td>• Your New Elimination Period has been increased to <xx> days.
• Your New Home Care Elimination Period has been increased to <xx> days.
• Your New Facility Care Elimination Period has been increased to <xx> days.
• Your Elimination Period has been increased to <xx> days.
• Your Elimination Period has been changed to <xx> days.</td></tr>
</table>

	Rider Deletion	• The following rider(s) has (have) been deleted: o Return of Premium o Refund of Premium at Death Rider o Refund of Premium at Death Prior to Age 75 Rider o Future Purchase Option o Lifetime 5% Compound Interest Inflation Protection Rider o 20 Year 5% Compound Interest Inflation Protection Rider o Lifetime 5% Simple Interest Inflation Protection Rider o 20 Years 5% Compound Interest Inflation Protection Rider o 20 years 5% Simple Interest Inflation Protection Rider o 15 year 5% Compound Interest Inflation Protection Rider (20 years if issued in PA) with the original benefits o Lifetime 3% Compound Interest Inflation Protection Rider with the original benefits o Lifetime 5% Compound Interest Inflation Protection Rider with the original benefits o Lifetime 5% Simple Interest Inflation Protection Rider with the original benefits o Shared Extended Expense o Shared Extended Expense Rider o Restoration of Maximum Benefit o Restoration of Maximum Benefit Rider o Home and Community Care 10-Day Elimination Period Rider o Living at Home Rider o Spouse or Partner Waiver of Premium at Death Rider o Nonforfeiture Benefit Rider o Nonforfeiture Lapse Benefit Rider
	Nonforfeiture Option Utilized	• Your Nonforfeiture Lapse Benefits has been utilized and your New Maximum Benefit amount is $ <xxxxx.xx>.
	Contingent Benefit Upon Lapse Option Utilized	• Your Contingent Benefit Upon Lapse Option has been utilized and your New Maximum Benefit amount is $ <xxxxx.xx>.
	Inflation Protection	• Your Inflation Protection has been deleted with the current benefits frozen at $ <xxxxxxx>.
	New Premium	• Your New Premium Payment reflecting the above changes is $ <xxx.xx> <mode>.
	If a Revised Schedule of Benefits is Provided	• The revised Schedule of Benefits replaces the existing Schedule of Benefits in the policy.
President	Allows for future changes. If the Company's President should change, the new officer's signature will be reflected for new issues of the endorsement.	

Affected Policy Form Number	This will reflect the base policy form number for the product series the changes to which the policy changes apply.

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

- Your policy does not include a nonforfeiture benefit rider; **and**
- You lapse (do not pay more premiums) within 120 days of the increase; **and**
- Either (a) your premium after the increase exceeds your original premium by the percentage shown (or more) in the table on the following page (applicable for policies which have not reached their twentieth duration) or (b) you have had your policy for more than 20 years.

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

Contingent Benefit Upon Lapse **Cumulative Premium Increase over Initial Premium** **That qualifies for Contingent Benefit Upon Lapse Option** (Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)	
Issue Age	**Percent Increase Over Initial Premium**
54 and under	100%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $[4523.66].

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $[1357.10]. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $[1637.50]. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $[1363.53]. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

DRAFT

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

A: This change will result in an annual premium reduction of $[907.63]. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $[227.69]. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $[2188.87]. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

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

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

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

Dear <Policyholder Name>:

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

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

Virginia's State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

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

What are my options?

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

DRAFT

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

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014, 2015>	<1.5% - 50%>

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime "loss ratios" (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB VA Encl 1.20.15 0913
Enclosures

DRAFT

CMFG Life Insurance Company
Statement of Variability
January 20, 2015
Policyholder Notice: 97 PP CB VA Encl 1.20.15 0913

Policyholder Specifics	**The following informational will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #> <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage
Third Paragraph: Virginia's State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.

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

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

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

Dear <Policyholder Name>:

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

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

Virginia's State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>

What are my options?

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

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

DRAFT

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

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014>	<1.5% - 50%>

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime "loss ratios" (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

Your policy is guaranteed renewable. This means you have the right to continue this policy as long as you pay your premiums on time. However, future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB VA Encl 11.13.14 0913
Enclosures

DRAFT

CMFG Life Insurance Company
Statement of Variability
November 13, 2014
Policyholder Notice: 97 PP CB VA Encl 11.13.14 0913

Policyholder Specifics	**The following informational will be specific to the policyholder:** <Policyholder Name> and <Address> <Policy #> <Premium Due Date (Month/Day/Year)> <New Premium Amount> and <Billing Mode>
Grid Details	**The following information will be modified based on rate increase experience:** Year of Increase and Increase Percentage
Third Paragraph: Virginia's State Corporation Commission reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved. <The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase.>	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • The approval is an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.

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

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

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

Dear <Policyholder Name>:

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

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

< Your state Insurance Department approved an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase. > The Virginia Bureau of Insurance reviewed the rate increase filing with applicable Virginia laws and regulations governing Long Term Care Insurance; it was found to be compliant with these laws and regulations and was approved.

What are my options?

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

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

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

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

DRAFT

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014>	<1.5% - 50%>

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime “loss ratios” (i.e., benefits paid to our policyholders, divided by premiums received from our policyholders) are in far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

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

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB VA Encl 5.7.14 0913
Enclosures

DRAFT

CMFG Life Insurance Company
Statement of Variability
May 7, 2014
Policyholder Notice: 97 PP CB VA Encl 5.7.14 0913

Third Paragraph: < Your state Insurance Department approved an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period with a 15% increase each year. The premium stated above reflects the first 15% rate increase as of the date shown. The second rate increase and third rate increase (an additional 15% each time) will occur one year and two years, respectively, after the first rate increase. >	**This paragraph may be replaced with the following. (The 1st bullet will be used for the second increase and the 2nd bullet will be used for the third increase.)** • Your state Insurance Department previously approved an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred one year ago. The premium stated above reflects the second 15% rate increase as of the date shown. The third rate increase (an additional 15%) will occur one year after the second rate increase. • Your state Insurance Department previously approved an overall percentage increase in premium rates of 52.1%, to be implemented over a three-year period, with a 15% increase each year. The first increase occurred two years ago and the second increase occurred one year ago. The premium stated above reflects the third 15% rate increase as of the date shown.

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

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

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

DRAFT

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

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

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

DRAFT

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $[4523.66].

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $[1357.10]. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $[1637.50]. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $[1363.53]. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

DRAFT

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

A: This change will result in an annual premium reduction of $[907.63]. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $[227.69]. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $[2188.87]. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

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

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

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

Dear <Policyholder Name>:

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

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

- Your premium will change on <Premium Due Date (Month/Day/Year)>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

Your state Insurance Department has approved an overall percentage increase in rates of 52%. The increase will be implemented 15% each year for the next three years. The premium rate stated above reflects the first 15% rate increase as of the date shown. The additional increases of 15% each will be implemented one year after the previous rate increase. The Virginia Bureau of Insurance reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was found to be compliant with these laws and regulations, it was approved.

What are my options?

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

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

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

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

DRAFT

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014>	<1.5% - 50%>

CMFG Life is seeking premium rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime “loss ratios” (i.e., benefits paid to our policyholders, divided by premiums received from those policyholders) are in far in excess of those assumed when our products were priced. The primary driver of the higher-than-expected loss ratios is higher policy persistency experience; that is, policyholders are living longer and/or continuing to pay their premiums longer than we expected when the products were originally priced. As a result, the Company will ultimately pay out much more in total claims than was originally expected.

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

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB VA Encl 5.2.14 0913
Enclosures

DRAFT

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

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

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

DRAFT

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

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

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

DRAFT

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $[4523.66].

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $[1357.10]. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $[1637.50]. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $[1363.53]. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

DRAFT

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

A: This change will result in an annual premium reduction of $[907.63]. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $[227.69]. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $[2188.87]. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

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

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

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

Dear <Policyholder Name>:

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

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

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

Your state Insurance Department has accepted a 15% rate increase each year for the next three years. The premium rate stated above reflects the first 15% rate increase as of the date shown. The additional increases of 15% each will be implemented one year after the previous rate increase.

What are my options?

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

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

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

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

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	<2011, 2012, 2013, 2014>	<1.5% - 50%>
97-LTC-HHC1	1997 - 2004	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2002-LTC-FAC	2002 - 2008	<2011, 2012, 2013, 2014>	<1.5% - 50%>
2006-LTC-COMP	2006 - 2010	<2011, 2012, 2013, 2014>	<1.5% - 50%>

DRAFT

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

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB VA Encl 3.7.14 0913
Enclosures

DRAFT

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

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

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

DRAFT

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

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

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

DRAFT

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $[4523.66].

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $[1357.10]. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $[1637.50]. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $[1363.53]. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

DRAFT

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

A: This change will result in an annual premium reduction of $[907.63]. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $[227.69]. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $[2188.87]. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$2.30	$3.45	$4.60	$4.60	$9.20	$2.30
36	2.30	4.60	4.60	4.60	10.35	2.30
37	2.30	4.60	5.75	5.75	10.35	3.45
38	3.45	4.60	5.75	5.75	11.50	3.45
39	3.45	5.75	6.90	6.90	12.65	3.45
40	3.45	5.75	6.90	8.05	13.80	4.60
41	4.60	6.90	8.05	8.05	14.95	4.60
42	4.60	8.05	9.20	9.20	14.95	4.60
43	4.60	8.05	9.20	10.35	16.10	5.75
44	5.75	9.20	10.35	11.50	17.25	5.75
45	5.75	10.35	11.50	12.65	19.55	6.90
46	6.90	11.50	12.65	13.80	20.70	6.90
47	6.90	11.50	13.80	14.95	21.85	8.05
48	8.05	12.65	14.95	16.10	23.00	9.20
49	9.20	13.80	16.10	17.25	25.30	9.20
50	9.20	16.10	17.25	19.55	26.45	10.35
51	10.35	17.25	19.55	20.70	28.75	11.50
52	11.50	19.55	20.70	23.00	31.05	12.65
53	12.65	20.70	23.00	25.30	33.35	13.80
54	14.95	23.00	25.30	27.60	35.65	16.10
55	16.10	25.30	27.60	31.05	37.95	17.25
56	17.25	27.60	29.90	33.35	41.40	19.55
57	19.55	31.05	33.35	36.80	44.85	21.85
58	21.85	34.50	35.65	40.25	48.30	23.00
59	24.15	36.80	39.10	43.70	51.75	26.45
60	26.45	40.25	42.55	48.30	55.20	28.75
61	28.75	44.85	46.00	51.75	58.65	31.05
62	32.20	48.30	50.60	56.35	63.25	34.50
63	34.50	51.75	54.05	60.95	66.70	37.95
64	37.95	56.35	58.65	65.55	71.30	41.40
65	41.40	62.10	63.25	71.30	77.05	46.00
66	46.00	67.85	69.00	77.05	82.80	50.60
67	50.60	73.60	74.75	83.95	88.55	55.20
68	55.20	80.50	81.65	92.00	95.45	59.80
69	60.95	88.55	89.70	100.05	103.50	66.70
70	67.85	96.60	97.75	108.10	111.55	73.60
71	75.90	106.95	106.95	118.45	120.75	82.80
72	85.10	117.30	117.30	128.80	131.10	92.00
73	94.30	128.80	128.80	140.30	142.60	103.50
74	105.80	141.45	141.45	152.95	155.25	115.00
75	118.45	155.25	155.25	167.90	169.05	128.80
76	131.10	170.20	171.35	182.85	184.00	142.60
77	144.90	186.30	186.30	198.95	200.10	157.55
78	161.00	203.55	204.70	216.20	217.35	174.80
79	178.25	224.25	224.25	236.90	238.05	194.35
80	201.25	249.55	249.55	262.20	262.20	218.50
81	225.40	278.30	278.30	290.95	290.95	246.10
82	253.00	309.35	309.35	323.15	323.15	276.00
83	284.05	345.00	345.00	357.65	357.65	309.35
84	319.70	385.25	385.25	397.90	397.90	348.45
85	361.10	431.25	431.25	443.90	443.90	394.45
EP		**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors		**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.45	$5.75	$8.05	$8.05	$14.95	$4.60
36	4.60	6.90	8.05	8.05	16.10	4.60
37	4.60	8.05	9.20	9.20	18.40	4.60
38	5.75	8.05	10.35	10.35	19.55	5.75
39	5.75	9.20	11.50	11.50	20.70	6.90
40	6.90	10.35	12.65	12.65	21.85	6.90
41	6.90	11.50	13.80	13.80	24.15	8.05
42	8.05	12.65	14.95	14.95	25.30	8.05
43	9.20	13.80	16.10	17.25	27.60	9.20
44	9.20	14.95	17.25	18.40	28.75	10.35
45	10.35	17.25	19.55	20.70	31.05	11.50
46	11.50	18.40	20.70	21.85	33.35	12.65
47	12.65	19.55	23.00	24.15	35.65	13.80
48	13.80	21.85	25.30	26.45	37.95	14.95
49	14.95	24.15	26.45	28.75	41.40	16.10
50	16.10	26.45	29.90	32.20	43.70	18.40
51	18.40	28.75	32.20	34.50	47.15	19.55
52	19.55	32.20	34.50	37.95	50.60	21.85
53	21.85	34.50	37.95	41.40	54.05	24.15
54	24.15	37.95	41.40	46.00	58.65	26.45
55	26.45	42.55	46.00	50.60	62.10	28.75
56	29.90	46.00	49.45	55.20	66.70	32.20
57	32.20	50.60	54.05	59.80	72.45	37.95
58	35.65	55.20	58.65	65.55	77.05	39.10
59	39.10	60.95	64.40	71.30	82.80	42.55
60	43.70	66.70	70.15	78.20	89.70	47.15
61	47.15	72.45	75.90	85.10	95.45	51.75
62	51.75	78.20	81.65	90.85	101.20	56.35
63	56.35	85.10	88.55	98.90	108.10	62.10
64	62.10	92.00	95.45	106.95	116.15	67.85
65	69.00	101.20	103.50	116.15	124.20	74.75
66	75.90	110.40	112.70	126.50	133.40	81.65
67	82.80	120.75	123.05	136.85	143.75	89.70
68	90.85	131.10	133.40	148.35	155.25	98.90
69	101.20	143.75	146.05	162.15	166.75	109.25
70	112.70	157.55	159.85	177.10	181.70	121.90
71	125.35	173.65	174.80	193.20	196.65	135.70
72	140.30	190.90	192.05	210.45	213.90	151.80
73	156.40	209.30	210.45	228.85	232.30	169.05
74	173.65	231.15	231.15	250.70	253.00	188.60
75	194.35	254.15	255.30	273.70	276.00	211.60
76	216.20	279.45	279.45	299.00	300.15	235.75
77	239.20	305.90	304.75	325.45	326.60	259.90
78	264.50	334.65	334.65	354.20	355.35	287.50
79	295.55	369.15	369.15	388.70	388.70	320.85
80	331.20	410.55	410.55	430.10	430.10	361.10
81	373.75	457.70	457.70	477.25	477.25	407.10
82	418.60	509.45	509.45	530.15	530.15	456.55
83	470.35	566.95	566.95	588.80	588.80	512.90
84	529.00	633.65	633.65	654.35	654.35	578.45
85	598.00	709.55	709.55	730.25	730.25	654.35

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.60	$8.05	$9.20	$9.20	$18.40	$4.60
36	5.75	9.20	10.35	10.35	20.70	5.75
37	5.75	9.20	11.50	11.50	21.85	6.90
38	6.90	10.35	12.65	12.65	23.00	6.90
39	6.90	11.50	13.80	13.80	25.30	8.05
40	8.05	12.65	14.95	16.10	26.45	9.20
41	9.20	13.80	17.25	17.25	28.75	9.20
42	10.35	16.10	18.40	19.55	31.05	10.35
43	10.35	17.25	19.55	20.70	33.35	11.50
44	11.50	18.40	21.85	23.00	35.65	12.65
45	12.65	20.70	24.15	25.30	37.95	13.80
46	14.95	23.00	26.45	27.60	40.25	16.10
47	16.10	25.30	27.60	29.90	43.70	17.25
48	17.25	26.45	29.90	32.20	46.00	18.40
49	18.40	29.90	33.35	35.65	49.45	19.55
50	20.70	32.20	35.65	39.10	52.90	21.85
51	21.85	35.65	39.10	42.55	56.35	24.15
52	24.15	39.10	42.55	46.00	60.95	26.45
53	27.60	42.55	46.00	50.60	65.55	29.90
54	29.90	46.00	50.60	51.75	70.15	32.20
55	33.35	50.60	55.20	60.95	74.75	35.65
56	35.65	56.35	59.80	66.70	80.50	39.10
57	39.10	60.95	65.55	72.45	86.25	42.55
58	43.70	66.70	71.30	79.35	93.15	47.15
59	47.15	72.45	77.05	86.25	98.90	51.75
60	51.75	79.35	83.95	93.15	105.80	56.35
61	57.50	86.25	89.70	101.20	113.85	62.10
62	62.10	93.15	97.75	109.25	120.75	67.85
63	67.85	101.20	104.65	117.30	128.80	73.60
64	74.75	110.40	113.85	126.50	136.85	80.50
65	81.65	119.60	123.05	138.00	147.20	88.55
66	89.70	131.10	133.40	149.50	157.55	97.75
67	98.90	142.60	144.90	162.15	169.05	106.95
68	108.10	155.25	157.55	175.95	182.85	117.30
69	119.60	169.05	171.35	190.90	196.65	128.80
70	132.25	186.30	187.45	208.15	213.90	143.75
71	148.35	204.70	205.85	226.55	231.15	161.00
72	164.45	224.25	225.40	247.25	250.70	178.25
73	184.00	246.10	247.25	269.10	272.55	200.10
74	204.70	271.40	271.40	294.40	294.40	223.10
75	228.85	299.00	299.00	322.00	324.30	249.55
76	254.15	327.75	327.75	350.75	350.75	277.15
77	280.60	357.65	357.65	380.65	381.80	304.75
78	310.50	391.00	392.15	415.15	415.15	338.10
79	345.00	431.25	431.25	454.25	455.40	376.05
80	387.55	479.55	479.55	502.55	502.55	422.05
81	435.85	533.60	534.75	557.75	557.75	476.10
82	488.75	594.55	594.55	618.70	618.70	534.75
83	548.55	662.40	661.25	686.55	687.70	600.30
84	618.70	740.60	740.60	764.75	764.75	676.20
85	699.20	829.15	829.15	853.30	853.30	765.90

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.90	$11.50	$13.80	$13.80	$24.15	$8.05
36	8.05	12.65	14.95	14.95	26.45	8.05
37	8.05	13.80	16.10	16.10	28.75	9.20
38	9.20	14.95	17.25	18.40	29.90	10.35
39	10.35	17.25	19.55	19.55	32.20	11.50
40	11.50	18.40	21.85	21.85	34.50	12.65
41	12.65	20.70	23.00	24.15	37.95	13.80
42	13.80	21.85	25.30	26.45	40.25	14.95
43	16.10	24.15	27.60	28.75	42.55	17.25
44	17.25	26.45	29.90	31.05	46.00	18.40
45	18.40	28.75	32.20	34.50	48.30	20.70
46	20.70	31.05	34.50	36.80	51.75	21.85
47	21.85	33.35	37.95	40.25	55.20	24.15
48	24.15	36.80	40.25	43.70	58.65	25.30
49	25.30	39.10	43.70	47.15	62.10	27.60
50	27.60	42.55	47.15	50.60	66.70	29.90
51	29.90	47.15	50.60	55.20	71.30	33.35
52	33.35	50.60	55.20	59.80	75.90	35.65
53	35.65	55.20	59.80	65.55	81.65	39.10
54	39.10	59.80	64.40	71.30	87.40	42.55
55	42.55	65.55	70.15	77.05	93.15	47.15
56	47.15	71.30	75.90	82.80	98.90	50.60
57	50.60	77.05	81.65	89.70	105.80	55.20
58	55.20	82.80	87.40	97.75	112.70	59.80
59	59.80	89.70	94.30	104.65	119.60	64.40
60	64.40	97.75	101.20	113.85	127.65	70.15
61	70.15	104.65	109.25	121.90	135.70	75.90
62	75.90	113.85	117.30	131.10	143.75	82.80
63	82.80	121.90	126.50	140.30	152.95	89.70
64	90.85	132.25	135.70	151.80	162.15	97.75
65	98.90	143.75	146.05	163.30	173.65	106.95
66	108.10	155.25	158.70	175.95	186.30	117.30
67	117.30	167.90	171.35	190.90	198.95	127.65
68	127.65	182.85	185.15	205.85	213.90	139.15
69	140.30	198.95	201.25	223.10	230.00	152.95
70	156.40	217.35	219.65	242.65	247.25	169.05
71	173.65	238.05	240.35	263.35	269.10	188.60
72	193.20	261.05	263.35	287.50	290.95	209.30
73	215.05	286.35	287.50	312.80	316.25	233.45
74	239.20	315.10	315.10	339.25	343.85	259.90
75	266.80	346.15	346.15	371.45	373.75	289.80
76	295.55	378.35	379.50	404.80	405.95	320.85
77	324.30	412.85	412.85	438.15	439.30	354.20
78	357.65	449.65	450.80	476.10	477.25	389.85
79	396.75	494.50	494.50	519.80	520.95	432.40
80	443.90	547.40	547.40	573.85	573.85	485.30
81	497.95	608.35	608.35	634.80	634.80	543.95
82	556.60	675.05	676.20	702.65	702.65	609.50
83	623.30	750.95	750.95	778.55	778.55	683.10
84	699.20	836.05	836.05	863.65	863.65	767.05
85	787.75	933.80	933.80	961.40	961.40	864.80

