

SERFF Tracking Number: EMCN-126221088 State: Arkansas  
Filing Company: EMC National Life Company State Tracking Number: 42940  
Company Tracking Number:  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit  
Product Name: HP8322 & HP8323, et al  
Project Name/Number: /

## Filing at a Glance

Company: EMC National Life Company

Product Name: HP8322 & HP8323, et al SERFF Tr Num: EMCN-126221088 State: ArkansasLH

TOI: H071 Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 42940

- Limited Benefit

Sub-TOI: H071.002 Dread Disease

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Daryl Schoenfeld

Disposition Date: 07/27/2009

Date Submitted: 07/14/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/27/2009

Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval are revised premiums for the following Cancer Specified Disease Policies:

Forms/Current Rate Sheets Approved September 11, 2008

HP8323 1-94 RSH 0461AR 7-08

HP8323 1-94 RSH 0462AR 7-08

SERFF Tracking Number: EMCN-126221088 State: Arkansas  
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HP8322 1-94 RSH 0463AR 7-08  
HP8322 1-94 RSH 0464AR 7-08  
HP8323 1-94 RSH 0465AR 7-08  
HP8323 1-94 RSH 0466AR 7-08  
AMH8328 1-94 RSH 0467AR 7-08  
AMH8328 1-94 RSH 0468AR 7-08  
AMH8329 1-94 RSH 0469AR 7-08  
AMH8329 1-94 RSH 0470AR 7-08

#### Forms/New Rate Sheets

HP8323 1-94 RSH 0473AR 7-09  
HP8323 1-94 RSH 0474AR 7-09  
HP8322 1-94 RSH 0475AR 7-09  
HP8322 1-94 RSH 0476AR 7-09  
HP8323 1-94 RSH 0477AR 7-09  
HP8323 1-94 RSH 0478AR 7-09  
AMH8328 1-94 RSH 0479AR 7-09  
AMH8328 1-94 RSH 0480AR 7-09  
AMH8329 1-94 RSH 0481AR 7-09  
AMH8329 1-94 RSH 0482AR 7-09

These policies first became available in 1994 and they were marketed by EMC National Life Company. This is the ninth revision of rates for these forms.

A description of the policies , premium increase history and past experience is included in the enclosed Actuarial Memorandum. The anticipated loss ratio is 55%.

We are requesting these rate increases to be implemented with the first premium due on or after January1, 2010. There are currently 4,157 policy owners nationwide, including 64 Arkansas policy owners that will be affected by this revision.

Your prompt consideration will be greatly appreciated.

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 Limited Benefit  
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 Project Name/Number: /

Mark C. Rowley, FSA, MAAA  
 Vice President, Managing Actuary

## Company and Contact

### Filing Contact Information

Daryl Schoenfeld, Assistant Secretary  
 4095 NW Urbandale Drive  
 Urbandale, IA 50322-7914

Dschoenfeld@emcni.com  
 (515) 237-2032 [Phone]

### Filing Company Information

EMC National Life Company  
 4095 NW Urbandale Drive  
 Urbandale, IA 50322-7914  
 (515) 645-4000 ext. 4094[Phone]

CoCode: 62928  
 Group Code:  
 Group Name:  
 FEIN Number: 42-0868851  
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State of Domicile: Iowa  
 Company Type: L and Health  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC National Life Company	\$100.00	07/14/2009	29187731

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/27/2009	07/27/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/23/2009	07/23/2009	Daryl Schoenfeld	07/24/2009	07/24/2009

SERFF Tracking Number: EMCN-126221088 State: Arkansas  
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 Product Name: HP8322 & HP8323, et al  
 Project Name/Number: /

## Disposition

Disposition Date: 07/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 20% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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):
EMC National Life Company	40.000%	40.000%	\$80,770	64	\$201,925	40.000%	40.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Amended Actuarial Memorandum	Approved-Closed	No
Rate (revised)	Proposed Rates for HP8322 and HP8323, et al	Approved-Closed	Yes
Rate	Proposed Rates for HP8322 and HP8323, et al	Replaced	Yes

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Limited Benefit  
Product Name: HP8322 & HP8323, et al  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/23/2009  
Submitted Date 07/23/2009

Respond By Date

Dear Daryl Schoenfeld,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Based on the fact the the policyholders have continually received rate increases since 2000 and the impact that another increase would have on the insureds, our Department would consider no more than a 20% rate increase in lieu of the 40% requested.

if you wish to accept the 20% increase, please provide us with an amended actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/24/2009  
Submitted Date 07/24/2009

Dear Rosalind Minor,

**Comments:**

SERFF Tracking Number: EMCN-126221088 State: Arkansas  
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Limited Benefit  
Product Name: HP8322 & HP8323, et al  
Project Name/Number: /

Good morning Rosalind.

