

SERFF Tracking Number: AEGC-126300995 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 43565
 Company Tracking Number: 1659
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: 2009 Monumental Life Standard Group Medicare Supplement Rate Filing
 Project Name/Number: Med Supp Rates/55g

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: 2009 Monumental Life Standard SERFF Tr Num: AEGC-126300995 State: Arkansas

Group Medicare Supplement Rate Filing

TOI: MS05G Group Medicare Supplement -
 Standard Plans

SERFF Status: Closed-Approved-
 Closed State Tr Num: 43565

Sub-TOI: MS05G.001 Plan A

Co Tr Num: 1659

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date: 10/23/2009

Schaffer, Kristina Davis

Date Submitted: 09/23/2009

Disposition Status: Approved-
 Closed

Implementation Date Requested: 02/01/2010

Implementation Date: 02/01/2010

State Filing Description:

General Information

Project Name: Med Supp Rates

Status of Filing in Domicile: Pending

Project Number: 55g

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Rates are pending
 in our domicile state of Iowa.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact: 3.5%

Group Market Type: Association

Filing Status Changed: 10/23/2009

Explanation for Other Group Market Type:

State Status Changed: 10/23/2009

Deemer Date:

Created By: Teri Schaffer

Submitted By: Teri Schaffer

Corresponding Filing Tracking Number:

Filing Description:

RE: Monumental Life Insurance Company: Medicare Supplement Rate Filing for Standard Group Medicare Supplement

NAIC#: 468-66281 FEIN#: 52-0419790

UNIFORM MATRIX TOI DESCRIPTION: MS05G Group Medicare Supplement - Standard Plans

UNIFORM MATRIX SUB TOI: MS05G

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Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 90 days from the effective date of the approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

Company and Contact

Filing Contact Information

Teri Schaffer-Jones, Actuarial Administrative Supervisor tschaffer@aegonusa.com
520 Park Avenue 800-233-4624 [Phone] 5236 [Ext]
Baltimore, MD 21201-4500 410-209-5904 [FAX]

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type: Life and Health
Cedar Rapids, IA 52499 Group Name: State ID Number:
(800) 233-4624 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	09/23/2009	30752397

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/23/2009	10/23/2009

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Disposition

Disposition Date: 10/23/2009

Implementation Date: 02/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after February 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	3.500%	3.500%	\$1,623	21	\$46,379	6.500%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Uniform transmittal	Accepted for Informational Purposes	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.230%
Effective Date of Last Rate Revision: 12/01/2008
Filing Method of Last Filing: serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	3.500%	3.500%	\$1,623	21	\$46,379	6.500%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved Rates 10/23/2009		MS4000GPM-A	Revised	Previous State Filing Number: Percent Rate Change Request: 6.500	exhibita_p.pdf
Approved Rates 10/23/2009		MS4000GPM-B	Revised	Previous State Filing Number: Percent Rate Change Request: 6.500	
Approved Rates 10/23/2009		MS4000GPM-C	Revised	Previous State Filing Number: Percent Rate Change Request: 6.500	
Approved Rates 10/23/2009		MS4000GPM-D	Revised	Previous State Filing Number: Percent Rate Change Request: 6.500	
Approved Rates 10/23/2009		MS4000GPM-E	Revised	Previous State Filing Number: Percent Rate Change Request: 6.500	
Approved Rates		MS4000GPM-F	Revised	Previous State Filing Number:	

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Project Name/Number: Med Supp Rates/55g

10/23/2009 Percent Rate Change 6.500
 Request:

Approved Rates MS4000GPM-G Revised Previous State Filing
 10/23/2009 Number:
 Percent Rate Change 6.500
 Request:

Approved Rates MS4000GPM-H Revised Previous State Filing
 10/23/2009 Number:
 Percent Rate Change
 Request:

Approved Rates MS4000GPM-I Revised Previous State Filing
 10/23/2009 Number:
 Percent Rate Change
 Request:

Approved Rates MS4000GPM-J Revised Previous State Filing
 10/23/2009 Number:
 Percent Rate Change
 Request:

Exhibit A
Monumental Life Insurance Company
Policy Form Series: MS4000GPM

Mass Marketed Standard Group Medicare Supplement
Premium Rates
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	89	159	254	163	285	257	187

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	94	169	271	174	303	273	199

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960

Exhibit A
Monumental Life Insurance Company
Policy Form Series: MS4000GPM

Mass Marketed Standard Group Medicare Supplement
Premium Rates
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	1,039	693	573	382	1,613	906

Proposed Rate Change

	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	1,039	693	573	382	1,613	906

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Uniform transmittal	Accepted for Informational Purposes	Date: 10/23/2009
Comments:		
Attachment: uniform_transmittal.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	1659					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small [X] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	MS05G Group Medicare Supplement - Standard Plans					
10.	Product Coding Matrix Filing Code	<u>MS05G</u>					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____					
12.	Filing Submission Date	September 14, 2009					

13.	Filing Fee (If required)	Amount	\$ 50.00	Check Date	
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number	
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending			
15.	Filing Description:				
	<p>2009 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>MS4000GPM-A MS4000GPM-B MS4000GPM-C MS4000GPM-D MS4000GPM-E MS4000GPM-F MS4000GPM-G MS4000GPM-H MS4000GPM-I MS4000GPM-J</p>				
16.	Certification (If required)				
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>					
Print Name:		Stephen Baloga, A.S.A., M.A.A.A.		Title: Assistant Vice President and Actuary	
Signature:				Date: September 14, 2009	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1659		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		3.50%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, state & nationwide experience, actual to expected analysis, loss ratio projections	MS4000GPM-A thru MS4000GPM-J	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+0.0%</u> <u>-6.5%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	MS4000GPM-A thru MS4000GPM-J	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+0.0%</u> <u>-6.5%</u> <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% ____% <input type="checkbox"/> Other _____	

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