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.45	$4.60	$5.75	$5.75	$11.50	$3.45
36	3.45	5.75	6.90	6.90	12.65	3.45
37	3.45	5.75	6.90	6.90	12.65	3.45
38	3.45	5.75	8.05	6.90	13.80	4.60
39	4.60	6.90	8.05	8.05	14.95	4.60
40	4.60	6.90	9.20	9.20	16.10	4.60
41	4.60	8.05	9.20	9.20	16.10	5.75
42	5.75	8.05	10.35	10.35	17.25	5.75
43	5.75	9.20	10.35	10.35	18.40	5.75
44	5.75	9.20	11.50	11.50	19.55	6.90
45	5.75	10.35	12.65	12.65	20.70	6.90
46	6.90	11.50	12.65	13.80	21.85	6.90
47	6.90	11.50	13.80	14.95	23.00	8.05
45	8.05	12.65	14.95	16.10	24.15	8.05
49	8.05	13.80	16.10	17.25	26.45	9.20
50	9.20	14.95	17.25	17.25	27.60	9.20
51	9.20	16.10	18.40	19.55	29.90	10.35
52	10.35	17.25	20.70	21.85	32.20	11.50
53	11.50	19.55	21.85	24.15	33.35	12.65
54	12.65	21.85	24.15	26.45	36.80	13.80
55	13.80	23.00	26.45	28.75	39.10	14.95
56	14.95	26.45	28.75	32.20	41.40	16.10
57	16.10	28.75	31.05	35.65	44.85	18.40
58	18.40	31.05	34.50	39.10	48.30	19.55
59	19.55	34.50	37.95	42.55	51.75	21.85
60	21.85	37.95	40.25	47.15	55.20	24.15
61	24.15	41.40	44.85	51.75	59.80	26.45
62	26.45	46.00	48.30	56.35	63.25	29.90
63	29.90	50.60	52.90	60.95	67.85	33.35
64	33.35	55.20	57.50	66.70	73.60	36.80
65	36.80	60.95	63.25	73.60	79.35	41.40
66	41.40	67.85	70.15	80.50	86.25	46.00
67	47.15	74.75	77.05	88.55	93.15	51.75
68	51.75	82.80	83.95	96.60	101.20	57.50
69	58.65	92.00	93.15	106.95	110.40	64.40
70	66.70	113.85	103.50	117.30	120.75	73.60
71	75.90	113.85	115.00	128.80	132.25	82.80
72	85.10	126.50	126.50	141.45	143.75	94.30
73	108.10	139.15	140.30	155.25	155.25	106.95
74	109.25	155.25	155.25	170.20	171.35	120.75
75	120.75	172.50	172.50	187.45	188.60	136.85
76	140.30	190.90	192.05	207.00	208.15	155.25
77	157.55	211.60	211.60	226.55	227.70	174.80
78	177.10	233.45	234.60	249.55	249.55	196.65
79	200.10	259.90	259.90	274.85	274.85	220.80
80	226.55	289.80	289.80	304.75	304.75	250.70
81	256.45	323.15	323.15	338.10	338.10	284.05
52	287.50	359.95	359.95	374.90	374.90	318.55
83	324.30	400.20	400.20	415.15	415.15	358.80
84	364.55	446.20	446.20	461.15	461.15	404.80
85	414.00	499.10	499.10	512.90	512.90	458.85
EP		**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors		**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.60	$8.05	$9.20	$9.20	$18.40	$5.75
36	5.75	9.20	10.35	10.35	19.55	5.75
37	5.75	9.20	11.50	11.50	20.70	6.90
38	6.90	10.35	12.65	12.65	21.85	6.90
39	6.90	11.50	12.65	12.65	23.00	8.05
40	6.90	11.50	13.80	13.80	25.30	8.05
41	8.05	12.65	14.95	14.95	26.45	9.20
42	8.05	13.80	16.10	16.10	27.60	9.20
43	9.20	14.95	17.25	17.25	29.90	10.35
44	9.20	14.95	18.40	18.40	31.05	10.35
45	10.35	16.10	19.55	19.55	33.35	11.50
46	10.35	17.25	20.70	21.85	34.50	11.50
47	11.50	19.55	21.85	23.00	36.80	12.65
48	12.65	20.70	24.15	25.30	39.10	13.80
49	12.65	21.85	25.30	27.60	41.40	13.80
50	13.80	24.15	27.60	29.90	43.70	14.95
51	14.95	26.45	29.90	32.20	47.15	17.25
52	16.10	28.75	32.20	35.65	50.60	18.40
53	18.40	31.05	35.65	39.10	54.05	19.55
54	19.55	34.50	37.95	42.55	57.50	21.85
55	21.85	37.95	42.55	47.15	62.10	24.15
56	24.15	41.40	46.00	51.75	66.70	26.45
57	26.45	46.00	49.45	56.35	71.30	28.75
58	28.75	50.60	54.05	62.10	77.05	32.20
59	32.20	55.20	59.80	67.85	82.80	34.50
60	35.65	60.95	65.55	74.75	88.55	39.10
61	39.10	66.70	71.30	81.65	94.30	42.55
62	43.70	73.60	77.05	88.55	101.20	47.15
63	48.30	80.50	83.95	96.60	108.10	52.90
64	52.90	88.55	92.00	105.80	116.15	58.65
65	59.80	97.75	101.20	116.15	125.35	65.55
66	66.70	108.10	110.40	127.65	136.85	73.60
67	74.75	119.60	121.90	140.30	148.35	81.65
68	82.80	132.25	134.55	154.10	161.00	92.00
69	93.15	146.05	148.35	169.05	174.80	103.50
70	106.95	163.30	164.45	186.30	192.05	117.30
71	120.75	181.70	182.85	205.85	209.30	133.40
72	136.85	201.25	202.40	225.40	228.85	150.65
73	154.10	223.10	223.10	247.25	249.55	170.20
74	175.95	247.25	248.40	272.55	273.70	194.35
75	198.95	276.00	276.00	300.15	302.45	220.80
76	225.40	305.90	307.05	331.20	332.35	249.55
77	254.15	339.25	339.25	363.40	364.55	281.75
78	286.35	376.05	376.05	400.20	400.20	316.25
79	323.15	417.45	417.45	441.60	441.60	357.65
80	366.85	466.90	466.90	491.05	491.05	405.95
81	415.15	522.10	522.10	546.25	546.25	461.15
82	466.90	581.90	581.90	606.05	606.05	518.65
83	525.55	648.60	648.60	672.75	672.75	585.35
84	594.55	724.50	724.50	748.65	748.65	662.40
85	675.05	811.90	811.90	834.90	834.90	753.25

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.75	$10.35	$11.50	$11.50	$21.85	$6.90
36	6.90	10.35	12.65	12.65	23.00	6.90
37	6.90	11.50	13.80	13.80	25.30	8.05
38	8.05	12.65	14.95	14.95	26.45	9.20
39	8.05	13.80	16.10	16.10	28.75	9.20
40	9.20	14.95	17.25	17.25	29.90	10.35
41	10.35	16.10	18.40	18.40	32.20	10.35
42	10.35	16.10	19.55	19.55	33.35	11.50
43	11.50	17.25	20.70	20.70	35.65	12.65
44	11.50	18.40	21.85	23.00	37.95	12.65
45	12.65	20.70	24.15	24.15	40.25	13.80
46	13.80	21.85	25.30	26.45	41.40	14.95
47	13.80	23.00	27.60	28.75	44.85	14.95
48	14.95	25.30	28.75	29.90	47.15	16.10
49	16.10	26.45	31.05	32.20	49.45	17.25
50	17.25	28.75	33.35	35.65	52.90	18.40
51	18.40	31.05	35.65	39.10	56.35	20.70
52	20.70	34.50	39.10	42.55	59.80	21.85
53	21.85	37.95	42.55	46.00	64.40	24.15
54	24.15	41.40	46.00	50.60	69.00	26.45
55	26.45	44.85	50.60	56.35	73.60	28.75
56	28.75	49.45	55.20	60.95	79.35	32.20
57	32.20	55.20	59.80	67.85	85.10	34.50
58	34.50	59.80	64.40	73.60	90.85	37.95
59	37.95	65.55	71.30	80.50	97.75	42.55
60	42.55	72.45	77.05	88.55	104.65	46.00
61	47.15	79.35	83.95	96.60	111.55	51.75
62	51.75	87.40	90.85	104.65	119.60	56.35
63	56.35	95.45	98.90	115.00	127.65	63.25
64	63.25	104.65	108.10	125.35	136.85	70.15
65	71.30	115.00	118.45	136.85	148.35	74.75
66	79.35	127.65	131.10	150.65	161.00	87.40
67	88.55	140.30	143.75	165.60	173.65	96.60
68	97.75	155.25	157.55	180.55	188.60	108.10
69	110.40	172.50	174.80	198.95	205.85	121.90
70	125.35	180.55	189.75	219.65	224.25	138.00
71	142.60	212.75	215.05	241.50	246.10	157.55
72	161.00	235.75	236.90	264.50	267.95	178.25
73	181.70	261.05	262.20	289.80	293.25	201.25
74	207.00	290.95	290.95	319.70	322.00	228.85
75	234.60	323.15	324.30	353.05	354.20	259.90
76	265.65	359.95	359.95	388.70	389.85	294.40
77	299.00	397.90	397.90	426.65	427.80	331.20
78	335.80	440.45	440.45	469.20	469.20	372.60
79	378.35	489.90	489.90	517.50	518.65	420.90
80	430.10	547.40	547.40	575.00	576.15	477.25
81	486.45	611.80	611.80	640.55	640.55	541.65
82	548.55	681.95	681.95	710.70	710.70	610.65
83	617.55	760.15	760.15	788.90	788.90	688.85
84	698.05	849.85	849.85	877.45	877.45	778.55
85	792.35	953.35	953.35	979.80	979.80	885.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$8.05	$12.65	$14.95	$14.95	$25.30	$9.20
36	8.05	13.80	16.10	16.10	27.60	9.20
37	9.20	14.95	17.25	17.25	28.75	10.35
38	10.35	16.10	18.40	18.40	31.05	11.50
39	10.35	17.25	19.55	19.55	32.20	11.50
40	11.50	18.40	20.70	20.70	34.50	12.65
41	12.65	19.55	21.85	23.00	36.80	13.80
42	12.65	20.70	23.00	24.15	37.95	14.95
43	13.80	21.85	25.30	25.30	40.25	14.95
44	14.95	23.00	26.45	27.60	42.55	16.10
45	16.10	24.15	27.60	28.75	44.85	17.25
46	16.10	26.45	29.90	31.05	47.15	18.40
47	17.25	27.60	31.05	33.35	49.45	18.40
48	18.40	28.75	33.35	35.65	51.75	19.55
49	18.40	31.05	35.65	37.95	55.20	20.70
50	20.70	33.35	37.95	40.25	58.65	21.85
51	21.85	35.65	41.40	43.70	62.10	24.15
52	23.00	39.10	43.70	48.30	65.55	26.45
53	25.30	42.55	47.15	51.75	70.15	27.60
54	27.60	46.00	51.75	56.35	74.75	31.05
55	29.90	50.60	56.35	62.10	80.50	33.35
56	33.35	55.20	60.95	67.85	85.10	35.65
57	35.65	59.80	65.55	73.60	90.85	39.10
58	39.10	65.55	70.15	80.50	97.75	42.55
59	42.55	71.30	77.05	87.40	104.65	46.00
60	46.00	78.20	82.80	95.45	111.55	50.60
61	50.60	85.10	89.70	103.50	118.45	56.35
62	56.35	93.15	97.75	112.70	126.50	60.95
63	60.95	101.20	105.80	121.90	134.55	67.85
64	67.85	111.55	115.00	132.25	144.90	74.75
65	75.90	121.90	126.50	144.90	156.40	83.95
66	83.95	134.55	138.00	158.70	169.05	93.15
67	93.15	148.35	151.80	173.65	182.85	103.50
68	103.50	163.30	165.60	189.75	197.80	115.00
69	116.15	180.55	182.85	208.15	215.05	128.80
70	132.25	201.25	202.40	228.85	234.60	146.05
71	149.50	223.10	224.25	251.85	256.45	165.60
72	169.05	247.25	248.40	276.00	279.45	187.45
73	190.90	273.70	274.85	302.45	305.90	211.60
74	216.20	303.60	303.60	332.35	334.65	239.20
75	246.10	336.95	338.10	366.85	368.00	272.55
76	277.15	373.75	374.90	403.65	404.80	307.05
77	311.65	412.85	414.00	442.75	443.90	345.00
78	349.60	456.55	456.55	485.30	486.45	387.55
79	393.30	507.15	507.15	534.75	534.75	437.00
80	445.05	564.65	564.65	593.40	593.40	494.50
81	502.55	630.20	630.20	657.80	658.95	558.90
82	563.50	700.35	700.35	729.10	729.10	627.90
83	633.65	778.55	778.55	807.30	807.30	706.10
84	713.00	867.10	868.25	895.85	895.85	796.95
85	807.30	970.60	970.60	997.05	997.05	902.75

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$2.65	$3.97	$5.29	$5.29	$10.58	$2.65
36	2.65	5.29	5.29	5.29	11.90	2.65
37	2.65	5.29	6.61	6.61	11.90	3.97
38	3.97	5.29	6.61	6.61	13.23	3.97
39	3.97	6.61	7.94	7.94	14.55	3.97
40	3.97	6.61	7.94	9.26	15.87	5.29
41	5.29	7.94	9.26	9.26	17.19	5.29
42	5.29	9.26	10.58	10.58	17.19	5.29
43	5.29	9.26	10.58	11.90	18.52	6.61
44	6.61	10.58	11.90	13.23	19.84	6.61
45	6.61	11.90	13.23	14.55	22.48	7.94
46	7.94	13.23	14.55	15.87	23.81	7.94
47	7.94	13.23	15.87	17.19	25.13	9.26
48	9.26	14.55	17.19	18.52	26.45	10.58
49	10.58	15.87	18.52	19.84	29.10	10.58
50	10.58	18.52	19.84	22.48	30.42	11.90
51	11.90	19.84	22.48	23.81	33.06	13.23
52	13.23	22.48	23.81	26.45	35.71	14.55
53	14.55	23.81	26.45	29.10	38.35	15.87
54	17.19	26.45	29.10	31.74	41.00	18.52
55	18.52	29.10	31.74	35.71	43.64	19.84
56	19.84	31.74	34.39	38.35	47.61	22.48
57	22.48	35.71	38.35	42.32	51.58	25.13
58	25.13	39.68	41.00	46.29	55.55	26.45
59	27.77	42.32	44.97	50.26	59.51	30.42
60	30.42	46.29	48.93	55.55	63.48	33.06
61	33.06	51.58	52.90	59.51	67.45	35.71
62	37.03	55.55	58.19	64.80	72.74	39.68
63	39.68	59.51	62.16	70.09	76.71	43.64
64	43.64	64.80	67.45	75.38	82.00	47.61
65	47.61	71.42	72.74	82.00	88.61	52.90
66	52.90	78.03	79.35	88.61	95.22	58.19
67	58.19	84.64	85.96	96.54	101.83	63.48
68	63.48	92.58	93.90	105.80	109.77	68.77
69	70.09	101.83	103.16	115.06	119.03	76.71
70	78.03	111.09	112.41	124.32	128.28	84.64
71	87.29	122.99	122.99	136.22	138.86	95.22
72	97.87	134.90	134.90	148.12	150.77	105.80
73	108.45	148.12	148.12	161.35	163.99	119.03
74	121.67	162.67	162.67	175.89	178.54	132.25
75	136.22	178.54	178.54	193.09	194.41	148.12
76	150.77	195.73	197.05	210.28	211.60	163.99
77	166.64	214.25	214.25	228.79	230.12	181.18
78	185.15	234.08	235.41	248.63	249.95	201.02
79	204.99	257.89	257.89	272.44	273.76	223.50
80	231.44	286.98	286.98	301.53	301.53	251.28
81	259.21	320.05	320.05	334.59	334.59	283.02
82	290.95	355.75	355.75	371.62	371.62	317.40
83	326.66	396.75	396.75	411.30	411.30	355.75
84	367.66	443.04	443.04	457.59	457.59	400.72
85	415.27	495.94	495.94	510.49	510.49	453.62
EP		**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors		**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.97	$6.61	$9.26	$9.26	$17.19	$5.29
36	5.29	7.94	9.26	9.26	18.52	5.29
37	5.29	9.26	10.58	10.58	21.16	5.29
38	6.61	9.26	11.90	11.90	22.48	6.61
39	6.61	10.58	13.23	13.23	23.81	7.94
40	7.94	11.90	14.55	14.55	25.13	7.94
41	7.94	13.23	15.87	15.87	27.77	9.26
42	9.26	14.55	17.19	17.19	29.10	9.26
43	10.58	15.87	18.52	19.84	31.74	10.58
44	10.58	17.19	19.84	21.16	33.06	11.90
45	11.90	19.84	22.48	23.81	35.71	13.23
46	13.23	21.16	23.81	25.13	38.35	14.55
47	14.55	22.48	26.45	27.77	41.00	15.87
48	15.87	25.13	29.10	30.42	43.64	17.19
49	17.19	27.77	30.42	33.06	47.61	18.52
50	18.52	30.42	34.39	37.03	50.26	21.16
51	21.16	33.06	37.03	39.68	54.22	22.48
52	22.48	37.03	39.68	43.64	58.19	25.13
53	25.13	39.68	43.64	47.61	62.16	27.77
54	27.77	43.64	47.61	52.90	67.45	30.42
55	30.42	48.93	52.90	58.19	71.42	33.06
56	34.39	52.90	56.87	63.48	76.71	37.03
57	37.03	58.19	62.16	68.77	83.32	43.64
58	41.00	63.48	67.45	75.38	88.61	44.97
59	44.97	70.09	74.06	82.00	95.22	48.93
60	50.26	76.71	80.67	89.93	103.16	54.22
61	54.22	83.32	87.29	97.87	109.77	59.51
62	59.51	89.93	93.90	104.48	116.38	64.80
63	64.80	97.87	101.83	113.74	124.32	71.42
64	71.42	105.80	109.77	122.99	133.57	78.03
65	79.35	116.38	119.03	133.57	142.83	85.96
66	87.29	126.96	129.61	145.48	153.41	93.90
67	95.22	138.86	141.51	157.38	165.31	103.16
68	104.48	150.77	153.41	170.60	178.54	113.74
69	116.38	165.31	167.96	186.47	191.76	125.64
70	129.61	181.18	183.83	203.67	208.96	140.19
71	144.15	199.70	201.02	222.18	226.15	156.06
72	161.35	219.54	220.86	242.02	245.99	174.57
73	179.86	240.70	242.02	263.18	267.15	194.41
74	199.70	265.82	265.82	288.31	290.95	216.89
75	223.50	292.27	293.60	314.76	317.40	243.34
76	248.63	321.37	321.37	343.85	345.17	271.11
77	275.08	351.79	350.46	374.27	375.59	298.89
78	304.18	384.85	384.85	407.33	408.65	330.63
79	339.88	424.52	424.52	447.01	447.01	368.98
80	380.88	472.13	472.13	494.62	494.62	415.27
81	429.81	526.36	526.36	548.84	548.84	468.17
82	481.39	585.87	585.87	609.67	609.67	525.03
83	540.90	651.99	651.99	677.12	677.12	589.84
84	608.35	728.70	728.70	752.50	752.50	665.22
85	687.70	815.98	815.98	839.79	839.79	752.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.29	$9.26	$10.58	$10.58	$21.16	$5.29
36	6.61	10.58	11.90	11.90	23.81	6.61
37	6.61	10.58	13.23	13.23	25.13	7.94
38	7.94	11.90	14.55	14.55	26.45	7.94
39	7.94	13.23	15.87	15.87	29.10	9.26
40	9.26	14.55	17.19	18.52	30.42	10.58
41	10.58	15.87	19.84	19.84	33.06	10.58
42	11.90	18.52	21.16	22.48	35.71	11.90
43	11.90	19.84	22.48	23.81	38.35	13.23
44	13.23	21.16	25.13	26.45	41.00	14.55
45	14.55	23.81	27.77	29.10	43.64	15.87
46	17.19	26.45	30.42	31.74	46.29	18.52
47	18.52	29.10	31.74	34.39	50.26	19.84
48	19.84	30.42	34.39	37.03	52.90	21.16
49	21.16	34.39	38.35	41.00	56.87	22.48
50	23.81	37.03	41.00	44.97	60.84	25.13
51	25.13	41.00	44.97	48.93	64.80	27.77
52	27.77	44.97	48.93	52.90	70.09	30.42
53	31.74	48.93	52.90	58.19	75.38	34.39
54	34.39	52.90	58.19	59.51	80.67	37.03
55	38.35	58.19	63.48	70.09	85.96	41.00
56	41.00	64.80	68.77	76.71	92.58	44.97
57	44.97	70.09	75.38	83.32	99.19	48.93
58	50.26	76.71	82.00	91.25	107.12	54.22
59	54.22	83.32	88.61	99.19	113.74	59.51
60	59.51	91.25	96.54	107.12	121.67	64.80
61	66.13	99.19	103.16	116.38	130.93	71.42
62	71.42	107.12	112.41	125.64	138.86	78.03
63	78.03	116.38	120.35	134.90	148.12	84.64
64	85.96	126.96	130.93	145.48	157.38	92.58
65	93.90	137.54	141.51	158.70	169.28	101.83
66	103.16	150.77	153.41	171.93	181.18	112.41
67	113.74	163.99	166.64	186.47	194.41	122.99
68	124.32	178.54	181.18	202.34	210.28	134.90
69	137.54	194.41	197.05	219.54	226.15	148.12
70	152.09	214.25	215.57	239.37	245.99	165.31
71	170.60	235.41	236.73	260.53	265.82	185.15
72	189.12	257.89	259.21	284.34	288.31	204.99
73	211.60	283.02	284.34	309.47	313.43	230.12
74	235.41	312.11	312.11	338.56	338.56	256.57
75	263.18	343.85	343.85	370.30	372.95	286.98
76	292.27	376.91	376.91	403.36	403.36	318.72
77	322.69	411.30	411.30	437.75	439.07	350.46
78	357.08	449.65	450.97	477.42	477.42	388.82
79	396.75	495.94	495.94	522.39	523.71	432.46
80	445.68	551.48	551.48	577.93	577.93	485.36
81	501.23	613.64	614.96	641.41	641.41	547.52
82	562.06	683.73	683.73	711.51	711.51	614.96
83	630.83	761.76	760.44	789.53	790.86	690.35
84	711.51	851.69	851.69	879.46	879.46	777.63
85	804.08	953.52	953.52	981.30	981.30	880.79

