

SERFF Tracking Number: BNLB-126320063 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 43611
Company Tracking Number:
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.002 Plan B
Standard Plans
Product Name: GR-A70B
Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-A70B SERFF Tr Num: BNLB-126320063 State: Arkansas
TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 43611
Standard Plans Closed
Sub-TOI: MS051.002 Plan B Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler
Author: Diana Willis Disposition Date: 10/29/2009
Date Submitted: 09/25/2009 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date: 01/01/2010
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 08/04/2009
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: 6% Group Market Type:
Filing Status Changed: 10/29/2009 Explanation for Other Group Market Type:
State Status Changed: 10/29/2009
Deemer Date: Created By: Diana Willis
Submitted By: Diana Willis Corresponding Filing Tracking Number:
Filing Description:
INDIVIDUAL A&H
2010 Premium Rates for Standardized Medicare Supplement Policy Forms GR 70B

We are submitting the rates for the form captioned above. These rate scales are intended to be effective January 1, 2010 or later, depending on the premium mode option chosen. This form was approved in most states between May 1994 and April 1995. It is no longer available for sale.

The form is a guaranteed renewable Standardized Medicare Supplement policies issued to under-65 disabled

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individuals who are on Medicare. It provides the standardized benefit package of Plan B of your State's Medicare Supplement Regulation. The enclosed memorandum provides more specific details concerning the form and the expenses covered.

Due to the continued inflation in medical care costs, claim cost trend increases and poorer than anticipated experience, we must increase the rates. The amounts and details of the requested increases are explained in the enclosed memorandum. With these revised rates the anticipated loss ratio standard of your state for these forms will be met.

We'd sincerely appreciate your review for approval of this filing. Please feel free to correspond with us via SERFF, fax to (312) 396-5907 or e-mail d.willis@banklife.com.

Company and Contact

Filing Contact Information

Diana Willis, Actuarial Analyst II d.willis@banklife.com
 600 West Chicago Avenue 312-396-7658 [Phone]
 Chicago, IL 60610 312-396-5907 [FAX]

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois
 600 West Chicago Avenue Group Code: 233 Company Type:
 Chicago, IL 60610 Group Name: State ID Number:
 (312) 396-6000 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form being filed x 1 form = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	09/25/2009	30845311

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/29/2009	10/29/2009

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Disposition

Disposition Date: 10/29/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

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

- Increases will not be given more frequently than once in a twelve-month period

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):
Bankers Life and Casualty Company	6.000%	6.000%	\$519	1	\$	6.000%	6.000%

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 12.500%
Effective Date of Last Rate Revision: 01/01/2009
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):
Bankers Life and Casualty Company	6.000%	6.000%	\$519	1		6.000%	6.000%

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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 10/29/2009	Plan B Rate Sheet	GR-A70	Revised	Previous State Filing Number: Percent Rate Change Request:	39171 6.000 Rate Sheet.pdf

Bankers Life and Casualty Company

Standardized Medicare Supplement
Policy Form Series GR-A70

Annual Premium Rates* Male or Female

<u>Issue Age</u>	<u>Plan B</u>
All	\$6,070.20

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

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