## Response 1

Comments: We will accept the 20% rate increase counter offer. Attached is Mark Rowley's amended Actuarial Memorandum and revised rate sheets for your approval.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Based on the fact the the policyholders have continually received rate increases since 2000 and the impact that another increase would have on the insureds, our Department would consider no more than a 20% rate increase in lieu of the 40% requested.

if you wish to accept the 20% increase, please provide us with an amended actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation in this matter.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Amended Actuarial Memorandum

Comment: 20% Amended Actuarial Memorandum attached

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Proposed Rates for HP8322 and HP8323, et al	RSH 0474AR 7-09, RSH 0475AR 7-09, RSH 0476AR 7-09, RSH 0477AR 7-09, RSH 0478AR 7-09, RSH 0479AR 7-09, RSH 0480AR 7-09, RSH 0481AR 7-09,	Revised	<i>Previous State Filing Number</i>	

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Company Tracking Number:  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit  
Product Name: HP8322 & HP8323, et al  
Project Name/Number: /  
RSH 0482AR 7-09,RSH  
0473AR 7-09

Same

Percent Rate Change Request

20

**Previous Version**

Proposed Rates RSH 0473AR 7-09, RSH New  
for HP8322 and 0474AR 7-09, RSH 0475AR  
HP8323, et al 7-09, RSH 0476AR 7-09,  
RSH 0477AR 7-09, RSH  
0478AR 7-09, RSH 0479AR  
7-09, RSH 0480AR 7-09,  
RSH 0481AR 7-09, RSH  
0482AR 7-09

Previous State Filing Number

Percent Rate Change Request

0



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 Product Name: HP8322 & HP8323, et al  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 20.000%  
**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):
EMC National Life Company	40.000%	40.000%	\$80,770	64	\$201,925	40.000%	40.000%

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 Product Name: HP8322 & HP8323, et al  
 Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Proposed Rates for HP8322 and HP8323, et al	RSH 0474AR 7-09, RSH 0475AR 7-09, RSH 0476AR 7-09, RSH 0477AR 7-09, RSH 0478AR 7-09, RSH 0479AR 7-09, RSH 0480AR 7-09, RSH 0481AR 7-09, RSH 0482AR 7-09, RSH 0473AR 7-09	Revised	Previous State Filing Number: Percent Rate Change Request:	Same 20.000 Proposed Rates-AR Adjusted.pdf

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Daily Chemotherapy benefit under form AMH 8719  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>				
	18-44	1428.27	26.61	21.77
	45-49	1487.25	28.06	22.26
	50-54	1753.22	38.22	29.51
	55-59	2018.30	48.63	41.61
	60-64	2297.75	61.21	55.64
	65-69	2576.12	76.45	70.64
	70-75	2821.30	92.90	84.19
<b>FAMILY</b>				
	18-44	2503.32	49.59	37.74
	45-49	2719.59	56.37	39.67
	50-54	3125.37	74.51	57.58
	55-59	3573.99	93.86	80.32
	60-64	4095.40	117.33	106.93
	65-69	4614.77	146.60	135.96
	70-75	5070.87	179.14	162.09
<b>SINGLE PARENT</b>				
	18-44	1714.23	31.93	26.13
	45-49	1787.04	33.63	26.61
	50-54	2107.17	45.72	35.32
	55-59	2424.09	58.30	49.84
	60-64	2752.42	73.30	66.77
	65-69	3094.33	91.69	84.67
	70-75	3383.41	111.53	101.12

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Daily Chemotherapy benefit under form AMH 8719  
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	1428.27	26.61	21.77
<b>FAMILY</b>	2503.32	49.59	37.74
<b>SINGLE PARENT</b>	1714.23	31.93	26.13

(Monthly premiums = 1/12 annually)

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EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>				
	18-44	1654.57	26.61	21.77
	45-49	1703.68	28.06	22.26
	50-54	1977.25	38.22	29.51
	55-59	2242.63	48.63	41.61
	60-64	2519.62	61.21	55.64
	65-69	2791.14	76.45	70.64
	70-75	3025.81	92.90	84.19
<b>FAMILY</b>				
	18-44	2780.08	49.59	37.74
	45-49	2984.85	56.37	39.67
	50-54	3386.20	74.51	57.58
	55-59	3831.78	93.86	80.32
	60-64	4349.43	117.33	106.93
	65-69	4852.35	146.60	135.96
	70-75	5283.18	179.14	162.09
<b>SINGLE PARENT</b>				
	18-44	1985.44	31.93	26.13
	45-49	2047.69	33.63	26.61
	50-54	2378.73	45.72	35.32
	55-59	2694.90	58.30	49.84
	60-64	3029.08	73.30	66.77
	65-69	3353.43	91.69	84.67
	70-75	3627.01	111.53	101.12

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

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EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)  
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	1654.57	26.61	21.77
<b>FAMILY</b>	2780.08	49.59	37.74
<b>SINGLE PARENT</b>	1985.44	31.93	26.13

(Monthly premiums = 1/12 annually)