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$7.94	$13.23	$15.87	$15.87	$27.77	$9.26
36	9.26	14.55	17.19	17.19	30.42	9.26
37	9.26	15.87	18.52	18.52	33.06	10.58
38	10.58	17.19	19.84	21.16	34.39	11.90
39	11.90	19.84	22.48	22.48	37.03	13.23
40	13.23	21.16	25.13	25.13	39.68	14.55
41	14.55	23.81	26.45	27.77	43.64	15.87
42	15.87	25.13	29.10	30.42	46.29	17.19
43	18.52	27.77	31.74	33.06	48.93	19.84
44	19.84	30.42	34.39	35.71	52.90	21.16
45	21.16	33.06	37.03	39.68	55.55	23.81
46	23.81	35.71	39.68	42.32	59.51	25.13
47	25.13	38.35	43.64	46.29	63.48	27.77
48	27.77	42.32	46.29	50.26	67.45	29.10
49	29.10	44.97	50.26	54.22	71.42	31.74
50	31.74	48.93	54.22	58.19	76.71	34.39
51	34.39	54.22	58.19	63.48	82.00	38.35
52	38.35	58.19	63.48	68.77	87.29	41.00
53	41.00	63.48	68.77	75.38	93.90	44.97
54	44.97	68.77	74.06	82.00	100.51	48.93
55	48.93	75.38	80.67	88.61	107.12	54.22
56	54.22	82.00	87.29	95.22	113.74	58.19
57	58.19	88.61	93.90	103.16	121.67	63.48
58	63.48	95.22	100.51	112.41	129.61	68.77
59	68.77	103.16	108.45	120.35	137.54	74.06
60	74.06	112.41	116.38	130.93	146.80	80.67
61	80.67	120.35	125.64	140.19	156.06	87.29
62	87.29	130.93	134.90	150.77	165.31	95.22
63	95.22	140.19	145.48	161.35	175.89	103.16
64	104.48	152.09	156.06	174.57	186.47	112.41
65	113.74	165.31	167.96	187.80	199.70	122.99
66	124.32	178.54	182.51	202.34	214.25	134.90
67	134.90	193.09	197.05	219.54	228.79	146.80
68	146.80	210.28	212.92	236.73	245.99	160.02
69	161.35	228.79	231.44	256.57	264.50	175.89
70	179.86	249.95	252.60	279.05	284.34	194.41
71	199.70	273.76	276.40	302.85	309.47	216.89
72	222.18	300.21	302.85	330.63	334.59	240.70
73	247.31	329.30	330.63	359.72	363.69	268.47
74	275.08	362.37	362.37	390.14	395.43	298.89
75	306.82	398.07	398.07	427.17	429.81	333.27
76	339.88	435.10	436.43	465.52	466.84	368.98
77	372.95	474.78	474.78	503.87	505.20	407.33
78	411.30	517.10	518.42	547.52	548.84	448.33
79	456.26	568.68	568.68	597.77	599.09	497.26
80	510.49	629.51	629.51	659.93	659.93	558.10
81	572.64	699.60	699.60	730.02	730.02	625.54
82	640.09	776.31	777.63	808.05	808.05	700.93
83	716.80	863.59	863.59	895.33	895.33	785.57
84	804.08	961.46	961.46	993.20	993.20	882.11
85	905.91	1073.87	1073.87	1105.61	1105.61	994.52

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.97	$5.29	$6.61	$6.61	$13.23	$3.97
36	3.97	6.61	7.94	7.94	14.55	3.97
37	3.97	6.61	7.94	7.94	14.55	3.97
38	3.97	6.61	9.26	7.94	15.87	5.29
39	5.29	7.94	9.26	9.26	17.19	5.29
40	5.29	7.94	10.58	10.58	18.52	5.29
41	5.29	9.26	10.58	10.58	18.52	6.61
42	6.61	9.26	11.90	11.90	19.84	6.61
43	6.61	10.58	11.90	11.90	21.16	6.61
44	6.61	10.58	13.23	13.23	22.48	7.94
45	6.61	11.90	14.55	14.55	23.81	7.94
46	7.94	13.23	14.55	15.87	25.13	7.94
47	7.94	13.23	15.87	17.19	26.45	9.26
45	9.26	14.55	17.19	18.52	27.77	9.26
49	9.26	15.87	18.52	19.84	30.42	10.58
50	10.58	17.19	19.84	19.84	31.74	10.58
51	10.58	18.52	21.16	22.48	34.39	11.90
52	11.90	19.84	23.81	25.13	37.03	13.23
53	13.23	22.48	25.13	27.77	38.35	14.55
54	14.55	25.13	27.77	30.42	42.32	15.87
55	15.87	26.45	30.42	33.06	44.97	17.19
56	17.19	30.42	33.06	37.03	47.61	18.52
57	18.52	33.06	35.71	41.00	51.58	21.16
58	21.16	35.71	39.68	44.97	55.55	22.48
59	22.48	39.68	43.64	48.93	59.51	25.13
60	25.13	43.64	46.29	54.22	63.48	27.77
61	27.77	47.61	51.58	59.51	68.77	30.42
62	30.42	52.90	55.55	64.80	72.74	34.39
63	34.39	58.19	60.84	70.09	78.03	38.35
64	38.35	63.48	66.13	76.71	84.64	42.32
65	42.32	70.09	72.74	84.64	91.25	47.61
66	47.61	78.03	80.67	92.58	99.19	52.90
67	54.22	85.96	88.61	101.83	107.12	59.51
68	59.51	95.22	96.54	111.09	116.38	66.13
69	67.45	105.80	107.12	122.99	126.96	74.06
70	76.71	130.93	119.03	134.90	138.86	84.64
71	87.29	130.93	132.25	148.12	152.09	95.22
72	97.87	145.48	145.48	162.67	165.31	108.45
73	124.32	160.02	161.35	178.54	178.54	122.99
74	125.64	178.54	178.54	195.73	197.05	138.86
75	138.86	198.38	198.38	215.57	216.89	157.38
76	161.35	219.54	220.86	238.05	239.37	178.54
77	181.18	243.34	243.34	260.53	261.86	201.02
78	203.67	268.47	269.79	286.98	286.98	226.15
79	230.12	298.89	298.89	316.08	316.08	253.92
80	260.53	333.27	333.27	350.46	350.46	288.31
81	294.92	371.62	371.62	388.82	388.82	326.66
52	330.63	413.94	413.94	431.14	431.14	366.33
83	372.95	460.23	460.23	477.42	477.42	412.62
84	419.23	513.13	513.13	530.32	530.32	465.52
85	476.10	573.97	573.97	589.84	589.84	527.68

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$5.29	$9.26	$10.58	$10.58	$21.16	$6.61
36	6.61	10.58	11.90	11.90	22.48	6.61
37	6.61	10.58	13.23	13.23	23.81	7.94
38	7.94	11.90	14.55	14.55	25.13	7.94
39	7.94	13.23	14.55	14.55	26.45	9.26
40	7.94	13.23	15.87	15.87	29.10	9.26
41	9.26	14.55	17.19	17.19	30.42	10.58
42	9.26	15.87	18.52	18.52	31.74	10.58
43	10.58	17.19	19.84	19.84	34.39	11.90
44	10.58	17.19	21.16	21.16	35.71	11.90
45	11.90	18.52	22.48	22.48	38.35	13.23
46	11.90	19.84	23.81	25.13	39.68	13.23
47	13.23	22.48	25.13	26.45	42.32	14.55
48	14.55	23.81	27.77	29.10	44.97	15.87
49	14.55	25.13	29.10	31.74	47.61	15.87
50	15.87	27.77	31.74	34.39	50.26	17.19
51	17.19	30.42	34.39	37.03	54.22	19.84
52	18.52	33.06	37.03	41.00	58.19	21.16
53	21.16	35.71	41.00	44.97	62.16	22.48
54	22.48	39.68	43.64	48.93	66.13	25.13
55	25.13	43.64	48.93	54.22	71.42	27.77
56	27.77	47.61	52.90	59.51	76.71	30.42
57	30.42	52.90	56.87	64.80	82.00	33.06
58	33.06	58.19	62.16	71.42	88.61	37.03
59	37.03	63.48	68.77	78.03	95.22	39.68
60	41.00	70.09	75.38	85.96	101.83	44.97
61	44.97	76.71	82.00	93.90	108.45	48.93
62	50.26	84.64	88.61	101.83	116.38	54.22
63	55.55	92.58	96.54	111.09	124.32	60.84
64	60.84	101.83	105.80	121.67	133.57	67.45
65	68.77	112.41	116.38	133.57	144.15	75.38
66	76.71	124.32	126.96	146.80	157.38	84.64
67	85.96	137.54	140.19	161.35	170.60	93.90
68	95.22	152.09	154.73	177.22	185.15	105.80
69	107.12	167.96	170.60	194.41	201.02	119.03
70	122.99	187.80	189.12	214.25	220.86	134.90
71	138.86	208.96	210.28	236.73	240.70	153.41
72	157.38	231.44	232.76	259.21	263.18	173.25
73	177.22	256.57	256.57	284.34	286.98	195.73
74	202.34	284.34	285.66	313.43	314.76	223.50
75	228.79	317.40	317.40	345.17	347.82	253.92
76	259.21	351.79	353.11	380.88	382.20	286.98
77	292.27	390.14	390.14	417.91	419.23	324.01
78	329.30	432.46	432.46	460.23	460.23	363.69
79	371.62	480.07	480.07	507.84	507.84	411.30
80	421.88	536.94	536.94	564.71	564.71	466.84
81	477.42	600.42	600.42	628.19	628.19	530.32
82	536.94	669.19	669.19	696.96	696.96	596.45
83	604.38	745.89	745.89	773.66	773.66	673.15
84	683.73	833.18	833.18	860.95	860.95	761.76
85	776.31	933.69	933.69	960.14	960.14	866.24

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.61	$11.90	$13.23	$13.23	$25.13	$7.94
36	7.94	11.90	14.55	14.55	26.45	7.94
37	7.94	13.23	15.87	15.87	29.10	9.26
38	9.26	14.55	17.19	17.19	30.42	10.58
39	9.26	15.87	18.52	18.52	33.06	10.58
40	10.58	17.19	19.84	19.84	34.39	11.90
41	11.90	18.52	21.16	21.16	37.03	11.90
42	11.90	18.52	22.48	22.48	38.35	13.23
43	13.23	19.84	23.81	23.81	41.00	14.55
44	13.23	21.16	25.13	26.45	43.64	14.55
45	14.55	23.81	27.77	27.77	46.29	15.87
46	15.87	25.13	29.10	30.42	47.61	17.19
47	15.87	26.45	31.74	33.06	51.58	17.19
48	17.19	29.10	33.06	34.39	54.22	18.52
49	18.52	30.42	35.71	37.03	56.87	19.84
50	19.84	33.06	38.35	41.00	60.84	21.16
51	21.16	35.71	41.00	44.97	64.80	23.81
52	23.81	39.68	44.97	48.93	68.77	25.13
53	25.13	43.64	48.93	52.90	74.06	27.77
54	27.77	47.61	52.90	58.19	79.35	30.42
55	30.42	51.58	58.19	64.80	84.64	33.06
56	33.06	56.87	63.48	70.09	91.25	37.03
57	37.03	63.48	68.77	78.03	97.87	39.68
58	39.68	68.77	74.06	84.64	104.48	43.64
59	43.64	75.38	82.00	92.58	112.41	48.93
60	48.93	83.32	88.61	101.83	120.35	52.90
61	54.22	91.25	96.54	111.09	128.28	59.51
62	59.51	100.51	104.48	120.35	137.54	64.80
63	64.80	109.77	113.74	132.25	146.80	72.74
64	72.74	120.35	124.32	144.15	157.38	80.67
65	82.00	132.25	136.22	157.38	170.60	85.96
66	91.25	146.80	150.77	173.25	185.15	100.51
67	101.83	161.35	165.31	190.44	199.70	111.09
68	112.41	178.54	181.18	207.63	216.89	124.32
69	126.96	198.38	201.02	228.79	236.73	140.19
70	144.15	207.63	218.21	252.60	257.89	158.70
71	163.99	244.66	247.31	277.73	283.02	181.18
72	185.15	271.11	272.44	304.18	308.14	204.99
73	208.96	300.21	301.53	333.27	337.24	231.44
74	238.05	334.59	334.59	367.66	370.30	263.18
75	269.79	371.62	372.95	406.01	407.33	298.89
76	305.50	413.94	413.94	447.01	448.33	338.56
77	343.85	457.59	457.59	490.65	491.97	380.88
78	386.17	506.52	506.52	539.58	539.58	428.49
79	435.10	563.39	563.39	595.13	596.45	484.04
80	494.62	629.51	629.51	661.25	662.57	548.84
81	559.42	703.57	703.57	736.63	736.63	622.90
82	630.83	784.24	784.24	817.31	817.31	702.25
83	710.18	874.17	874.17	907.24	907.24	792.18
84	802.76	977.33	977.33	1009.07	1009.07	895.33
85	911.20	1096.35	1096.35	1126.77	1126.77	1018.33

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$9.26	$14.55	$17.19	$17.19	$29.10	$10.58
36	9.26	15.87	18.52	18.52	31.74	10.58
37	10.58	17.19	19.84	19.84	33.06	11.90
38	11.90	18.52	21.16	21.16	35.71	13.23
39	11.90	19.84	22.48	22.48	37.03	13.23
40	13.23	21.16	23.81	23.81	39.68	14.55
41	14.55	22.48	25.13	26.45	42.32	15.87
42	14.55	23.81	26.45	27.77	43.64	17.19
43	15.87	25.13	29.10	29.10	46.29	17.19
44	17.19	26.45	30.42	31.74	48.93	18.52
45	18.52	27.77	31.74	33.06	51.58	19.84
46	18.52	30.42	34.39	35.71	54.22	21.16
47	19.84	31.74	35.71	38.35	56.87	21.16
48	21.16	33.06	38.35	41.00	59.51	22.48
49	21.16	35.71	41.00	43.64	63.48	23.81
50	23.81	38.35	43.64	46.29	67.45	25.13
51	25.13	41.00	47.61	50.26	71.42	27.77
52	26.45	44.97	50.26	55.55	75.38	30.42
53	29.10	48.93	54.22	59.51	80.67	31.74
54	31.74	52.90	59.51	64.80	85.96	35.71
55	34.39	58.19	64.80	71.42	92.58	38.35
56	38.35	63.48	70.09	78.03	97.87	41.00
57	41.00	68.77	75.38	84.64	104.48	44.97
58	44.97	75.38	80.67	92.58	112.41	48.93
59	48.93	82.00	88.61	100.51	120.35	52.90
60	52.90	89.93	95.22	109.77	128.28	58.19
61	58.19	97.87	103.16	119.03	136.22	64.80
62	64.80	107.12	112.41	129.61	145.48	70.09
63	70.09	116.38	121.67	140.19	154.73	78.03
64	78.03	128.28	132.25	152.09	166.64	85.96
65	87.29	140.19	145.48	166.64	179.86	96.54
66	96.54	154.73	158.70	182.51	194.41	107.12
67	107.12	170.60	174.57	199.70	210.28	119.03
68	119.03	187.80	190.44	218.21	227.47	132.25
69	133.57	207.63	210.28	239.37	247.31	148.12
70	152.09	231.44	232.76	263.18	269.79	167.96
71	171.93	256.57	257.89	289.63	294.92	190.44
72	194.41	284.34	285.66	317.40	321.37	215.57
73	219.54	314.76	316.08	347.82	351.79	243.34
74	248.63	349.14	349.14	382.20	384.85	275.08
75	283.02	387.49	388.82	421.88	423.20	313.43
76	318.72	429.81	431.14	464.20	465.52	353.11
77	358.40	474.78	476.10	509.16	510.49	396.75
78	402.04	525.03	525.03	558.10	559.42	445.68
79	452.30	583.22	583.22	614.96	614.96	502.55
80	511.81	649.35	649.35	682.41	682.41	568.68
81	577.93	724.73	724.73	756.47	757.79	642.74
82	648.03	805.40	805.40	838.47	838.47	722.09
83	728.70	895.33	895.33	928.40	928.40	812.02
84	819.95	997.17	998.49	1030.23	1030.23	916.49
85	928.40	1116.19	1116.19	1146.61	1146.61	1038.16

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

CMFG Life Insurance Company

Long Term Care Program

Forms 97-LTC-HHC1(VA), 97-LTCR-FCP, 97-LTCR-NFL
97-LTCR-ROP, 97-LTCR-IPO, 97-LTCR-FPO

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.04	$4.56	$6.08	$6.08	$12.17	$3.04
36	3.04	6.08	6.08	6.08	13.69	3.04
37	3.04	6.08	7.60	7.60	13.69	4.56
38	4.56	6.08	7.60	7.60	15.21	4.56
39	4.56	7.60	9.13	9.13	16.73	4.56
40	4.56	7.60	9.13	10.65	18.25	6.08
41	6.08	9.13	10.65	10.65	19.77	6.08
42	6.08	10.65	12.17	12.17	19.77	6.08
43	6.08	10.65	12.17	13.69	21.29	7.60
44	7.60	12.17	13.69	15.21	22.81	7.60
45	7.60	13.69	15.21	16.73	25.85	9.13
46	9.13	15.21	16.73	18.25	27.38	9.13
47	9.13	15.21	18.25	19.77	28.90	10.65
48	10.65	16.73	19.77	21.29	30.42	12.17
49	12.17	18.25	21.29	22.81	33.46	12.17
50	12.17	21.29	22.81	25.85	34.98	13.69
51	13.69	22.81	25.85	27.38	38.02	15.21
52	15.21	25.85	27.38	30.42	41.06	16.73
53	16.73	27.38	30.42	33.46	44.11	18.25
54	19.77	30.42	33.46	36.50	47.15	21.29
55	21.29	33.46	36.50	41.06	50.19	22.81
56	22.81	36.50	39.54	44.11	54.75	25.85
57	25.85	41.06	44.11	48.67	59.31	28.90
58	28.90	45.63	47.15	53.23	63.88	30.42
59	31.94	48.67	51.71	57.79	68.44	34.98
60	34.98	53.23	56.27	63.88	73.00	38.02
61	38.02	59.31	60.84	68.44	77.56	41.06
62	42.58	63.88	66.92	74.52	83.65	45.63
63	45.63	68.44	71.48	80.61	88.21	50.19
64	50.19	74.52	77.56	86.69	94.29	54.75
65	54.75	82.13	83.65	94.29	101.90	60.84
66	60.84	89.73	91.25	101.90	109.50	66.92
67	66.92	97.34	98.86	111.02	117.11	73.00
68	73.00	106.46	107.98	121.67	126.23	79.09
69	80.61	117.11	118.63	132.32	136.88	88.21
70	89.73	127.75	129.27	142.96	147.52	97.34
71	100.38	141.44	141.44	156.65	159.69	109.50
72	112.54	155.13	155.13	170.34	173.38	121.67
73	124.71	170.34	170.34	185.55	188.59	136.88
74	139.92	187.07	187.07	202.28	205.32	152.09
75	156.65	205.32	205.32	222.05	223.57	170.34
76	173.38	225.09	226.61	241.82	243.34	188.59
77	191.63	246.38	246.38	263.11	264.63	208.36
78	212.92	269.19	270.72	285.92	287.45	231.17
79	235.74	296.57	296.57	313.30	314.82	257.03
80	266.15	330.03	330.03	346.76	346.76	288.97
81	298.09	368.05	368.05	384.78	384.78	325.47
82	334.59	409.12	409.12	427.37	427.37	365.01
83	375.66	456.26	456.26	472.99	472.99	409.12
84	422.80	509.49	509.49	526.22	526.22	460.83
85	477.55	570.33	570.33	587.06	587.06	521.66
EP		**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors		**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.56	$7.60	$10.65	$10.65	$19.77	$6.08
36	6.08	9.13	10.65	10.65	21.29	6.08
37	6.08	10.65	12.17	12.17	24.33	6.08
38	7.60	10.65	13.69	13.69	25.85	7.60
39	7.60	12.17	15.21	15.21	27.38	9.13
40	9.13	13.69	16.73	16.73	28.90	9.13
41	9.13	15.21	18.25	18.25	31.94	10.65
42	10.65	16.73	19.77	19.77	33.46	10.65
43	12.17	18.25	21.29	22.81	36.50	12.17
44	12.17	19.77	22.81	24.33	38.02	13.69
45	13.69	22.81	25.85	27.38	41.06	15.21
46	15.21	24.33	27.38	28.90	44.11	16.73
47	16.73	25.85	30.42	31.94	47.15	18.25
48	18.25	28.90	33.46	34.98	50.19	19.77
49	19.77	31.94	34.98	38.02	54.75	21.29
50	21.29	34.98	39.54	42.58	57.79	24.33
51	24.33	38.02	42.58	45.63	62.36	25.85
52	25.85	42.58	45.63	50.19	66.92	28.90
53	28.90	45.63	50.19	54.75	71.48	31.94
54	31.94	50.19	54.75	60.84	77.56	34.98
55	34.98	56.27	60.84	66.92	82.13	38.02
56	39.54	60.84	65.40	73.00	88.21	42.58
57	42.58	66.92	71.48	79.09	95.82	50.19
58	47.15	73.00	77.56	86.69	101.90	51.71
59	51.71	80.61	85.17	94.29	109.50	56.27
60	57.79	88.21	92.77	103.42	118.63	62.36
61	62.36	95.82	100.38	112.54	126.23	68.44
62	68.44	103.42	107.98	120.15	133.84	74.52
63	74.52	112.54	117.11	130.80	142.96	82.13
64	82.13	121.67	126.23	141.44	153.61	89.73
65	91.25	133.84	136.88	153.61	164.25	98.86
66	100.38	146.00	149.05	167.30	176.42	107.98
67	109.50	159.69	162.73	180.98	190.11	118.63
68	120.15	173.38	176.42	196.19	205.32	130.80
69	133.84	190.11	193.15	214.44	220.53	144.48
70	149.05	208.36	211.40	234.21	240.30	161.21
71	165.78	229.65	231.17	255.51	260.07	179.46
72	185.55	252.47	253.99	278.32	282.88	200.76
73	206.84	276.80	278.32	302.65	307.22	223.57
74	229.65	305.70	305.70	331.55	334.59	249.42
75	257.03	336.11	337.63	361.97	365.01	279.84
76	285.92	369.57	369.57	395.43	396.95	311.78
77	316.34	404.55	403.03	430.41	431.93	343.72
78	349.80	442.57	442.57	468.43	469.95	380.22
79	390.86	488.20	488.20	514.06	514.06	424.32
80	438.01	542.95	542.95	568.81	568.81	477.55
81	494.28	605.31	605.31	631.16	631.16	538.39
82	553.60	673.75	673.75	701.12	701.12	603.79
83	622.04	749.79	749.79	778.69	778.69	678.31
84	699.60	838.00	838.00	865.38	865.38	765.00
85	790.86	938.38	938.38	965.76	965.76	865.38

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.08	$10.65	$12.17	$12.17	$24.33	$6.08
36	7.60	12.17	13.69	13.69	27.38	7.60
37	7.60	12.17	15.21	15.21	28.90	9.13
38	9.13	13.69	16.73	16.73	30.42	9.13
39	9.13	15.21	18.25	18.25	33.46	10.65
40	10.65	16.73	19.77	21.29	34.98	12.17
41	12.17	18.25	22.81	22.81	38.02	12.17
42	13.69	21.29	24.33	25.85	41.06	13.69
43	13.69	22.81	25.85	27.38	44.11	15.21
44	15.21	24.33	28.90	30.42	47.15	16.73
45	16.73	27.38	31.94	33.46	50.19	18.25
46	19.77	30.42	34.98	36.50	53.23	21.29
47	21.29	33.46	36.50	39.54	57.79	22.81
48	22.81	34.98	39.54	42.58	60.84	24.33
49	24.33	39.54	44.11	47.15	65.40	25.85
50	27.38	42.58	47.15	51.71	69.96	28.90
51	28.90	47.15	51.71	56.27	74.52	31.94
52	31.94	51.71	56.27	60.84	80.61	34.98
53	36.50	56.27	60.84	66.92	86.69	39.54
54	39.54	60.84	66.92	68.44	92.77	42.58
55	44.11	66.92	73.00	80.61	98.86	47.15
56	47.15	74.52	79.09	88.21	106.46	51.71
57	51.71	80.61	86.69	95.82	114.07	56.27
58	57.79	88.21	94.29	104.94	123.19	62.36
59	62.36	95.82	101.90	114.07	130.80	68.44
60	68.44	104.94	111.02	123.19	139.92	74.52
61	76.04	114.07	118.63	133.84	150.57	82.13
62	82.13	123.19	129.27	144.48	159.69	89.73
63	89.73	133.84	138.40	155.13	170.34	97.34
64	98.86	146.00	150.57	167.30	180.98	106.46
65	107.98	158.17	162.73	182.51	194.67	117.11
66	118.63	173.38	176.42	197.71	208.36	129.27
67	130.80	188.59	191.63	214.44	223.57	141.44
68	142.96	205.32	208.36	232.69	241.82	155.13
69	158.17	223.57	226.61	252.47	260.07	170.34
70	174.90	246.38	247.90	275.28	282.88	190.11
71	196.19	270.72	272.24	299.61	305.70	212.92
72	217.49	296.57	298.09	326.99	331.55	235.74
73	243.34	325.47	326.99	355.88	360.45	264.63
74	270.72	358.93	358.93	389.34	389.34	295.05
75	302.65	395.43	395.43	425.85	428.89	330.03
76	336.11	433.45	433.45	463.87	463.87	366.53
77	371.09	472.99	472.99	503.41	504.93	403.03
78	410.64	517.10	518.62	549.04	549.04	447.14
79	456.26	570.33	570.33	600.75	602.27	497.33
80	512.53	634.20	634.20	664.62	664.62	558.16
81	576.41	705.69	707.21	737.62	737.62	629.64
82	646.37	786.29	786.29	818.23	818.23	707.21
83	725.46	876.02	874.50	907.96	909.48	793.90
84	818.23	979.44	979.44	1011.38	1011.38	894.27
85	924.69	1096.55	1096.55	1128.49	1128.49	1012.90

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$9.13	$15.21	$18.25	$18.25	$31.94	$10.65
36	10.65	16.73	19.77	19.77	34.98	10.65
37	10.65	18.25	21.29	21.29	38.02	12.17
38	12.17	19.77	22.81	24.33	39.54	13.69
39	13.69	22.81	25.85	25.85	42.58	15.21
40	15.21	24.33	28.90	28.90	45.63	16.73
41	16.73	27.38	30.42	31.94	50.19	18.25
42	18.25	28.90	33.46	34.98	53.23	19.77
43	21.29	31.94	36.50	38.02	56.27	22.81
44	22.81	34.98	39.54	41.06	60.84	24.33
45	24.33	38.02	42.58	45.63	63.88	27.38
46	27.38	41.06	45.63	48.67	68.44	28.90
47	28.90	44.11	50.19	53.23	73.00	31.94
48	31.94	48.67	53.23	57.79	77.56	33.46
49	33.46	51.71	57.79	62.36	82.13	36.50
50	36.50	56.27	62.36	66.92	88.21	39.54
51	39.54	62.36	66.92	73.00	94.29	44.11
52	44.11	66.92	73.00	79.09	100.38	47.15
53	47.15	73.00	79.09	86.69	107.98	51.71
54	51.71	79.09	85.17	94.29	115.59	56.27
55	56.27	86.69	92.77	101.90	123.19	62.36
56	62.36	94.29	100.38	109.50	130.80	66.92
57	66.92	101.90	107.98	118.63	139.92	73.00
58	73.00	109.50	115.59	129.27	149.05	79.09
59	79.09	118.63	124.71	138.40	158.17	85.17
60	85.17	129.27	133.84	150.57	168.82	92.77
61	92.77	138.40	144.48	161.21	179.46	100.38
62	100.38	150.57	155.13	173.38	190.11	109.50
63	109.50	161.21	167.30	185.55	202.28	118.63
64	120.15	174.90	179.46	200.76	214.44	129.27
65	130.80	190.11	193.15	215.96	229.65	141.44
66	142.96	205.32	209.88	232.69	246.38	155.13
67	155.13	222.05	226.61	252.47	263.11	168.82
68	168.82	241.82	244.86	272.24	282.88	184.03
69	185.55	263.11	266.15	295.05	304.18	202.28
70	206.84	287.45	290.49	320.90	326.99	223.57
71	229.65	314.82	317.86	348.28	355.88	249.42
72	255.51	345.24	348.28	380.22	384.78	276.80
73	284.40	378.70	380.22	413.68	418.24	308.74
74	316.34	416.72	416.72	448.66	454.74	343.72
75	352.84	457.78	457.78	491.24	494.28	383.26
76	390.86	500.37	501.89	535.35	536.87	424.32
77	428.89	545.99	545.99	579.45	580.97	468.43
78	472.99	594.66	596.18	629.64	631.16	515.58
79	524.70	653.98	653.98	687.44	688.96	571.85
80	587.06	723.94	723.94	758.92	758.92	641.81
81	658.54	804.54	804.54	839.52	839.52	719.37
82	736.10	892.75	894.27	929.25	929.25	806.06
83	824.31	993.13	993.13	1029.63	1029.63	903.40
84	924.69	1105.68	1105.68	1142.18	1142.18	1014.42
85	1041.80	1234.95	1234.95	1271.45	1271.45	1143.70

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.56	$6.08	$7.60	$7.60	$15.21	$4.56
36	4.56	7.60	9.13	9.13	16.73	4.56
37	4.56	7.60	9.13	9.13	16.73	4.56
38	4.56	7.60	10.65	9.13	18.25	6.08
39	6.08	9.13	10.65	10.65	19.77	6.08
40	6.08	9.13	12.17	12.17	21.29	6.08
41	6.08	10.65	12.17	12.17	21.29	7.60
42	7.60	10.65	13.69	13.69	22.81	7.60
43	7.60	12.17	13.69	13.69	24.33	7.60
44	7.60	12.17	15.21	15.21	25.85	9.13
45	7.60	13.69	16.73	16.73	27.38	9.13
46	9.13	15.21	16.73	18.25	28.90	9.13
47	9.13	15.21	18.25	19.77	30.42	10.65
45	10.65	16.73	19.77	21.29	31.94	10.65
49	10.65	18.25	21.29	22.81	34.98	12.17
50	12.17	19.77	22.81	22.81	36.50	12.17
51	12.17	21.29	24.33	25.85	39.54	13.69
52	13.69	22.81	27.38	28.90	42.58	15.21
53	15.21	25.85	28.90	31.94	44.11	16.73
54	16.73	28.90	31.94	34.98	48.67	18.25
55	18.25	30.42	34.98	38.02	51.71	19.77
56	19.77	34.98	38.02	42.58	54.75	21.29
57	21.29	38.02	41.06	47.15	59.31	24.33
58	24.33	41.06	45.63	51.71	63.88	25.85
59	25.85	45.63	50.19	56.27	68.44	28.90
60	28.90	50.19	53.23	62.36	73.00	31.94
61	31.94	54.75	59.31	68.44	79.09	34.98
62	34.98	60.84	63.88	74.52	83.65	39.54
63	39.54	66.92	69.96	80.61	89.73	44.11
64	44.11	73.00	76.04	88.21	97.34	48.67
65	48.67	80.61	83.65	97.34	104.94	54.75
66	54.75	89.73	92.77	106.46	114.07	60.84
67	62.36	98.86	101.90	117.11	123.19	68.44
68	68.44	109.50	111.02	127.75	133.84	76.04
69	77.56	121.67	123.19	141.44	146.00	85.17
70	88.21	150.57	136.88	155.13	159.69	97.34
71	100.38	150.57	152.09	170.34	174.90	109.50
72	112.54	167.30	167.30	187.07	190.11	124.71
73	142.96	184.03	185.55	205.32	205.32	141.44
74	144.48	205.32	205.32	225.09	226.61	159.69
75	159.69	228.13	228.13	247.90	249.42	180.98
76	185.55	252.47	253.99	273.76	275.28	205.32
77	208.36	279.84	279.84	299.61	301.13	231.17
78	234.21	308.74	310.26	330.03	330.03	260.07
79	264.63	343.72	343.72	363.49	363.49	292.01
80	299.61	383.26	383.26	403.03	403.03	331.55
81	339.16	427.37	427.37	447.14	447.14	375.66
52	380.22	476.03	476.03	495.81	495.81	421.28
83	428.89	529.26	529.26	549.04	549.04	474.51
84	482.12	590.10	590.10	609.87	609.87	535.35
85	547.52	660.06	660.06	678.31	678.31	606.83
EP		**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors		**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.08	$10.65	$12.17	$12.17	$24.33	$7.60
36	7.60	12.17	13.69	13.69	25.85	7.60
37	7.60	12.17	15.21	15.21	27.38	9.13
38	9.13	13.69	16.73	16.73	28.90	9.13
39	9.13	15.21	16.73	16.73	30.42	10.65
40	9.13	15.21	18.25	18.25	33.46	10.65
41	10.65	16.73	19.77	19.77	34.98	12.17
42	10.65	18.25	21.29	21.29	36.50	12.17
43	12.17	19.77	22.81	22.81	39.54	13.69
44	12.17	19.77	24.33	24.33	41.06	13.69
45	13.69	21.29	25.85	25.85	44.11	15.21
46	13.69	22.81	27.38	28.90	45.63	15.21
47	15.21	25.85	28.90	30.42	48.67	16.73
48	16.73	27.38	31.94	33.46	51.71	18.25
49	16.73	28.90	33.46	36.50	54.75	18.25
50	18.25	31.94	36.50	39.54	57.79	19.77
51	19.77	34.98	39.54	42.58	62.36	22.81
52	21.29	38.02	42.58	47.15	66.92	24.33
53	24.33	41.06	47.15	51.71	71.48	25.85
54	25.85	45.63	50.19	56.27	76.04	28.90
55	28.90	50.19	56.27	62.36	82.13	31.94
56	31.94	54.75	60.84	68.44	88.21	34.98
57	34.98	60.84	65.40	74.52	94.29	38.02
58	38.02	66.92	71.48	82.13	101.90	42.58
59	42.58	73.00	79.09	89.73	109.50	45.63
60	47.15	80.61	86.69	98.86	117.11	51.71
61	51.71	88.21	94.29	107.98	124.71	56.27
62	57.79	97.34	101.90	117.11	133.84	62.36
63	63.88	106.46	111.02	127.75	142.96	69.96
64	69.96	117.11	121.67	139.92	153.61	77.56
65	79.09	129.27	133.84	153.61	165.78	86.69
66	88.21	142.96	146.00	168.82	180.98	97.34
67	98.86	158.17	161.21	185.55	196.19	107.98
68	109.50	174.90	177.94	203.80	212.92	121.67
69	123.19	193.15	196.19	223.57	231.17	136.88
70	141.44	215.96	217.49	246.38	253.99	155.13
71	159.69	240.30	241.82	272.24	276.80	176.42
72	180.98	266.15	267.67	298.09	302.65	199.23
73	203.80	295.05	295.05	326.99	330.03	225.09
74	232.69	326.99	328.51	360.45	361.97	257.03
75	263.11	365.01	365.01	396.95	399.99	292.01
76	298.09	404.55	406.07	438.01	439.53	330.03
77	336.11	448.66	448.66	480.60	482.12	372.61
78	378.70	497.33	497.33	529.26	529.26	418.24
79	427.37	552.08	552.08	584.02	584.02	472.99
80	485.16	617.48	617.48	649.41	649.41	536.87
81	549.04	690.48	690.48	722.42	722.42	609.87
82	617.48	769.56	769.56	801.50	801.50	685.91
83	695.04	857.77	857.77	889.71	889.71	774.13
84	786.29	958.15	958.15	990.09	990.09	876.02
85	892.75	1073.74	1073.74	1104.16	1104.16	996.17

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$7.60	$13.69	$15.21	$15.21	$28.90	$9.13
36	9.13	13.69	16.73	16.73	30.42	9.13
37	9.13	15.21	18.25	18.25	33.46	10.65
38	10.65	16.73	19.77	19.77	34.98	12.17
39	10.65	18.25	21.29	21.29	38.02	12.17
40	12.17	19.77	22.81	22.81	39.54	13.69
41	13.69	21.29	24.33	24.33	42.58	13.69
42	13.69	21.29	25.85	25.85	44.11	15.21
43	15.21	22.81	27.38	27.38	47.15	16.73
44	15.21	24.33	28.90	30.42	50.19	16.73
45	16.73	27.38	31.94	31.94	53.23	18.25
46	18.25	28.90	33.46	34.98	54.75	19.77
47	18.25	30.42	36.50	38.02	59.31	19.77
48	19.77	33.46	38.02	39.54	62.36	21.29
49	21.29	34.98	41.06	42.58	65.40	22.81
50	22.81	38.02	44.11	47.15	69.96	24.33
51	24.33	41.06	47.15	51.71	74.52	27.38
52	27.38	45.63	51.71	56.27	79.09	28.90
53	28.90	50.19	56.27	60.84	85.17	31.94
54	31.94	54.75	60.84	66.92	91.25	34.98
55	34.98	59.31	66.92	74.52	97.34	38.02
56	38.02	65.40	73.00	80.61	104.94	42.58
57	42.58	73.00	79.09	89.73	112.54	45.63
58	45.63	79.09	85.17	97.34	120.15	50.19
59	50.19	86.69	94.29	106.46	129.27	56.27
60	56.27	95.82	101.90	117.11	138.40	60.84
61	62.36	104.94	111.02	127.75	147.52	68.44
62	68.44	115.59	120.15	138.40	158.17	74.52
63	74.52	126.23	130.80	152.09	168.82	83.65
64	83.65	138.40	142.96	165.78	180.98	92.77
65	94.29	152.09	156.65	180.98	196.19	98.86
66	104.94	168.82	173.38	199.23	212.92	115.59
67	117.11	185.55	190.11	219.01	229.65	127.75
68	129.27	205.32	208.36	238.78	249.42	142.96
69	146.00	228.13	231.17	263.11	272.24	161.21
70	165.78	238.78	250.94	290.49	296.57	182.51
71	188.59	281.36	284.40	319.38	325.47	208.36
72	212.92	311.78	313.30	349.80	354.36	235.74
73	240.30	345.24	346.76	383.26	387.82	266.15
74	273.76	384.78	384.78	422.80	425.85	302.65
75	310.26	427.37	428.89	466.91	468.43	343.72
76	351.32	476.03	476.03	514.06	515.58	389.34
77	395.43	526.22	526.22	564.24	565.77	438.01
78	444.10	582.50	582.50	620.52	620.52	492.76
79	500.37	647.89	647.89	684.39	685.91	556.64
80	568.81	723.94	723.94	760.44	761.96	631.16
81	643.33	809.11	809.11	847.13	847.13	716.33
82	725.46	901.88	901.88	939.90	939.90	807.58
83	816.71	1005.30	1005.30	1043.32	1043.32	911.00
84	923.17	1123.93	1123.93	1160.43	1160.43	1029.63
85	1047.88	1260.81	1260.81	1295.79	1295.79	1171.07

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$10.65	$16.73	$19.77	$19.77	$33.46	$12.17
36	10.65	18.25	21.29	21.29	36.50	12.17
37	12.17	19.77	22.81	22.81	38.02	13.69
38	13.69	21.29	24.33	24.33	41.06	15.21
39	13.69	22.81	25.85	25.85	42.58	15.21
40	15.21	24.33	27.38	27.38	45.63	16.73
41	16.73	25.85	28.90	30.42	48.67	18.25
42	16.73	27.38	30.42	31.94	50.19	19.77
43	18.25	28.90	33.46	33.46	53.23	19.77
44	19.77	30.42	34.98	36.50	56.27	21.29
45	21.29	31.94	36.50	38.02	59.31	22.81
46	21.29	34.98	39.54	41.06	62.36	24.33
47	22.81	36.50	41.06	44.11	65.40	24.33
48	24.33	38.02	44.11	47.15	68.44	25.85
49	24.33	41.06	47.15	50.19	73.00	27.38
50	27.38	44.11	50.19	53.23	77.56	28.90
51	28.90	47.15	54.75	57.79	82.13	31.94
52	30.42	51.71	57.79	63.88	86.69	34.98
53	33.46	56.27	62.36	68.44	92.77	36.50
54	36.50	60.84	68.44	74.52	98.86	41.06
55	39.54	66.92	74.52	82.13	106.46	44.11
56	44.11	73.00	80.61	89.73	112.54	47.15
57	47.15	79.09	86.69	97.34	120.15	51.71
58	51.71	86.69	92.77	106.46	129.27	56.27
59	56.27	94.29	101.90	115.59	138.40	60.84
60	60.84	103.42	109.50	126.23	147.52	66.92
61	66.92	112.54	118.63	136.88	156.65	74.52
62	74.52	123.19	129.27	149.05	167.30	80.61
63	80.61	133.84	139.92	161.21	177.94	89.73
64	89.73	147.52	152.09	174.90	191.63	98.86
65	100.38	161.21	167.30	191.63	206.84	111.02
66	111.02	177.94	182.51	209.88	223.57	123.19
67	123.19	196.19	200.76	229.65	241.82	136.88
68	136.88	215.96	219.01	250.94	261.59	152.09
69	153.61	238.78	241.82	275.28	284.40	170.34
70	174.90	266.15	267.67	302.65	310.26	193.15
71	197.71	295.05	296.57	333.07	339.16	219.01
72	223.57	326.99	328.51	365.01	369.57	247.90
73	252.47	361.97	363.49	399.99	404.55	279.84
74	285.92	401.51	401.51	439.53	442.57	316.34
75	325.47	445.62	447.14	485.16	486.68	360.45
76	366.53	494.28	495.81	533.83	535.35	406.07
77	412.16	545.99	547.52	585.54	587.06	456.26
78	462.35	603.79	603.79	641.81	643.33	512.53
79	520.14	670.71	670.71	707.21	707.21	577.93
80	588.58	746.75	746.75	784.77	784.77	653.98
81	664.62	833.44	833.44	869.94	871.46	739.15
82	745.23	926.21	926.21	964.23	964.23	830.40
83	838.00	1029.63	1029.63	1067.65	1067.65	933.82
84	942.94	1146.74	1148.26	1184.76	1184.76	1053.97
85	1067.65	1283.62	1283.62	1318.60	1318.60	1193.89

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: CMFG Life Insurance Company 62626

SERFF Tracking Number: CUNA-128867185

Effective Date: Upon Approval

(Projected) Number of Insureds Affected: 82

New Rates

Average Annual Premium Per Member: $1,699

Revised Rates

Average Annual Premium Per Member: $1,117

Average Requested Percentage Rate Change Per Member: 52%

Minimum Requested Percentage Rate Change Per Member: 52%

Maximum Requested Percentage Rate Change Per Member: 52%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
97-LTC-HHC1(VA)	Home Health Care Policy
97-LTCR-FCP	Facility Care Plus Rider
97-LTCR-NFL	Nonforfeiture Lapse Rider
97-LTCR-ROP	Return of Premium Rider
97-LTCR-IPO	Inflation Protection Option Rider
97-LTCR-FPO	Future Purchase Option Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

CMFG Life Insurance Company 62626

SERFF Tracking #CUNA-128867185
1997 Product

Health Insurance Rate Request Summary Attachment

Brief Narrative

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

March 7, 2014

Actuarial Memorandum Supporting Rate Revision for CMFG Life Insurance Company Individual Long-Term Care Insurance Plan 1997 Product

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for CMFG Life Insurance Company's (the Company) individual long-term care product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. This product is referred to as the 1997 Product. (Some riders may not be available in all states.) This filing excludes policies that have the lump sum (single-pay) premium payment option as those policies are now paid-up.

This product was sold nationwide from 1997 to 2004 and is no longer being marketed in any state.

The Company is requesting a 15% rate increase in each of the next three years. The rate increase is necessary because the current estimate of the nationwide lifetime loss ratio is in excess of expected. The company is filing for premium rate increases in states that did not fully approve the prior rate increase requests. This rate filing is not intended to be used for other purposes.

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

Please refer to Section 26 for a description of the information contained in each Appendix.

2. DESCRIPTION OF BENEFITS

This product provides long-term care coverage on an expense reimbursement basis up to the policy limits. Depending on the state, the product provided either home health care only coverage with an option to add facility care coverage or comprehensive coverage (which includes both home health care and nursing facility care). A benefit period, elimination period, daily benefit, inflation protection option and lump sum premium payment option are selected at issue. Additional optional benefits of nonforfeiture benefits and return of premium were available. The benefit eligibility criteria are based on the insured's loss of the ability to perform Activities of Daily Living (ADLs) or having a severe cognitive impairment. The available benefit choices can be found in the attached rate tables. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

3. RENEWABILITY CLAUSE

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

4. MARKETING METHOD

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

5. UNDERWRITING

All policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience.

6. APPLICABILITY

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

7. MORBIDITY

The morbidity assumptions are based on a combination of the Company's historical claim experience from 2002 through December 31, 2012, the Milliman 2011 *Long Term Care Guidelines* (*Guidelines*) and judgment. The *Guidelines* reflect over $10 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity, including future improvement of 1% per year through 2027. The assumptions do not include any adverse selection resulting from the rate increase or loads for moderately adverse experience.

8. MORTALITY

Mortality assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. The best estimate mortality assumption is the Annuity 2000 Mortality Table on a sex distinct basis, projected forward with mortality improvement to 2027. Mortality improvement was based on 100% of Scale G for males and 50% of Scale G for females. The ultimate mortality table in 2027 was smoothed slightly to maintain a reasonable relationship of mortality rates between males and females. Mortality selection factors are also applied, starting at 0.20 in duration 1 and grading up to 1.00 in duration 9.

9. PERSISTENCY

Voluntary lapse assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lapse rates are shown below and vary by premium payment option and policy duration.

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

10. EXPENSES

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

11. PREMIUM CLASSES

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

12. ISSUE AGE RANGE

This product was available for issue ages 18 to 85. Premiums are based on issue age.

13. AREA FACTORS

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

14. AVERAGE ANNUAL PREMIUM

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

15. MODAL PREMIUM FACTORS

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

16. CLAIM LIABILITY AND RESERVE

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

17. ACTIVE LIFE RESERVES

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

18. TREND ASSUMPTION

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

19. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase is shown in Appendix A based on a minimum loss ratio. The requested rate increase is less than the maximum allowed increase.

20. DISTRIBUTION OF BUSINESS

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

21. EXPERIENCE – PAST AND FUTURE

The historical and projected experience, both with and without the rate increase, is contained in Appendices B and C. Historical claim experience is not available prior to 2002. The premium in Appendix B is shown on a Virginia rate basis (applying the level of the Virginia rate increase to every state).

22. LIFETIME LOSS RATIO

The development of the anticipated nationwide lifetime loss ratio, both without a rate increase and with the requested rate increase, is shown in Appendix B. An annual interest rate of 6.00% was used to calculate the lifetime loss ratio in the supporting appendices and was based on the original investment rate used in the original pricing. The 3 rounds of rate increases of 15% are assumed effective April 1, 2014, April 1, 2015 and April 1, 2016.

23. HISTORY OF RATE ADJUSTMENTS

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

24. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2012 in this state.

25. PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

26. SUMMARY OF APPENDICES

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

Appendix B contains historical and projected nationwide experience for all policies issued under this product. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

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

27. ACTUARIAL CERTIFICATION

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

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

The projected experience shown in this Memorandum is based on best estimate assumptions and does not include any provision for moderately adverse experience. As the loss ratio exceeds the minimum loss ratio of 60%, benefits are reasonable in relation to premium. If the experience does not improve, the Company will need to file for future rate increases. In my opinion, the rates are not excessive or unfairly discriminatory.

Joette S. Schleisman

Joette S. Schleisman, FSA, MAAA, MBA
Director, Corporate Actuarial

Appendix A
CMFG Life Insurance Company
1997 Product (All Business)

Virginia

Requested Rate Increase: 3 rounds of 15.0% each year

14. Average Annual Premium

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

Virginia	$1,117
Nationwide	$1,194

The average annual premium for this form and associated riders, after all 3 rounds of rate increases, is:

Virginia	$1,699
Nationwide	$1,817

19. Maximum Allowable Rate Increase

Maximum Allowable Rate Increase (60% Minimum Loss Ratio)	294%
Requested rate increase	3 rounds of 15% each year

22. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	111%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	100%

23. History of Rate Adjustments

There have been no rate increases on this form in this state.

24. Number of Policyholders and Annualized Premium as of December 31, 2012*

	All Policies	
	Policies	Premium
Virginia	82	$91,607
Nationwide	2,371	$2,832,155

*Excludes policies with single-pay premium option

Appendix B
CMFG Life Insurance Company
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
1997 Product (All Business)

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	5,891	n/a	n/a	n/a	
1998	223,435	n/a	n/a	n/a	
1999	827,446	n/a	n/a	n/a	
2000	1,338,437	n/a	n/a	n/a	
2001	2,001,576	n/a	n/a	n/a	
2002	2,600,458	313,748	135,238	448,985	17%
2003	2,992,037	411,302	0	411,302	14%
2004	3,003,491	20,591	0	20,591	1%
2005	2,920,908	978,680	270,916	1,249,596	43%
2006	2,835,070	644,090	113,941	758,031	27%
2007	2,766,258	460,165	1,345	461,509	17%
2008	2,700,335	796,052	194,196	990,248	37%
2009	2,610,436	620,449	677,898	1,298,347	50%
2010	2,556,989	545,685	655,200	1,200,885	47%
2011	2,496,449	438,680	951,534	1,390,214	56%
2012	2,261,903	100,893	1,025,989	1,126,882	50%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,165,959	1,701,454	79%
2014	2,096,778	1,845,489	88%
2015	2,026,786	1,998,687	99%
2016	1,956,099	2,163,176	111%
2017	1,884,780	2,338,995	124%
2018	1,812,935	2,514,766	139%
2019	1,740,625	2,684,866	154%
2020	1,667,991	2,851,196	171%
2021	1,595,153	3,080,147	193%
2022	1,522,259	3,313,375	218%
2023	1,449,463	3,555,519	245%
2024	1,376,921	3,814,973	277%
2025	1,304,835	4,080,142	313%
2026	1,233,372	4,351,624	353%
2027	1,162,716	4,624,844	398%
2028	1,093,012	4,945,454	452%
2029	1,024,157	5,266,153	514%
2030	956,326	5,573,980	583%
2031	889,799	5,873,705	660%
2032	824,849	6,160,636	747%
2033	761,712	6,432,341	844%
2034	700,649	6,682,359	954%
2035	641,896	6,900,308	1075%
2036	585,671	7,077,618	1208%
2037	532,153	7,215,695	1356%
2038	481,481	7,319,148	1520%
2039	433,775	7,377,582	1701%
2040	389,130	7,391,898	1900%
2041	347,585	7,366,586	2119%
2042	309,165	7,307,908	2364%
2043	273,855	7,218,487	2636%
2044	241,597	7,096,713	2937%
2045	212,310	6,952,580	3275%
2046	185,876	6,786,516	3651%
2047	162,146	6,607,978	4075%
2048	140,949	6,396,038	4538%
2049	122,124	6,218,985	5092%
2050	105,499	6,049,366	5734%
2051	90,892	5,881,588	6471%
2052 and later	493,209	71,040,952	14404%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,165,959	1,701,454	79%
2014	2,275,268	1,853,326	81%
2015	2,526,641	2,021,776	80%
2016	2,804,299	2,204,369	79%
2017	2,863,596	2,388,907	83%
2018	2,757,248	2,565,009	93%
2019	2,647,273	2,734,958	103%
2020	2,536,806	2,900,879	114%
2021	2,426,028	3,130,361	129%
2022	2,315,166	3,363,954	145%
2023	2,204,452	3,606,394	164%
2024	2,094,125	3,866,110	185%
2025	1,984,491	4,131,320	208%
2026	1,875,805	4,402,665	235%
2027	1,768,345	4,675,507	264%
2028	1,662,335	4,995,972	301%
2029	1,557,615	5,316,255	341%
2030	1,454,452	5,623,286	387%
2031	1,353,272	5,921,954	438%
2032	1,254,492	6,207,544	495%
2033	1,158,469	6,477,656	559%
2034	1,065,599	6,725,880	631%
2035	976,244	6,941,786	711%
2036	890,733	7,116,840	799%
2037	809,338	7,252,509	896%
2038	732,273	7,353,467	1004%
2039	659,718	7,409,341	1123%
2040	591,818	7,421,048	1254%
2041	528,634	7,393,130	1399%
2042	470,201	7,331,931	1559%
2043	416,500	7,240,087	1738%
2044	367,438	7,115,999	1937%
2045	322,897	6,969,692	2158%
2046	282,694	6,801,608	2406%
2047	246,604	6,621,248	2685%
2048	214,366	6,407,640	2989%
2049	185,735	6,229,161	3354%
2050	160,452	6,058,304	3776%
2051	138,236	5,889,450	4260%
2052 and later	750,109	71,093,852	9478%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	51,159,878	12,200,245	24%		51,159,878	12,200,245	24%
Present Value of Future to 12/31/2012	20,723,039	67,469,541	326%		28,962,216	68,051,251	235%
Total Values	71,882,917	79,669,786	111%		80,122,093	80,251,496	100%
(Discounted at 6.00%)							
Projected Loss Ratio without Rate Increase			111%	Projected Loss Ratio with Rate Increase			100%
Minimum Lifetime Loss Ratio			60%				
Maximum Allowable Increase			294%				
Requested Rate Increases			3 rounds of 15% each year				

Appendix C
CMFG Life Insurance Company
Historical and Projected Experience
Virginia Experience
1997 Product (All Business)

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	0	n/a	n/a	n/a	
1998	546	n/a	n/a	n/a	
1999	16,265	n/a	n/a	n/a	
2000	30,481	n/a	n/a	n/a	
2001	54,582	n/a	n/a	n/a	
2002	82,776	0	0	0	0%
2003	106,350	0	0	0	0%
2004	109,756	0	0	0	0%
2005	109,716	0	0	0	0%
2006	108,875	145,559	0	145,559	134%
2007	105,971	20,986	0	20,986	20%
2008	104,477	0	0	0	0%
2009	101,613	0	0	0	0%
2010	101,741	80,953	290,395	371,348	365%
2011	100,876	0	0	0	0%
2012	91,441	21,997	225,647	247,644	271%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	85,137	70,629	83%
2015	82,546	77,674	94%
2016	79,883	85,335	107%
2017	77,151	93,463	121%
2018	74,358	102,019	137%
2019	71,505	108,893	152%
2020	68,601	114,924	168%
2021	65,666	123,692	188%
2022	62,719	132,390	211%
2023	59,771	141,476	237%
2024	56,839	151,704	267%
2025	53,951	162,225	301%
2026	51,120	173,836	340%
2027	48,358	186,627	386%
2028	45,665	202,705	444%
2029	43,024	219,771	511%
2030	40,429	237,914	588%
2031	37,886	256,568	677%
2032	35,399	274,315	775%
2033	32,972	291,189	883%
2034	30,606	306,112	1000%
2035	28,306	319,114	1127%
2036	26,074	329,900	1265%
2037	23,915	338,357	1415%
2038	21,833	344,770	1579%
2039	19,836	348,243	1756%
2040	17,928	349,413	1949%
2041	16,115	350,088	2172%
2042	14,400	350,585	2435%
2043	12,792	347,088	2713%
2044	11,292	339,485	3007%
2045	9,902	330,525	3338%
2046	8,624	321,819	3732%
2047	7,459	311,889	4181%
2048	6,407	298,163	4654%
2049	5,463	282,978	5180%
2050	4,624	265,106	5733%
2051	3,887	247,224	6361%
2052 and later	17,293	2,419,132	13989%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	92,385	70,894	77%
2015	102,904	78,488	76%
2016	114,522	86,846	76%
2017	117,217	95,363	81%
2018	113,089	104,007	92%
2019	108,751	110,906	102%
2020	104,334	116,922	112%
2021	99,870	125,708	126%
2022	95,388	134,412	141%
2023	90,904	143,503	158%
2024	86,445	153,730	178%
2025	82,052	164,231	200%
2026	77,748	175,829	226%
2027	73,546	188,612	256%
2028	69,451	204,711	295%
2029	65,434	221,798	339%
2030	61,487	239,964	390%
2031	57,620	258,637	449%
2032	53,838	276,387	513%
2033	50,147	293,256	585%
2034	46,548	308,157	662%
2035	43,051	321,120	746%
2036	39,655	331,852	837%
2037	36,371	340,241	935%
2038	33,205	346,572	1044%
2039	30,168	349,943	1160%
2040	27,267	351,003	1287%
2041	24,509	351,567	1434%
2042	21,901	351,958	1607%
2043	19,455	348,345	1791%
2044	17,173	340,620	1983%
2045	15,060	331,542	2202%
2046	13,116	322,728	2461%
2047	11,344	312,698	2756%
2048	9,744	298,873	3067%
2049	8,309	283,595	3413%
2050	7,032	265,635	3777%
2051	5,911	247,674	4190%
2052 and later	26,300	2,421,489	9207%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	1,781,718	926,044	52%	1,781,718	926,044	52%
Present Value of Future to 12/31/2012	856,365	2,858,353	334%	1,198,735	2,882,616	240%
Total Values	2,638,082	3,784,397	143%	2,980,453	3,808,660	128%
(Discounted at 6.00%)						

11/22/2013	LTC Rate Increase Filing Details 1997 Product													
State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
AK	$9,863	7	Filing was not Required	N/A	N/A	50%	NA	NA	NA	NA	NA	NA	NA	NA
AL	$10,568	7	Accepted	2/22/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
AR	$1,556	2	Disapproved*											
AZ	$152,439	89	Approved	9/7/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CA	$44,607	35	Pending	10/10/2013										
CO	$37,060	18	Approved	2/24/2011	4/11/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CT	$2,147	1	Disapproved*											
DC	$7,287	4	Will be filing											
DE	$5,125	5	Accepted	3/22/2011	6/15/2011	10%	Accepted	5/4/2012	6/13/2012	10%	Accepted	7/1/2013	9/23/2013	10%
FL	$85,347	97	Approved	3/21/2012	6/21/2012	1.8%	Pending	4/9/2013						
GA	$62,134	45	Approved	8/30/2011	10/5/2011	15%	Approved	6/7/2012	7/30/2012	15%	Approved	8/9/2013	10/1/2013	10%
HI	$38,048	21	Accepted	2/1/2011	8/4/2011	30% / 2011 20% / 2012	NA	NA	NA	NA	NA	NA	NA	NA
IA	$157,725	184	Approved	2/25/2011	5/12/2011	25%	Approved	4/11/2012	7/26/2012	15%	Approved	4/18/2013	5/7/2013	10%
ID	$29,136	26	Accepted	2/15/2011	8/8/2011	25%	Accepted	6/5/2012	12/10/2012	20%				
IL	$162,567	82	Accepted	4/14/2011	8/23/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
IN	$9,999	7	Disapproved*											
KS	$61,111	33	Accepted	2/7/2011	6/24/2011	10%	Accepted	4/20/2012	8/8/2012	10%	Accepted	4/30/2013	5/29/2013	10%
KY	$3,227	5	Approved	4/5/2011	5/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
LA	$5,929	6	Disapproved*											
MA	$6,660	5	Pending	10/8/2013										
MD	$36,074	23	Accepted	6/1/2011	8/16/2011	15%	Accepted	6/5/2012	8/13/2012	15%	Pending	7/1/2013		
ME	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MI	$287,214	104	Accepted	5/19/2011	6/6/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MN	$85,190	50	Approved	6/1/2011	10/20/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MO	$47,849	54	Accepted	11/16/2011	10/3/2012	10%	Accepted	5/15/2013	10/15/2013	10%				
MS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MT	$8,170	9	Accepted	3/15/2011	4/8/2011	25%	Accepted	5/15/2012	6/20/2012	15%	Accepted	7/1/2013	7/24/2013	10%
NC	$59,243	35	Approved	10/14/2011	12/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
ND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NE	$778	2	Approved	3/29/2011	8/23/2011	25%	Approved	6/5/2012	10/2/2012	25%	NA	NA	NA	NA
NH	$2,449	2	Approved	10/11/2012	1/24/2013	16%								
NJ	$12,080	9	Will be filing											
NM	$13,185	11	Disapproved*											
NV	$66,492	38	Approved	4/12/2011	3/20/2012	25%	Approved	10/22/2012	4/10/2013	10%				
OH	$128,925	110	Accepted	5/17/2011	6/3/2011	25%	Accepted	5/16/2012	7/5/2012	10%	Pending	5/16/2013		
OK	$34,777	22	Approved	2/10/2011	9/23/2011	25%	Approved	5/1/2013	7/30/2013	25%	NA	NA	NA	NA
OR	$182,075	112	Approved	8/12/2011	11/30/2011	22.47% / yr for 2 yrs (2011 & 2012)	NA	NA	NA	NA	NA	NA	NA	NA

State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
PA	$173,817	114	Approved	5/16/2011	6/24/2011	15% / yr for 2 yrs (2011 & 2012)	Approved	5/29/2013	6/28/2013	15%				
RI	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SC	$75,210	61	Approved	9/26/2011	2/21/2012	20%	Approved	10/23/2012	3/22/2013	20%				
SD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TN	$77,732	94	Approved	7/5/2011	1/9/2012	25%	Approved	9/11/2012	12/4/2012	25%	NA	NA	NA	NA
TX (pre-rate stab.)	$186,002	119	Approved	9/19/2011	10/10/2011	24%	Disapproved*							
TX (post rate stab.)	$48,851	40	Disapproved*											
UT	$61,460	34	Accepted	5/12/2011	9/26/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
VA	$91,607	82	Pending	5/3/2013										
VT	$26,681	25	Disapproved*											
WA	$94,419	48	Accepted	8/2/2011	8/30/2011	46%								
WI	$339,279	495	Accepted	3/17/2011	4/27/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
WV	$502	1	Approved	10/11/2012	12/4/2012	50%	NA	NA	NA	NA	NA	NA	NA	NA
WY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* In states where the rate increase filing has been disapproved, CMFG Life is continuing to work with the state to eventually gain approval of a rate increase.

**In states where the rate increase(s) approved is/are less than 50%, the Company is seeking additional rate increases to be effective one year after the prior approval.

8/19/2013	LTC Rate Increase Filing Details 1997 Product													
State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
AK	$9,863	7	Filing was not Required	N/A	N/A	50%	NA	NA	NA	NA	NA	NA	NA	NA
AL	$10,568	7	Accepted	2/22/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
AR	$1,556	2	Disapproved*											
AZ	$152,439	89	Approved	9/7/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CA	$44,607	35	Pending	8/3/2011										
CO	$37,060	18	Approved	2/24/2011	4/11/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CT	$2,147	1	Disapproved*											
DC	$7,287	4	Will be filing											
DE	$5,125	5	Accepted	3/22/2011	6/15/2011	10%	Accepted	5/4/2012	6/13/2012	10%	Pending	7/1/2013		
FL	$85,347	97	Approved	3/21/2012	6/21/2012	1.8%	Pending	4/9/2013						
GA	$62,134	45	Approved	8/30/2011	10/5/2011	15%	Approved	6/7/2012	7/30/2012	15%	Pending	8/9/2013		
HI	$38,048	21	Accepted	2/1/2011	8/4/2011	30% / 2011 20% / 2012	NA	NA	NA	NA	NA	NA	NA	NA
IA	$157,725	184	Approved	2/25/2011	5/12/2011	25%	Approved	4/11/2012	7/26/2012	15%	Approved	4/18/2013	5/7/2013	10%
ID	$29,136	26	Accepted	2/15/2011	8/8/2011	25%	Accepted	6/5/2012	12/10/2012	20%				
IL	$162,567	82	Accepted	4/14/2011	8/23/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
IN	$9,999	7	Disapproved*											
KS	$61,111	33	Accepted	2/7/2011	6/24/2011	10%	Accepted	4/20/2012	8/8/2012	10%	Accepted	4/30/2013	5/29/2013	10%
KY	$3,227	5	Approved	4/5/2011	5/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
LA	$5,929	6	Disapproved*											
MA	$6,660	5	Will be filing											
MD	$36,074	23	Accepted	6/1/2011	8/16/2011	15%	Accepted	6/5/2012	8/13/2012	15%	Pending	7/1/2013		
ME	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MI	$287,214	104	Accepted	5/19/2011	6/6/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MN	$85,190	50	Approved	6/1/2011	10/20/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MO	$47,849	54	Accepted	11/16/2011	10/3/2012	10%	Pending	5/15/2013						
MS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MT	$8,170	9	Accepted	3/15/2011	4/8/2011	25%	Accepted	5/15/2012	6/20/2012	15%	Accepted	7/1/2013	7/24/2013	10%
NC	$59,243	35	Approved	10/14/2011	12/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
ND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NE	$778	2	Approved	3/29/2011	8/23/2011	25%	Approved	6/5/2012	10/2/2012	25%	NA	NA	NA	NA
NH	$2,449	2	Approved	10/11/2012	1/24/2013	16%								
NJ	$12,080	9	Will be filing											
NM	$13,185	11	Disapproved*											
NV	$66,492	38	Approved	4/12/2011	3/20/2012	25%	Approved	10/22/2012	4/10/2013	10%				
OH	$128,925	110	Accepted	5/17/2011	6/3/2011	25%	Accepted	5/16/2012	7/5/2012	10%	Pending	5/16/2013		
OK	$34,777	22	Approved	2/10/2011	9/23/2011	25%	Approved	5/1/2013	7/30/2013	25%	NA	NA	NA	NA
OR	$182,075	112	Approved	8/12/2011	11/30/2011	22.47% / yr for 2 yrs (2011 & 2012)	NA	NA	NA	NA	NA	NA	NA	NA

State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
PA	$173,817	114	Approved	5/16/2011	6/24/2011	15% / yr for 2 yrs (2011 & 2012)	Approved	5/29/2013	6/28/2013	15%				
RI	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SC	$75,210	61	Approved	9/26/2011	2/21/2012	20%	Approved	10/23/2012	3/22/2013	20%				
SD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TN	$77,732	94	Approved	7/5/2011	1/9/2012	25%	Approved	9/11/2012	12/4/2012	25%	NA	NA	NA	NA
TX (pre-rate stab.)	$186,002	119	Approved	9/19/2011	10/10/2011	24%	Disapproved*							
TX (post rate stab.)	$48,851	40	Disapproved*											
UT	$61,460	34	Accepted	5/12/2011	9/26/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
VA	$91,607	82	Pending	5/3/2013										
VT	$26,681	25	Disapproved*											
WA	$94,419	48	Accepted	8/2/2011	8/30/2011	46%								
WI	$339,279	495	Accepted	3/17/2011	4/27/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
WV	$502	1	Approved	10/11/2012	12/4/2012	50%	NA	NA	NA	NA	NA	NA	NA	NA
WY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* In states where the rate increase filing has been disapproved, CMFG Life is continuing to work with the state to eventually gain approval of a rate increase.

**In states where the rate increase(s) approved is/are less than 50%, the Company is seeking additional rate increases to be effective one year after the prior approval.

May 2, 2013

Actuarial Memorandum Supporting Rate Revision for
CMFG Life Insurance Company
Individual Long-Term Care Insurance Plan
1997 Product

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for CMFG Life Insurance Company's (the Company) individual long-term care product form series 97-LTC-COMP and 97-LTC-HHC1 and associated riders. This product is referred to as the 1997 Product. (Some riders may not be available in all states.) This filing excludes policies that have the lump sum (single-pay) premium payment option as those policies are now paid-up.

This product was sold nationwide from 1997 to 2004 and is no longer being marketed in any state.

The Company is requesting a 50% rate increase. The rate increase is necessary because the current estimate of the nationwide lifetime loss ratio is in excess of expected. The company is filing for premium rate increases in states that did not fully approve the prior rate increase requests. This rate filing is not intended to be used for other purposes.

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

Please refer to Section 26 for a description of the information contained in each Appendix.

2. DESCRIPTION OF BENEFITS

This product provides long-term care coverage on an expense reimbursement basis up to the policy limits. Depending on the state, the product provided either home health care only coverage with an option to add facility care coverage or comprehensive coverage (which includes both home health care and nursing facility care). A benefit period, elimination period, daily benefit, inflation protection option and lump sum premium payment option are selected at issue. Additional optional benefits of nonforfeiture benefits and return of premium were available. The benefit eligibility criteria are based on the insured's loss of the ability to perform Activities of Daily Living (ADLs) or having a severe cognitive impairment. The available benefit choices can be found in the attached rate tables. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

3. RENEWABILITY CLAUSE

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

4. MARKETING METHOD

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

5. UNDERWRITING

All policies subject to this rate revision were subject to full medical underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience.

6. APPLICABILITY

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

7. MORBIDITY

The morbidity assumptions are based on a combination of the Company's historical claim experience from 2002 through December 31, 2012, the Milliman 2011 *Long Term Care Guidelines* (*Guidelines*) and judgment. The *Guidelines* reflect over $10 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity, including future improvement of 1% per year through 2027. The assumptions do not include any adverse selection resulting from the rate increase or loads for moderately adverse experience.

8. MORTALITY

Mortality assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. The best estimate mortality assumption is the Annuity 2000 Mortality Table on a sex distinct basis, projected forward with mortality improvement to 2027. Mortality improvement was based on 100% of Scale G for males and 50% of Scale G for females. The ultimate mortality table in 2027 was smoothed slightly to maintain a reasonable relationship of mortality rates between males and females. Mortality selection factors are also applied, starting at 0.20 in duration 1 and grading up to 1.00 in duration 9.

9. PERSISTENCY

Voluntary lapse assumptions are based on Company experience from 1997 through December 31, 2012 and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lapse rates are shown below and vary by premium payment option and policy duration.

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

10. EXPENSES

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

11. PREMIUM CLASSES

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

12. ISSUE AGE RANGE

This product was available for issue ages 18 to 85. Premiums are based on issue age.

13. AREA FACTORS

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

14. AVERAGE ANNUAL PREMIUM

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

15. MODAL PREMIUM FACTORS

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

16. CLAIM LIABILITY AND RESERVE

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

17. ACTIVE LIFE RESERVES

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

18. TREND ASSUMPTION

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

19. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase is shown in Appendix A based on a minimum loss ratio. The requested rate increase is less than the maximum allowed increase.

20. DISTRIBUTION OF BUSINESS

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

21. EXPERIENCE – PAST AND FUTURE

The historical and projected experience, both with and without the rate increase, is contained in Appendices B and C. Historical claim experience is not available prior to 2002. The premium in Appendix B is shown on a Virginia rate basis (applying the level of the Virginia rate increase to every state).

22. LIFETIME LOSS RATIO

The development of the anticipated nationwide lifetime loss ratio, both without a rate increase and with the requested rate increase, is shown in Appendix B. An annual interest rate of 6.00% was used to calculate the lifetime loss ratio in the supporting appendices and was based on the original investment rate used in the original pricing. The rate increase is assumed effective June 30, 2013.

23. HISTORY OF RATE ADJUSTMENTS

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

24. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2012 in this state.

25. PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation.

26. SUMMARY OF APPENDICES

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

Appendix B contains historical and projected nationwide experience for all policies issued under this product. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

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

27. ACTUARIAL CERTIFICATION

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

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

The projected experience shown in this Memorandum is based on best estimate assumptions and does not include any provision for moderately adverse experience. If the experience does not improve, the Company will need to file for future rate increases. In my opinion, the rates are not excessive or unfairly discriminatory.

Joette S. Schleisman

Joette S. Schleisman, FSA, MAAA, MBA
Director, Life/Health Actuarial Management

Appendix A
CMFG Life Insurance Company
1997 Product

Virginia

Requested Rate Increase = 50.0%

14. Average Annual Premium

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

Virginia	$1,117
Nationwide	$1,194

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

Virginia	$1,676
Nationwide	$1,792

19. Maximum Allowable Rate Increase

Maximum Allowable Rate Increase (60% Minimum Loss Ratio)	294%
Requested rate increase	50%

22. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	111%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	99%

23. History of Rate Adjustments

No rate increases have been approved on this form in this state.

24. Number of Policyholders and Annualized Premium as of December 31, 2012*

	All Policies	
	Policies	Premium
Virginia	82	$91,607
Nationwide	2,371	$2,832,155

*Excludes policies with single-pay premium option

Appendix B
CMFG Life Insurance Company
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
1997 Product

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	5,891	n/a	n/a	n/a	
1998	223,435	n/a	n/a	n/a	
1999	827,446	n/a	n/a	n/a	
2000	1,338,437	n/a	n/a	n/a	
2001	2,001,576	n/a	n/a	n/a	
2002	2,600,458	313,748	135,238	448,985	17%
2003	2,992,037	411,302	0	411,302	14%
2004	3,003,491	20,591	0	20,591	1%
2005	2,920,908	978,680	270,916	1,249,596	43%
2006	2,835,070	644,090	113,941	758,031	27%
2007	2,766,258	460,165	1,345	461,509	17%
2008	2,700,335	796,052	194,196	990,248	37%
2009	2,610,436	620,449	677,898	1,298,347	50%
2010	2,556,989	545,685	655,200	1,200,885	47%
2011	2,496,449	438,680	951,534	1,390,214	56%
2012	2,261,903	100,893	1,025,989	1,126,882	50%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,165,959	1,701,454	79%
2014	2,096,778	1,845,489	88%
2015	2,026,786	1,998,687	99%
2016	1,956,099	2,163,176	111%
2017	1,884,780	2,338,995	124%
2018	1,812,935	2,514,766	139%
2019	1,740,625	2,684,866	154%
2020	1,667,991	2,851,196	171%
2021	1,595,153	3,080,147	193%
2022	1,522,259	3,313,375	218%
2023	1,449,463	3,555,519	245%
2024	1,376,921	3,814,973	277%
2025	1,304,835	4,080,142	313%
2026	1,233,372	4,351,624	353%
2027	1,162,716	4,624,844	398%
2028	1,093,012	4,945,454	452%
2029	1,024,157	5,266,153	514%
2030	956,326	5,573,980	583%
2031	889,799	5,873,705	660%
2032	824,849	6,160,636	747%
2033	761,712	6,432,341	844%
2034	700,649	6,682,359	954%
2035	641,896	6,900,308	1075%
2036	585,671	7,077,618	1208%
2037	532,153	7,215,695	1356%
2038	481,481	7,319,148	1520%
2039	433,775	7,377,582	1701%
2040	389,130	7,391,898	1900%
2041	347,585	7,366,586	2119%
2042	309,165	7,307,908	2364%
2043	273,855	7,218,487	2636%
2044	241,597	7,096,713	2937%
2045	212,310	6,952,580	3275%
2046	185,876	6,786,516	3651%
2047	162,146	6,607,978	4075%
2048	140,949	6,396,038	4538%
2049	122,124	6,218,985	5092%
2050	105,499	6,049,366	5734%
2051	90,892	5,881,588	6471%
2052 and later	493,209	71,040,952	14404%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,543,626	1,717,573	68%
2014	3,104,250	1,889,726	61%
2015	3,040,179	2,045,497	67%
2016	2,934,148	2,210,676	75%
2017	2,827,169	2,387,050	84%
2018	2,719,403	2,562,995	94%
2019	2,610,937	2,732,950	105%
2020	2,501,986	2,898,888	116%
2021	2,392,729	3,128,349	131%
2022	2,283,388	3,361,927	147%
2023	2,174,195	3,604,355	166%
2024	2,065,382	3,864,060	187%
2025	1,957,252	4,129,269	211%
2026	1,850,058	4,400,619	238%
2027	1,744,074	4,673,477	268%
2028	1,639,519	4,993,947	305%
2029	1,536,236	5,314,247	346%
2030	1,434,489	5,621,310	392%
2031	1,334,698	5,920,020	444%
2032	1,237,273	6,205,664	502%
2033	1,142,568	6,475,840	567%
2034	1,050,973	6,724,136	640%
2035	962,844	6,940,123	721%
2036	878,507	7,115,268	810%
2037	798,229	7,251,034	908%
2038	722,222	7,352,092	1018%
2039	650,663	7,408,068	1139%
2040	583,695	7,419,880	1271%
2041	521,378	7,392,066	1418%
2042	463,747	7,330,969	1581%
2043	410,783	7,239,222	1762%
2044	362,395	7,115,226	1963%
2045	318,465	6,969,006	2188%
2046	278,814	6,801,004	2439%
2047	243,219	6,620,716	2722%
2048	211,424	6,407,175	3030%
2049	183,186	6,228,753	3400%
2050	158,249	6,057,946	3828%
2051	136,338	5,889,135	4320%
2052 and later	739,813	71,091,732	9609%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	51,159,878	12,200,245	24%		51,159,878	12,200,245	24%
Present Value of Future to 12/31/2012	20,723,039	67,469,541	326%		30,362,006	68,105,140	224%
Total Values	71,882,917	79,669,786	111%		81,521,884	80,305,385	99%
(Discounted at 6.00%)							
Projected Loss Ratio without Rate Increase			111%	Projected Loss Ratio with Rate Increase			99%
Minimum Lifetime Loss Ratio			60%				
Maximum Allowable Increase			294%				
Requested Rate Increase			50%				

Appendix C
CMFG Life Insurance Company
Historical and Projected Experience
Virginia Experience
1997 Product

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	0	n/a	n/a	n/a	
1998	546	n/a	n/a	n/a	
1999	16,265	n/a	n/a	n/a	
2000	30,481	n/a	n/a	n/a	
2001	54,582	n/a	n/a	n/a	
2002	82,776	0	0	0	0%
2003	106,350	0	0	0	0%
2004	109,756	0	0	0	0%
2005	109,716	0	0	0	0%
2006	108,875	145,559	0	145,559	134%
2007	105,971	20,986	0	20,986	20%
2008	104,477	0	0	0	0%
2009	101,613	0	0	0	0%
2010	101,741	80,953	290,395	371,348	365%
2011	100,876	0	0	0	0%
2012	91,441	21,997	225,647	247,644	271%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	85,137	70,629	83%
2015	82,546	77,674	94%
2016	79,883	85,335	107%
2017	77,151	93,463	121%
2018	74,358	102,019	137%
2019	71,505	108,893	152%
2020	68,601	114,924	168%
2021	65,666	123,692	188%
2022	62,719	132,390	211%
2023	59,771	141,476	237%
2024	56,839	151,704	267%
2025	53,951	162,225	301%
2026	51,120	173,836	340%
2027	48,358	186,627	386%
2028	45,665	202,705	444%
2029	43,024	219,771	511%
2030	40,429	237,914	588%
2031	37,886	256,568	677%
2032	35,399	274,315	775%
2033	32,972	291,189	883%
2034	30,606	306,112	1000%
2035	28,306	319,114	1127%
2036	26,074	329,900	1265%
2037	23,915	338,357	1415%
2038	21,833	344,770	1579%
2039	19,836	348,243	1756%
2040	17,928	349,413	1949%
2041	16,115	350,088	2172%
2042	14,400	350,585	2435%
2043	12,792	347,088	2713%
2044	11,292	339,485	3007%
2045	9,902	330,525	3338%
2046	8,624	321,819	3732%
2047	7,459	311,889	4181%
2048	6,407	298,163	4654%
2049	5,463	282,978	5180%
2050	4,624	265,106	5733%
2051	3,887	247,224	6361%
2052 and later	17,293	2,419,132	13989%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	102,945	64,630	63%
2014	126,045	72,127	57%
2015	123,819	79,325	64%
2016	119,824	87,077	73%
2017	115,726	95,292	82%
2018	111,537	103,927	93%
2019	107,258	110,825	103%
2020	102,902	116,842	114%
2021	98,500	125,627	128%
2022	94,079	134,331	143%
2023	89,656	143,421	160%
2024	85,258	153,649	180%
2025	80,926	164,151	203%
2026	76,681	175,749	229%
2027	72,537	188,532	260%
2028	68,497	204,630	299%
2029	64,535	221,717	344%
2030	60,643	239,881	396%
2031	56,829	258,554	455%
2032	53,099	276,304	520%
2033	49,458	293,173	593%
2034	45,909	308,075	671%
2035	42,460	321,040	756%
2036	39,111	331,774	848%
2037	35,872	340,166	948%
2038	32,750	346,500	1058%
2039	29,753	349,875	1176%
2040	26,892	350,939	1305%
2041	24,172	351,508	1454%
2042	21,600	351,903	1629%
2043	19,188	348,295	1815%
2044	16,937	340,575	2011%
2045	14,853	331,501	2232%
2046	12,936	322,692	2495%
2047	11,189	312,665	2794%
2048	9,610	298,844	3110%
2049	8,195	283,570	3460%
2050	6,936	265,614	3830%
2051	5,830	247,656	4248%
2052 and later	25,939	2,421,395	9335%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	1,781,718	926,044	52%	1,781,718	926,044	52%
Present Value of Future to 12/31/2012	856,365	2,858,353	334%	1,255,299	2,884,273	230%
Total Values	2,638,082	3,784,397	143%	3,037,017	3,810,318	125%
(Discounted at 6.00%)						

Appendix A
CMFG Life Insurance Company
1997 Product
Policies Sold Before 10/01/2003

Virginia

Requested Rate Increase = 50.0%

14. Average Annual Premium

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

Virginia	$1,117
Nationwide	$1,189

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

Virginia	$1,676
Nationwide	$1,783

19. Maximum Allowable Rate Increase

Maximum Allowable Rate Increase (60% Minimum Loss Ratio)	287%
Requested rate increase	50%

22. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	109%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	97%

24. Number of Policyholders and Annualized Premium as of December 31, 2012*

	All Policies	
	Policies	Premium
Virginia	82	$91,607
Nationwide	2,351	$2,795,296

* Excludes policies with single-pay premium option

Appendix B
CMFG Life Insurance Company
Historical and Projected Experience
Nationwide Experience
1997 Product
Policies Sold Before 10/01/2003

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	5,891	n/a	n/a	n/a	
1998	223,435	n/a	n/a	n/a	
1999	827,446	n/a	n/a	n/a	
2000	1,338,437	n/a	n/a	n/a	
2001	2,001,576	n/a	n/a	n/a	
2002	2,600,458	313,748	135,238	448,985	17%
2003	2,984,034	411,302	0	411,302	14%
2004	2,977,535	20,591	0	20,591	1%
2005	2,888,139	978,680	270,916	1,249,596	43%
2006	2,802,532	644,090	113,941	758,031	27%
2007	2,733,945	460,165	1,345	461,509	17%
2008	2,668,097	796,052	194,196	990,248	37%
2009	2,578,621	620,449	677,898	1,298,347	50%
2010	2,525,012	545,685	655,200	1,200,885	48%
2011	2,465,068	438,680	951,534	1,390,214	56%
2012	2,232,067	100,893	1,025,989	1,126,882	50%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,133,924	1,692,637	79%
2014	2,065,197	1,835,489	89%
2015	1,995,665	1,987,325	100%
2016	1,925,442	2,150,251	112%
2017	1,854,594	2,324,281	125%
2018	1,783,229	2,498,013	140%
2019	1,711,407	2,665,756	156%
2020	1,639,273	2,829,399	173%
2021	1,566,946	3,054,855	195%
2022	1,494,577	3,284,384	220%
2023	1,422,320	3,522,353	248%
2024	1,350,332	3,777,149	280%
2025	1,278,815	4,037,214	316%
2026	1,207,938	4,302,982	356%
2027	1,137,885	4,569,895	402%
2028	1,068,803	4,882,777	457%
2029	1,000,591	5,194,836	519%
2030	933,426	5,493,140	588%
2031	867,586	5,782,682	667%
2032	803,347	6,059,829	754%
2033	740,942	6,320,788	853%
2034	680,629	6,558,985	964%
2035	622,642	6,764,867	1086%
2036	567,194	6,929,759	1222%
2037	514,458	7,054,554	1371%
2038	464,569	7,142,939	1538%
2039	417,644	7,184,374	1720%
2040	373,773	7,179,497	1921%
2041	332,995	7,131,622	2142%
2042	295,336	7,047,830	2386%
2043	260,783	6,932,117	2658%
2044	229,273	6,781,962	2958%
2045	200,728	6,609,868	3293%
2046	175,027	6,415,931	3666%
2047	152,018	6,209,065	4084%
2048	131,526	5,971,211	4540%
2049	113,388	5,769,377	5088%
2050	97,430	5,577,756	5725%
2051	83,464	5,389,632	6457%
2052 and later	437,167	59,658,744	13647%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	2,506,004	1,708,214	68%
2014	3,057,496	1,879,338	61%
2015	2,993,497	2,033,840	68%
2016	2,888,163	2,197,573	76%
2017	2,781,891	2,372,324	85%
2018	2,674,843	2,546,460	95%
2019	2,567,111	2,714,271	106%
2020	2,458,909	2,877,669	117%
2021	2,350,419	3,103,770	132%
2022	2,241,866	3,333,783	149%
2023	2,133,480	3,572,174	167%
2024	2,025,498	3,827,344	189%
2025	1,918,222	4,087,541	213%
2026	1,811,907	4,353,246	240%
2027	1,706,827	4,619,862	271%
2028	1,603,205	4,932,661	308%
2029	1,500,887	5,244,352	349%
2030	1,400,139	5,541,887	396%
2031	1,301,380	5,830,379	448%
2032	1,205,020	6,106,222	507%
2033	1,111,413	6,365,640	573%
2034	1,020,943	6,602,068	647%
2035	933,963	6,805,918	729%
2036	850,790	6,968,561	819%
2037	771,686	7,090,946	919%
2038	696,854	7,176,824	1030%
2039	626,466	7,215,662	1152%
2040	560,659	7,208,151	1286%
2041	499,492	7,157,651	1433%
2042	443,004	7,071,304	1596%
2043	391,174	6,953,133	1778%
2044	343,909	6,800,628	1977%
2045	301,092	6,626,339	2201%
2046	262,541	6,430,374	2449%
2047	228,027	6,221,685	2728%
2048	197,289	5,982,182	3032%
2049	170,082	5,778,928	3398%
2050	146,144	5,586,074	3822%
2051	125,196	5,396,885	4311%
2052 and later	655,750	59,704,544	9105%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	50,777,723	12,200,245	24%		50,777,723	12,200,245	24%
Present Value of Future to 12/31/2012	20,331,232	65,514,430	322%		29,784,993	66,157,814	222%
Total Values	71,108,955	77,714,675	109%		80,562,716	78,358,059	97%
(Discounted at 6.00%)							
Projected Loss Ratio without Rate Increase			109%	Projected Loss Ratio with Rate Increase			97%
Minimum Lifetime Loss Ratio			60%				
Maximum Allowable Increase			287%				
Requested Rate Increase			50%				

Appendix C
CMFG Life Insurance Company
Historical and Projected Experience
Virginia Experience
1997 Product
Policies Sold Before 10/01/2003

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserves	Incurred Claims	Incurred Ratio
1997	0	n/a	n/a	n/a	
1998	546	n/a	n/a	n/a	
1999	16,265	n/a	n/a	n/a	
2000	30,481	n/a	n/a	n/a	
2001	54,582	n/a	n/a	n/a	
2002	82,776	0	0	0	0%
2003	106,350	0	0	0	0%
2004	109,756	0	0	0	0%
2005	109,716	0	0	0	0%
2006	108,875	145,559	0	145,559	134%
2007	105,971	20,986	0	20,986	20%
2008	104,477	0	0	0	0%
2009	101,613	0	0	0	0%
2010	101,741	80,953	290,395	371,348	365%
2011	100,876	0	0	0	0%
2012	91,441	21,997	225,647	247,644	271%

Claim experience is not available prior to 2002

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	87,660	64,119	73%
2014	85,137	70,629	83%
2015	82,546	77,674	94%
2016	79,883	85,335	107%
2017	77,151	93,463	121%
2018	74,358	102,019	137%
2019	71,505	108,893	152%
2020	68,601	114,924	168%
2021	65,666	123,692	188%
2022	62,719	132,390	211%
2023	59,771	141,476	237%
2024	56,839	151,704	267%
2025	53,951	162,225	301%
2026	51,120	173,836	340%
2027	48,358	186,627	386%
2028	45,665	202,705	444%
2029	43,024	219,771	511%
2030	40,429	237,914	588%
2031	37,886	256,568	677%
2032	35,399	274,315	775%
2033	32,972	291,189	883%
2034	30,606	306,112	1000%
2035	28,306	319,114	1127%
2036	26,074	329,900	1265%
2037	23,915	338,357	1415%
2038	21,833	344,770	1579%
2039	19,836	348,243	1756%
2040	17,928	349,413	1949%
2041	16,115	350,088	2172%
2042	14,400	350,585	2435%
2043	12,792	347,088	2713%
2044	11,292	339,485	3007%
2045	9,902	330,525	3338%
2046	8,624	321,819	3732%
2047	7,459	311,889	4181%
2048	6,407	298,163	4654%
2049	5,463	282,978	5180%
2050	4,624	265,106	5733%
2051	3,887	247,224	6361%
2052 and later	17,293	2,419,132	13989%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2013	102,945	64,630	63%
2014	126,045	72,127	57%
2015	123,819	79,325	64%
2016	119,824	87,077	73%
2017	115,726	95,292	82%
2018	111,537	103,927	93%
2019	107,258	110,825	103%
2020	102,902	116,842	114%
2021	98,500	125,627	128%
2022	94,079	134,331	143%
2023	89,656	143,421	160%
2024	85,258	153,649	180%
2025	80,926	164,151	203%
2026	76,681	175,749	229%
2027	72,537	188,532	260%
2028	68,497	204,630	299%
2029	64,535	221,717	344%
2030	60,643	239,881	396%
2031	56,829	258,554	455%
2032	53,099	276,304	520%
2033	49,458	293,173	593%
2034	45,909	308,075	671%
2035	42,460	321,040	756%
2036	39,111	331,774	848%
2037	35,872	340,166	948%
2038	32,750	346,500	1058%
2039	29,753	349,875	1176%
2040	26,892	350,939	1305%
2041	24,172	351,508	1454%
2042	21,600	351,903	1629%
2043	19,188	348,295	1815%
2044	16,937	340,575	2011%
2045	14,853	331,501	2232%
2046	12,936	322,692	2495%
2047	11,189	312,665	2794%
2048	9,610	298,844	3110%
2049	8,195	283,570	3460%
2050	6,936	265,614	3830%
2051	5,830	247,656	4248%
2052 and later	25,939	2,421,395	9335%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2012	1,781,718	926,044	52%	1,781,718	926,044	52%
Present Value of Future to 12/31/2012	856,365	2,858,353	334%	1,255,299	2,884,273	230%
Total Values	2,638,082	3,784,397	143%	3,037,017	3,810,318	125%
(Discounted at 6.00%)						

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

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

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

Dear <Policyholder Name>:

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

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

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

What are my options?

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

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

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

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

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

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

DRAFT

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

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

97 PP CB Encl 6.10.11 0212
Enclosures

DRAFT

CUNA MUTUAL GROUP

CMFG Life Insurance Company

Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901
Phone 1.866.245.7133

Contingent Benefit Upon Lapse Option

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

You are eligible for this benefit ONLY if:

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

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

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

EXAMPLE:

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

IMPORTANT CONSIDERATIONS BEFORE CHOOSING THIS OPTION:

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

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

Call us to confirm eligibility before exercising this option.

DRAFT

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

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

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

DRAFT

Long-Term Care Policy Benefit Change Options

To defray the cost of increases to your Long-Term Care policy, CMFG Life Insurance Company offers changes to your existing benefits. The following Q&A provides additional information about what changes are available and how they could impact your current benefits and premium. Representatives are available to answer any other questions about your policy and to help you make any changes you deem beneficial. Please call our toll-free number [(866.245.7133)].

For each of the following examples, we will assume the policyholder is a male, issue age 65, who has received notification of his rate increase and had initially selected all available benefits on his policy:

- $100 /day Maximum Home Health Care Daily Benefit
- $100 /day Maximum Facility Care Daily Benefit
- 4-Year Maximum Benefit Period
- 60-Day Home Care Elimination Period
- 60-Day Facility Care Elimination Period
- Nonforfeiture Lapse Option
- Return of Premium Option
- Lifetime Compound Interest Inflation Protection
- Premiums are paid on an annual basis

The policyholder's increased annual premium based on the benefits above is $4523.66.

<u>Changes to Standard Benefits (options involve increasing or decreasing):</u>

Q: If he decreases his Maximum Daily Benefit Amount from $100/day to $70/day on both the Home Health Care and the Facility Care, what will be the impact to his new premium?

> **A:** This combined change will result in an annual premium reduction of $1357.10. The Maximum Daily Benefit Amount can range from $40-$400 (in $10 increments). Decreases would reduce the maximum benefits payable per day and increases potential personal liability for your care if the actual cost of care is greater.

Q: If he decreases his Maximum Benefit Period from 4-Year to 2-Year, what will be the impact?

> **A:** This change will result in an annual premium reduction of $1637.50. Benefit Periods available are 2 years, 4 years, 6 years and Lifetime. Reducing the number of years of your Benefit Period reduces the number of years the benefit is payable.

Q: If he increases his Elimination Period from 60 days to 180 days on both the Home Care and Facility Care, what will be the impact?

> **A:** This combined change will result in an annual premium reduction of $1363.53. The Elimination Periods available are 0 days, 10 days, 20 days, 60 days, 90 days and 180 days. Increasing the number of days for the Elimination Period would increase the period of time before benefits are payable.

<u>Changes to Optional Benefits (the option is to remove the benefit):</u>

Q: If he removes the Nonforfeiture Lapse Benefit, what is the impact?

> **A:** This change will result in an annual premium reduction of $907.63. No paid-up benefit would be provided if the policy lapses due to nonpayment of premium.

DRAFT

Q: If he removes the Return of Premium benefit, what will be the impact?

A: This change will result in an annual premium reduction of $227.69. No premiums would be returned at death prior to the age of 70.

Q: If he removes the Lifetime Compound Interest Inflation Protection, what will be the impact?

A: This change will result in an annual premium reduction of $2188.87. No additional automatic increases would be made to the policy (the maximum daily benefit amount will be frozen).

NOTE:

1. Changes to any benefits listed above will reduce CMFG Life's liability under the Long-Term Care policy and may increase personal out-of pocket expense.
2. Benefits may vary by state. Refer to your policy for more details.

DRAFT

5/3/2013	LTC Rate Increase Filing Details													
	1997 Product													
State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
AK	$9,863	7	Filing was not Required	N/A	N/A	50%	NA	NA	NA	NA	NA	NA	NA	NA
AL	$10,568	7	Accepted	2/22/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
AR	$1,556	2	Disapproved*											
AZ	$152,439	89	Approved	9/7/2011	12/7/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CA	$44,607	35	Pending	8/3/2011										
CO	$37,060	18	Approved	2/24/2011	4/11/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
CT	$2,147	1	Disapproved*											
DC	$7,287	4	Will be filing											
DE	$5,125	5	Accepted	3/22/2011	6/15/2011	10%	Accepted	5/4/2012	6/13/2012	10%				
FL	$85,347	97	Approved	3/21/2012	6/21/2012	1.8%	Pending	4/9/2013						
GA	$62,134	45	Approved	8/30/2011	10/5/2011	15%	Approved	6/7/2012	7/30/2012	15%				
HI	$38,048	21	Accepted	2/1/2011	8/4/2011	30% / 2011 20% / 2012	NA	NA	NA	NA	NA	NA	NA	NA
IA	$157,725	184	Approved	2/25/2011	5/12/2011	25%	Approved	4/11/2012	7/26/2012	15%	Pending	4/18/2013		
ID	$29,136	26	Accepted	2/15/2011	8/8/2011	25%	Accepted	6/5/2012	12/10/2012	20%				
IL	$162,567	82	Accepted	4/14/2011	8/23/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
IN	$9,999	7	Disapproved*											
KS	$61,111	33	Accepted	2/7/2011	6/24/2011	10%	Accepted	4/20/2012	8/8/2012	10%	Pending	4/30/2013		
KY	$3,227	5	Approved	4/5/2011	5/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
LA	$5,929	6	Disapproved*											
MA	$6,660	5	Will be filing											
MD	$36,074	23	Accepted	6/1/2011	8/16/2011	15%	Accepted	6/5/2012	8/13/2012	15%				
ME	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MI	$287,214	104	Accepted	5/19/2011	6/6/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MN	$85,190	50	Approved	6/1/2011	10/20/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
MO	$47,849	54	Accepted	11/16/2011	10/3/2012	10%								
MS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MT	$8,170	9	Accepted	3/15/2011	4/8/2011	25%	Accepted	5/15/2012	6/20/2012	15%				
NC	$59,243	35	Approved	10/14/2011	12/13/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
ND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NE	$778	2	Approved	3/29/2011	8/23/2011	25%	Approved	6/5/2012	10/2/2012	25%	NA	NA	NA	NA
NH	$2,449	2	Approved	10/11/2012	1/24/2013	16%								
NJ	$12,080	9	Will be filing											
NM	$13,185	11	Pending	4/30/2013										
NV	$66,492	38	Approved	4/12/2011	3/20/2012	25%	Approved	10/22/2012	4/10/2013	10%				
OH	$128,925	110	Accepted	5/17/2011	6/3/2011	25%	Accepted	5/16/2012	7/5/2012	10%				
OK	$34,777	22	Approved	2/10/2011	9/23/2011	25%	Pending	5/1/2013						
OR	$182,075	112	Approved	8/12/2011	11/30/2011	22.47% / yr for 2 yrs (2011 & 2012)	NA	NA	NA	NA	NA	NA	NA	NA
PA	$173,817	114	Approved	5/16/2011	6/24/2011	15% / yr for 2 yrs (2011 & 2012)								
RI	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SC	$75,210	61	Approved	9/26/2011	2/21/2012	20%	Approved	10/23/2012	3/22/2013	20%				

State	Annualized Earned Premium as of 12/21/2012	Total of Policyholders as of 12/31/2012	Filing Status	Filed Date (Initial Request)	Approval / Acceptance Date	Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted	Add'l Filing Status **	Add'l Filing Date	Add'l Approval / Acceptance Date	Add'l Rate Increase Approved/ Accepted
SD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TN	$77,732	94	Approved	7/5/2011	1/9/2012	25%	Approved	9/11/2012	12/4/2012	25%	NA	NA	NA	NA
TX (pre-rate stab.)	$186,002	119	Approved	9/19/2011	10/10/2011	24%	Disapproved*							
TX (post rate stab.)	$48,851	40	Disapproved*											
UT	$61,460	34	Accepted	5/12/2011	9/26/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
VA	$91,607	82	Pending	5/3/2013										
VT	$26,681	25	Disapproved*											
WA	$94,419	48	Accepted	8/2/2011	8/30/2011	46%								
WI	$339,279	495	Accepted	3/17/2011	4/27/2011	50%	NA	NA	NA	NA	NA	NA	NA	NA
WV	$502	1	Approved	10/11/2012	12/4/2012	50%	NA	NA	NA	NA	NA	NA	NA	NA
WY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* In states where the rate increase filing has been disapproved, CMFG Life is continuing to work with the state to eventually gain approval of a rate increase.

**In states where the rate increase(s) approved is/are less than 50%, the Company is seeking additional rate increases to be effective one year after the prior approval.

CMFG Life Insurance Company

Long Term Care Program

Form 97-LTC-HHC1(VA)

ELIMINATION PERIOD FACTORS - Rates shown on the following pages are for the 90 day elimination period. Rates for the other elimination periods are calculated by multiplying the 90 day rates by the appropriate factor from the following table:

BP \ EP	0 Day	10 Day	20 Day	60 Day	90 Day	180 Day
2 Year	1.533	1.450	1.353	1.074	1.000	0.688
4 Year	1.368	1.294	1.223	1.055	1.000	0.737
6 Year	1.330	1.263	1.203	1.040	1.000	0.770
Unlimited	1.249	1.213	1.164	1.035	1.000	0.918

MODAL PREMIUM FACTORS

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.52
Quarterly	0.27
Monthly	0.09

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above.

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$3.00	$4.50	$6.00	$6.00	$12.00	$3.00
36	3.00	6.00	6.00	6.00	13.50	3.00
37	3.00	6.00	7.50	7.50	13.50	4.50
38	4.50	6.00	7.50	7.50	15.00	4.50
39	4.50	7.50	9.00	9.00	16.50	4.50
40	4.50	7.50	9.00	10.50	18.00	6.00
41	6.00	9.00	10.50	10.50	19.50	6.00
42	6.00	10.50	12.00	12.00	19.50	6.00
43	6.00	10.50	12.00	13.50	21.00	7.50
44	7.50	12.00	13.50	15.00	22.50	7.50
45	7.50	13.50	15.00	16.50	25.50	9.00
46	9.00	15.00	16.50	18.00	27.00	9.00
47	9.00	15.00	18.00	19.50	28.50	10.50
48	10.50	16.50	19.50	21.00	30.00	12.00
49	12.00	18.00	21.00	22.50	33.00	12.00
50	12.00	21.00	22.50	25.50	34.50	13.50
51	13.50	22.50	25.50	27.00	37.50	15.00
52	15.00	25.50	27.00	30.00	40.50	16.50
53	16.50	27.00	30.00	33.00	43.50	18.00
54	19.50	30.00	33.00	36.00	46.50	21.00
55	21.00	33.00	36.00	40.50	49.50	22.50
56	22.50	36.00	39.00	43.50	54.00	25.50
57	25.50	40.50	43.50	48.00	58.50	28.50
58	28.50	45.00	46.50	52.50	63.00	30.00
59	31.50	48.00	51.00	57.00	67.50	34.50
60	34.50	52.50	55.50	63.00	72.00	37.50
61	37.50	58.50	60.00	67.50	76.50	40.50
62	42.00	63.00	66.00	73.50	82.50	45.00
63	45.00	67.50	70.50	79.50	87.00	49.50
64	49.50	73.50	76.50	85.50	93.00	54.00
65	54.00	81.00	82.50	93.00	100.50	60.00
66	60.00	88.50	90.00	100.50	108.00	66.00
67	66.00	96.00	97.50	109.50	115.50	72.00
68	72.00	105.00	106.50	120.00	124.50	78.00
69	79.50	115.50	117.00	130.50	135.00	87.00
70	88.50	126.00	127.50	141.00	145.50	96.00
71	99.00	139.50	139.50	154.50	157.50	108.00
72	111.00	153.00	153.00	168.00	171.00	120.00
73	123.00	168.00	168.00	183.00	186.00	135.00
74	138.00	184.50	184.50	199.50	202.50	150.00
75	154.50	202.50	202.50	219.00	220.50	168.00
76	171.00	222.00	223.50	238.50	240.00	186.00
77	189.00	243.00	243.00	259.50	261.00	205.50
78	210.00	265.50	267.00	282.00	283.50	228.00
79	232.50	292.50	292.50	309.00	310.50	253.50
80	262.50	325.50	325.50	342.00	342.00	285.00
81	294.00	363.00	363.00	379.50	379.50	321.00
82	330.00	403.50	403.50	421.50	421.50	360.00
83	370.50	450.00	450.00	466.50	466.50	403.50
84	417.00	502.50	502.50	519.00	519.00	454.50
85	471.00	562.50	562.50	579.00	579.00	514.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.50	$7.50	$10.50	$10.50	$19.50	$6.00
36	6.00	9.00	10.50	10.50	21.00	6.00
37	6.00	10.50	12.00	12.00	24.00	6.00
38	7.50	10.50	13.50	13.50	25.50	7.50
39	7.50	12.00	15.00	15.00	27.00	9.00
40	9.00	13.50	16.50	16.50	28.50	9.00
41	9.00	15.00	18.00	18.00	31.50	10.50
42	10.50	16.50	19.50	19.50	33.00	10.50
43	12.00	18.00	21.00	22.50	36.00	12.00
44	12.00	19.50	22.50	24.00	37.50	13.50
45	13.50	22.50	25.50	27.00	40.50	15.00
46	15.00	24.00	27.00	28.50	43.50	16.50
47	16.50	25.50	30.00	31.50	46.50	18.00
48	18.00	28.50	33.00	34.50	49.50	19.50
49	19.50	31.50	34.50	37.50	54.00	21.00
50	21.00	34.50	39.00	42.00	57.00	24.00
51	24.00	37.50	42.00	45.00	61.50	25.50
52	25.50	42.00	45.00	49.50	66.00	28.50
53	28.50	45.00	49.50	54.00	70.50	31.50
54	31.50	49.50	54.00	60.00	76.50	34.50
55	34.50	55.50	60.00	66.00	81.00	37.50
56	39.00	60.00	64.50	72.00	87.00	42.00
57	42.00	66.00	70.50	78.00	94.50	49.50
58	46.50	72.00	76.50	85.50	100.50	51.00
59	51.00	79.50	84.00	93.00	108.00	55.50
60	57.00	87.00	91.50	102.00	117.00	61.50
61	61.50	94.50	99.00	111.00	124.50	67.50
62	67.50	102.00	106.50	118.50	132.00	73.50
63	73.50	111.00	115.50	129.00	141.00	81.00
64	81.00	120.00	124.50	139.50	151.50	88.50
65	90.00	132.00	135.00	151.50	162.00	97.50
66	99.00	144.00	147.00	165.00	174.00	106.50
67	108.00	157.50	160.50	178.50	187.50	117.00
68	118.50	171.00	174.00	193.50	202.50	129.00
69	132.00	187.50	190.50	211.50	217.50	142.50
70	147.00	205.50	208.50	231.00	237.00	159.00
71	163.50	226.50	228.00	252.00	256.50	177.00
72	183.00	249.00	250.50	274.50	279.00	198.00
73	204.00	273.00	274.50	298.50	303.00	220.50
74	226.50	301.50	301.50	327.00	330.00	246.00
75	253.50	331.50	333.00	357.00	360.00	276.00
76	282.00	364.50	364.50	390.00	391.50	307.50
77	312.00	399.00	397.50	424.50	426.00	339.00
78	345.00	436.50	436.50	462.00	463.50	375.00
79	385.50	481.50	481.50	507.00	507.00	418.50
80	432.00	535.50	535.50	561.00	561.00	471.00
81	487.50	597.00	597.00	622.50	622.50	531.00
82	546.00	664.50	664.50	691.50	691.50	595.50
83	613.50	739.50	739.50	768.00	768.00	669.00
84	690.00	826.50	826.50	853.50	853.50	754.50
85	780.00	925.50	925.50	952.50	952.50	853.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.00	$10.50	$12.00	$12.00	$24.00	$6.00
36	7.50	12.00	13.50	13.50	27.00	7.50
37	7.50	12.00	15.00	15.00	28.50	9.00
38	9.00	13.50	16.50	16.50	30.00	9.00
39	9.00	15.00	18.00	18.00	33.00	10.50
40	10.50	16.50	19.50	21.00	34.50	12.00
41	12.00	18.00	22.50	22.50	37.50	12.00
42	13.50	21.00	24.00	25.50	40.50	13.50
43	13.50	22.50	25.50	27.00	43.50	15.00
44	15.00	24.00	28.50	30.00	46.50	16.50
45	16.50	27.00	31.50	33.00	49.50	18.00
46	19.50	30.00	34.50	36.00	52.50	21.00
47	21.00	33.00	36.00	39.00	57.00	22.50
48	22.50	34.50	39.00	42.00	60.00	24.00
49	24.00	39.00	43.50	46.50	64.50	25.50
50	27.00	42.00	46.50	51.00	69.00	28.50
51	28.50	46.50	51.00	55.50	73.50	31.50
52	31.50	51.00	55.50	60.00	79.50	34.50
53	36.00	55.50	60.00	66.00	85.50	39.00
54	39.00	60.00	66.00	67.50	91.50	42.00
55	43.50	66.00	72.00	79.50	97.50	46.50
56	46.50	73.50	78.00	87.00	105.00	51.00
57	51.00	79.50	85.50	94.50	112.50	55.50
58	57.00	87.00	93.00	103.50	121.50	61.50
59	61.50	94.50	100.50	112.50	129.00	67.50
60	67.50	103.50	109.50	121.50	138.00	73.50
61	75.00	112.50	117.00	132.00	148.50	81.00
62	81.00	121.50	127.50	142.50	157.50	88.50
63	88.50	132.00	136.50	153.00	168.00	96.00
64	97.50	144.00	148.50	165.00	178.50	105.00
65	106.50	156.00	160.50	180.00	192.00	115.50
66	117.00	171.00	174.00	195.00	205.50	127.50
67	129.00	186.00	189.00	211.50	220.50	139.50
68	141.00	202.50	205.50	229.50	238.50	153.00
69	156.00	220.50	223.50	249.00	256.50	168.00
70	172.50	243.00	244.50	271.50	279.00	187.50
71	193.50	267.00	268.50	295.50	301.50	210.00
72	214.50	292.50	294.00	322.50	327.00	232.50
73	240.00	321.00	322.50	351.00	355.50	261.00
74	267.00	354.00	354.00	384.00	384.00	291.00
75	298.50	390.00	390.00	420.00	423.00	325.50
76	331.50	427.50	427.50	457.50	457.50	361.50
77	366.00	466.50	466.50	496.50	498.00	397.50
78	405.00	510.00	511.50	541.50	541.50	441.00
79	450.00	562.50	562.50	592.50	594.00	490.50
80	505.50	625.50	625.50	655.50	655.50	550.50
81	568.50	696.00	697.50	727.50	727.50	621.00
82	637.50	775.50	775.50	807.00	807.00	697.50
83	715.50	864.00	862.50	895.50	897.00	783.00
84	807.00	966.00	966.00	997.50	997.50	882.00
85	912.00	1081.50	1081.50	1113.00	1113.00	999.00

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF HOME HEALTH CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$9.00	$15.00	$18.00	$18.00	$31.50	$10.50
36	10.50	16.50	19.50	19.50	34.50	10.50
37	10.50	18.00	21.00	21.00	37.50	12.00
38	12.00	19.50	22.50	24.00	39.00	13.50
39	13.50	22.50	25.50	25.50	42.00	15.00
40	15.00	24.00	28.50	28.50	45.00	16.50
41	16.50	27.00	30.00	31.50	49.50	18.00
42	18.00	28.50	33.00	34.50	52.50	19.50
43	21.00	31.50	36.00	37.50	55.50	22.50
44	22.50	34.50	39.00	40.50	60.00	24.00
45	24.00	37.50	42.00	45.00	63.00	27.00
46	27.00	40.50	45.00	48.00	67.50	28.50
47	28.50	43.50	49.50	52.50	72.00	31.50
48	31.50	48.00	52.50	57.00	76.50	33.00
49	33.00	51.00	57.00	61.50	81.00	36.00
50	36.00	55.50	61.50	66.00	87.00	39.00
51	39.00	61.50	66.00	72.00	93.00	43.50
52	43.50	66.00	72.00	78.00	99.00	46.50
53	46.50	72.00	78.00	85.50	106.50	51.00
54	51.00	78.00	84.00	93.00	114.00	55.50
55	55.50	85.50	91.50	100.50	121.50	61.50
56	61.50	93.00	99.00	108.00	129.00	66.00
57	66.00	100.50	106.50	117.00	138.00	72.00
58	72.00	108.00	114.00	127.50	147.00	78.00
59	78.00	117.00	123.00	136.50	156.00	84.00
60	84.00	127.50	132.00	148.50	166.50	91.50
61	91.50	136.50	142.50	159.00	177.00	99.00
62	99.00	148.50	153.00	171.00	187.50	108.00
63	108.00	159.00	165.00	183.00	199.50	117.00
64	118.50	172.50	177.00	198.00	211.50	127.50
65	129.00	187.50	190.50	213.00	226.50	139.50
66	141.00	202.50	207.00	229.50	243.00	153.00
67	153.00	219.00	223.50	249.00	259.50	166.50
68	166.50	238.50	241.50	268.50	279.00	181.50
69	183.00	259.50	262.50	291.00	300.00	199.50
70	204.00	283.50	286.50	316.50	322.50	220.50
71	226.50	310.50	313.50	343.50	351.00	246.00
72	252.00	340.50	343.50	375.00	379.50	273.00
73	280.50	373.50	375.00	408.00	412.50	304.50
74	312.00	411.00	411.00	442.50	448.50	339.00
75	348.00	451.50	451.50	484.50	487.50	378.00
76	385.50	493.50	495.00	528.00	529.50	418.50
77	423.00	538.50	538.50	571.50	573.00	462.00
78	466.50	586.50	588.00	621.00	622.50	508.50
79	517.50	645.00	645.00	678.00	679.50	564.00
80	579.00	714.00	714.00	748.50	748.50	633.00
81	649.50	793.50	793.50	828.00	828.00	709.50
82	726.00	880.50	882.00	916.50	916.50	795.00
83	813.00	979.50	979.50	1015.50	1015.50	891.00
84	912.00	1090.50	1090.50	1126.50	1126.50	1000.50
85	1027.50	1218.00	1218.00	1254.00	1254.00	1128.00

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
2 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$4.50	$6.00	$7.50	$7.50	$15.00	$4.50
36	4.50	7.50	9.00	9.00	16.50	4.50
37	4.50	7.50	9.00	9.00	16.50	4.50
38	4.50	7.50	10.50	9.00	18.00	6.00
39	6.00	9.00	10.50	10.50	19.50	6.00
40	6.00	9.00	12.00	12.00	21.00	6.00
41	6.00	10.50	12.00	12.00	21.00	7.50
42	7.50	10.50	13.50	13.50	22.50	7.50
43	7.50	12.00	13.50	13.50	24.00	7.50
44	7.50	12.00	15.00	15.00	25.50	9.00
45	7.50	13.50	16.50	16.50	27.00	9.00
46	9.00	15.00	16.50	18.00	28.50	9.00
47	9.00	15.00	18.00	19.50	30.00	10.50
45	10.50	16.50	19.50	21.00	31.50	10.50
49	10.50	18.00	21.00	22.50	34.50	12.00
50	12.00	19.50	22.50	22.50	36.00	12.00
51	12.00	21.00	24.00	25.50	39.00	13.50
52	13.50	22.50	27.00	28.50	42.00	15.00
53	15.00	25.50	28.50	31.50	43.50	16.50
54	16.50	28.50	31.50	34.50	48.00	18.00
55	18.00	30.00	34.50	37.50	51.00	19.50
56	19.50	34.50	37.50	42.00	54.00	21.00
57	21.00	37.50	40.50	46.50	58.50	24.00
58	24.00	40.50	45.00	51.00	63.00	25.50
59	25.50	45.00	49.50	55.50	67.50	28.50
60	28.50	49.50	52.50	61.50	72.00	31.50
61	31.50	54.00	58.50	67.50	78.00	34.50
62	34.50	60.00	63.00	73.50	82.50	39.00
63	39.00	66.00	69.00	79.50	88.50	43.50
64	43.50	72.00	75.00	87.00	96.00	48.00
65	48.00	79.50	82.50	96.00	103.50	54.00
66	54.00	88.50	91.50	105.00	112.50	60.00
67	61.50	97.50	100.50	115.50	121.50	67.50
68	67.50	108.00	109.50	126.00	132.00	75.00
69	76.50	120.00	121.50	139.50	144.00	84.00
70	87.00	148.50	135.00	153.00	157.50	96.00
71	99.00	148.50	150.00	168.00	172.50	108.00
72	111.00	165.00	165.00	184.50	187.50	123.00
73	141.00	181.50	183.00	202.50	202.50	139.50
74	142.50	202.50	202.50	222.00	223.50	157.50
75	157.50	225.00	225.00	244.50	246.00	178.50
76	183.00	249.00	250.50	270.00	271.50	202.50
77	205.50	276.00	276.00	295.50	297.00	228.00
78	231.00	304.50	306.00	325.50	325.50	256.50
79	261.00	339.00	339.00	358.50	358.50	288.00
80	295.50	378.00	378.00	397.50	397.50	327.00
81	334.50	421.50	421.50	441.00	441.00	370.50
52	375.00	469.50	469.50	489.00	489.00	415.50
83	423.00	522.00	522.00	541.50	541.50	468.00
84	475.50	582.00	582.00	601.50	601.50	528.00
85	540.00	651.00	651.00	669.00	669.00	598.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.533**	**1.450**	**1.353**	**1.074**	**0.688**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
4 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$6.00	$10.50	$12.00	$12.00	$24.00	$7.50
36	7.50	12.00	13.50	13.50	25.50	7.50
37	7.50	12.00	15.00	15.00	27.00	9.00
38	9.00	13.50	16.50	16.50	28.50	9.00
39	9.00	15.00	16.50	16.50	30.00	10.50
40	9.00	15.00	18.00	18.00	33.00	10.50
41	10.50	16.50	19.50	19.50	34.50	12.00
42	10.50	18.00	21.00	21.00	36.00	12.00
43	12.00	19.50	22.50	22.50	39.00	13.50
44	12.00	19.50	24.00	24.00	40.50	13.50
45	13.50	21.00	25.50	25.50	43.50	15.00
46	13.50	22.50	27.00	28.50	45.00	15.00
47	15.00	25.50	28.50	30.00	48.00	16.50
48	16.50	27.00	31.50	33.00	51.00	18.00
49	16.50	28.50	33.00	36.00	54.00	18.00
50	18.00	31.50	36.00	39.00	57.00	19.50
51	19.50	34.50	39.00	42.00	61.50	22.50
52	21.00	37.50	42.00	46.50	66.00	24.00
53	24.00	40.50	46.50	51.00	70.50	25.50
54	25.50	45.00	49.50	55.50	75.00	28.50
55	28.50	49.50	55.50	61.50	81.00	31.50
56	31.50	54.00	60.00	67.50	87.00	34.50
57	34.50	60.00	64.50	73.50	93.00	37.50
58	37.50	66.00	70.50	81.00	100.50	42.00
59	42.00	72.00	78.00	88.50	108.00	45.00
60	46.50	79.50	85.50	97.50	115.50	51.00
61	51.00	87.00	93.00	106.50	123.00	55.50
62	57.00	96.00	100.50	115.50	132.00	61.50
63	63.00	105.00	109.50	126.00	141.00	69.00
64	69.00	115.50	120.00	138.00	151.50	76.50
65	78.00	127.50	132.00	151.50	163.50	85.50
66	87.00	141.00	144.00	166.50	178.50	96.00
67	97.50	156.00	159.00	183.00	193.50	106.50
68	108.00	172.50	175.50	201.00	210.00	120.00
69	121.50	190.50	193.50	220.50	228.00	135.00
70	139.50	213.00	214.50	243.00	250.50	153.00
71	157.50	237.00	238.50	268.50	273.00	174.00
72	178.50	262.50	264.00	294.00	298.50	196.50
73	201.00	291.00	291.00	322.50	325.50	222.00
74	229.50	322.50	324.00	355.50	357.00	253.50
75	259.50	360.00	360.00	391.50	394.50	288.00
76	294.00	399.00	400.50	432.00	433.50	325.50
77	331.50	442.50	442.50	474.00	475.50	367.50
78	373.50	490.50	490.50	522.00	522.00	412.50
79	421.50	544.50	544.50	576.00	576.00	466.50
80	478.50	609.00	609.00	640.50	640.50	529.50
81	541.50	681.00	681.00	712.50	712.50	601.50
82	609.00	759.00	759.00	790.50	790.50	676.50
83	685.50	846.00	846.00	877.50	877.50	763.50
84	775.50	945.00	945.00	976.50	976.50	864.00
85	880.50	1059.00	1059.00	1089.00	1089.00	982.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.368**	**1.294**	**1.223**	**1.055**	**0.737**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
6 YEAR BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$7.50	$13.50	$15.00	$15.00	$28.50	$9.00
36	9.00	13.50	16.50	16.50	30.00	9.00
37	9.00	15.00	18.00	18.00	33.00	10.50
38	10.50	16.50	19.50	19.50	34.50	12.00
39	10.50	18.00	21.00	21.00	37.50	12.00
40	12.00	19.50	22.50	22.50	39.00	13.50
41	13.50	21.00	24.00	24.00	42.00	13.50
42	13.50	21.00	25.50	25.50	43.50	15.00
43	15.00	22.50	27.00	27.00	46.50	16.50
44	15.00	24.00	28.50	30.00	49.50	16.50
45	16.50	27.00	31.50	31.50	52.50	18.00
46	18.00	28.50	33.00	34.50	54.00	19.50
47	18.00	30.00	36.00	37.50	58.50	19.50
48	19.50	33.00	37.50	39.00	61.50	21.00
49	21.00	34.50	40.50	42.00	64.50	22.50
50	22.50	37.50	43.50	46.50	69.00	24.00
51	24.00	40.50	46.50	51.00	73.50	27.00
52	27.00	45.00	51.00	55.50	78.00	28.50
53	28.50	49.50	55.50	60.00	84.00	31.50
54	31.50	54.00	60.00	66.00	90.00	34.50
55	34.50	58.50	66.00	73.50	96.00	37.50
56	37.50	64.50	72.00	79.50	103.50	42.00
57	42.00	72.00	78.00	88.50	111.00	45.00
58	45.00	78.00	84.00	96.00	118.50	49.50
59	49.50	85.50	93.00	105.00	127.50	55.50
60	55.50	94.50	100.50	115.50	136.50	60.00
61	61.50	103.50	109.50	126.00	145.50	67.50
62	67.50	114.00	118.50	136.50	156.00	73.50
63	73.50	124.50	129.00	150.00	166.50	82.50
64	82.50	136.50	141.00	163.50	178.50	91.50
65	93.00	150.00	154.50	178.50	193.50	97.50
66	103.50	166.50	171.00	196.50	210.00	114.00
67	115.50	183.00	187.50	216.00	226.50	126.00
68	127.50	202.50	205.50	235.50	246.00	141.00
69	144.00	225.00	228.00	259.50	268.50	159.00
70	163.50	235.50	247.50	286.50	292.50	180.00
71	186.00	277.50	280.50	315.00	321.00	205.50
72	210.00	307.50	309.00	345.00	349.50	232.50
73	237.00	340.50	342.00	378.00	382.50	262.50
74	270.00	379.50	379.50	417.00	420.00	298.50
75	306.00	421.50	423.00	460.50	462.00	339.00
76	346.50	469.50	469.50	507.00	508.50	384.00
77	390.00	519.00	519.00	556.50	558.00	432.00
78	438.00	574.50	574.50	612.00	612.00	486.00
79	493.50	639.00	639.00	675.00	676.50	549.00
80	561.00	714.00	714.00	750.00	751.50	622.50
81	634.50	798.00	798.00	835.50	835.50	706.50
82	715.50	889.50	889.50	927.00	927.00	796.50
83	805.50	991.50	991.50	1029.00	1029.00	898.50
84	910.50	1108.50	1108.50	1144.50	1144.50	1015.50
85	1033.50	1243.50	1243.50	1278.00	1278.00	1155.00

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.330**	**1.263**	**1.203**	**1.040**	**0.770**

STANDARD ANNUAL PREMIUM RATES PER $10 OF NURSING FACILITY CARE DAILY BENEFIT
UNLIMITED BENEFIT PERIOD (90 Days Elimination Period)
INFLATION PROTECTION OPTION

		Simple		Compound		Future Purchase
Issue Age	**BASE**	**20 yrs.**	**Life**	**20 yrs.**	**Life**	**Option**
18-35	$10.50	$16.50	$19.50	$19.50	$33.00	$12.00
36	10.50	18.00	21.00	21.00	36.00	12.00
37	12.00	19.50	22.50	22.50	37.50	13.50
38	13.50	21.00	24.00	24.00	40.50	15.00
39	13.50	22.50	25.50	25.50	42.00	15.00
40	15.00	24.00	27.00	27.00	45.00	16.50
41	16.50	25.50	28.50	30.00	48.00	18.00
42	16.50	27.00	30.00	31.50	49.50	19.50
43	18.00	28.50	33.00	33.00	52.50	19.50
44	19.50	30.00	34.50	36.00	55.50	21.00
45	21.00	31.50	36.00	37.50	58.50	22.50
46	21.00	34.50	39.00	40.50	61.50	24.00
47	22.50	36.00	40.50	43.50	64.50	24.00
48	24.00	37.50	43.50	46.50	67.50	25.50
49	24.00	40.50	46.50	49.50	72.00	27.00
50	27.00	43.50	49.50	52.50	76.50	28.50
51	28.50	46.50	54.00	57.00	81.00	31.50
52	30.00	51.00	57.00	63.00	85.50	34.50
53	33.00	55.50	61.50	67.50	91.50	36.00
54	36.00	60.00	67.50	73.50	97.50	40.50
55	39.00	66.00	73.50	81.00	105.00	43.50
56	43.50	72.00	79.50	88.50	111.00	46.50
57	46.50	78.00	85.50	96.00	118.50	51.00
58	51.00	85.50	91.50	105.00	127.50	55.50
59	55.50	93.00	100.50	114.00	136.50	60.00
60	60.00	102.00	108.00	124.50	145.50	66.00
61	66.00	111.00	117.00	135.00	154.50	73.50
62	73.50	121.50	127.50	147.00	165.00	79.50
63	79.50	132.00	138.00	159.00	175.50	88.50
64	88.50	145.50	150.00	172.50	189.00	97.50
65	99.00	159.00	165.00	189.00	204.00	109.50
66	109.50	175.50	180.00	207.00	220.50	121.50
67	121.50	193.50	198.00	226.50	238.50	135.00
68	135.00	213.00	216.00	247.50	258.00	150.00
69	151.50	235.50	238.50	271.50	280.50	168.00
70	172.50	262.50	264.00	298.50	306.00	190.50
71	195.00	291.00	292.50	328.50	334.50	216.00
72	220.50	322.50	324.00	360.00	364.50	244.50
73	249.00	357.00	358.50	394.50	399.00	276.00
74	282.00	396.00	396.00	433.50	436.50	312.00
75	321.00	439.50	441.00	478.50	480.00	355.50
76	361.50	487.50	489.00	526.50	528.00	400.50
77	406.50	538.50	540.00	577.50	579.00	450.00
78	456.00	595.50	595.50	633.00	634.50	505.50
79	513.00	661.50	661.50	697.50	697.50	570.00
80	580.50	736.50	736.50	774.00	774.00	645.00
81	655.50	822.00	822.00	858.00	859.50	729.00
82	735.00	913.50	913.50	951.00	951.00	819.00
83	826.50	1015.50	1015.50	1053.00	1053.00	921.00
84	930.00	1131.00	1132.50	1168.50	1168.50	1039.50
85	1053.00	1266.00	1266.00	1300.50	1300.50	1177.50

EP	**0 Day**	**10 Day**	**20 Day**	**60 Day**	**180 Day**
Elimination Period Factors	**1.249**	**1.213**	**1.164**	**1.035**	**0.918**

PREMIUM INCREASE FOR NONFORFEITURE AT LAPSE OPTION

Issue Age	Percent Increase in Premium
35-and-under	14.6 %
36	15.1
37	15.7
38	16.2
39	16.7
40	17.1
41	17.3
42	17.3
43	17.2
44	17.2
45	17.4
46	17.8
47	18.3
48	19.0
49	19.5
50	20.0
51	20.3
52	20.5
53	20.7
54	20.9
55	21.2
56	21.6
57	22.1
58	22.6
59	23.1
60	23.5
61	23.9
62	24.2
63	24.5
64	24.8
65	25.1
66	25.4
67	25.7
68	26.1
69	26.3
70	26.6
71	26.5
72	27.0
73	27.2
74	27.4
75	27.5
76	27.7
77	27.9
78	28.1
79	28.1
80	27.9
81	27.4
82	26.7
83	25.9
84	25.1
85	24.3

PREMIUM INCREASE FOR RETURN OF PREMIUM OPTION

Issue Age	Percent Increase in Premium
35-and-under	3.0 %
36	3.2
37	3.3
38	3.5
39	3.7
40	3.9
41	4.1
42	4.4
43	4.6
44	4.8
45	5.1
46	5.4
47	5.6
45	5.9
49	6.2
50	6.4
51	6.6
52	6.9
53	7.1
54	7.3
55	7.5
56	7.6
57	7.7
58	7.8
59	7.7
60	7.6
61	7.3
62	6.9
63	6.4
64	5.8
65	5.3
66	4.5
67	3.7
68	2.9
69	2.2
70-and-over	N/A

CUNA MUTUAL GROUP

CMFG Life Insurance Company
2000 Heritage Way, Waverly, Iowa 50677

BENEFIT CHANGE REQUEST

Insured's Name: John Doe **Policy Number: 123456789**

Benefit Change:

Daily Benefit	**From:**	**To:**
Benefit Period	**From:**	**To:**
Elimination Period	**From: 30**	**To: 90**
Home Care Percentage	**From:**	**To:**
Inflation Option	**From:**	**To:**
Other: Monthly Benefit	**From:**	**To:**

Delete Riders:

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

Name of Rider: _____

The above changes will result in a new Annual Premium of $_xxx.xx_ and a new (MODE) Premium of $__xxx.xx__

Your signature below is required to make the above changes.

Signature of Insured: *John Doe* Date Signed: 5-1-2013

2012-LTC-CHANGE