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URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>				
	18-44	2185.30	26.61	21.77
	45-49	2275.53	28.06	22.26
	50-54	2682.48	38.22	29.51
	55-59	3088.05	48.63	41.61
	60-64	3515.61	61.21	55.64
	65-69	3941.53	76.45	70.64
	70-75	4316.67	92.90	84.19
<b>FAMILY</b>				
	18-44	3830.14	49.59	37.74
	45-49	4161.04	56.37	39.67
	50-54	4781.90	74.51	57.58
	55-59	5468.29	93.86	80.32
	60-64	6266.07	117.33	106.93
	65-69	7060.71	146.60	135.96
	70-75	7758.56	179.14	162.09
<b>SINGLE PARENT</b>				
	18-44	2622.82	31.93	26.13
	45-49	2734.21	33.63	26.61
	50-54	3224.02	45.72	35.32
	55-59	3708.91	58.30	49.84
	60-64	4211.28	73.30	66.77
	65-69	4734.40	91.69	84.67
	70-75	5176.70	111.53	101.12

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

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EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	2185.30	26.61	21.77
<b>FAMILY</b>	3830.14	49.59	37.74
<b>SINGLE PARENT</b>	2622.82	31.93	26.13

(Monthly premiums = 1/12 annually)

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EMC NATIONAL LIFE  
URBANDALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit Rider  
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>		
	18-44	60.48
	45-49	72.58
	50-54	79.59
	55-59	97.74
	60-64	115.64
	65-69	128.22
	70-75	101.12
<b>FAMILY</b>		
	18-44	120.96
	45-49	137.17
	50-54	155.07
	55-59	185.07
	60-64	216.03
	65-69	238.29
	70-75	185.55
<b>SINGLE PARENT</b>		
	18-44	84.67
	45-49	87.09
	50-54	95.56
	55-59	117.33
	60-64	138.86
	65-69	153.86
	70-75	121.44

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit  
Composite Annual Premiums

	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>	60.48
<b>FAMILY</b>	120.96
<b>SINGLE PARENT</b>	84.67

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider  
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>		
	18-44	48.38
	45-49	49.11
	50-54	63.38
	55-59	79.83
	60-64	97.49
	65-69	115.64
	70-75	133.54
<b>FAMILY</b>		
	18-44	82.25
	45-49	89.75
	50-54	116.85
	55-59	148.06
	60-64	182.17
	65-69	217.00
	70-75	251.84
<b>SINGLE PARENT</b>		
	18-44	58.06
	45-49	59.03
	50-54	76.20
	55-59	95.80
	60-64	117.09
	65-69	138.86
	70-75	160.15

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider  
Composite Annual Premiums

	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>	48.38
<b>FAMILY</b>	82.25
<b>SINGLE PARENT</b>	58.06

(Monthly premiums = 1/12 annually)

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 Limited Benefit  
 Product Name: HP8322 & HP8323, et al  
 Project Name/Number: /

## Superseded Attachments

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Proposed Rates for HP8322 and HP8323, et al	07/11/2009	Proposed Rates-AR.pdf

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Daily Chemotherapy benefit under form AMH 8719  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	18-44	1666.31	31.05	25.40
	45-49	1735.12	32.74	25.97
	50-54	2045.42	44.59	34.43
	55-59	2354.68	56.73	48.55
	60-64	2680.70	71.41	64.92
	65-69	3005.47	89.19	82.41
	70-75	3291.51	108.38	98.22
<b>FAMILY</b>	18-44	2920.53	57.86	44.03
	45-49	3172.85	65.76	46.29
	50-54	3646.26	86.93	67.17
	55-59	4169.64	109.51	93.70
	60-64	4777.96	136.89	124.75
	65-69	5383.88	171.04	158.62
	70-75	5916.00	209.00	189.10
<b>SINGLE PARENT</b>	18-44	1999.93	37.26	30.48
	45-49	2084.87	39.23	31.05
	50-54	2458.36	53.34	41.21
	55-59	2828.09	68.02	58.14
	60-64	3211.15	85.52	77.90
	65-69	3610.04	106.97	98.78
	70-75	3947.30	130.11	117.98

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Daily Chemotherapy benefit under form AMH 8719  
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	1666.31	31.05	25.40
<b>FAMILY</b>	2920.53	57.86	44.03
<b>SINGLE PARENT</b>	1999.93	37.26	30.48

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>				
	18-44	1930.34	31.05	25.40
	45-49	1987.63	32.74	25.97
	50-54	2306.80	44.59	34.43
	55-59	2616.41	56.73	48.55
	60-64	2939.56	71.41	64.92
	65-69	3256.34	89.19	82.41
	70-75	3530.12	108.38	98.22
<b>FAMILY</b>				
	18-44	3243.44	57.86	44.03
	45-49	3482.34	65.76	46.29
	50-54	3950.58	86.93	67.17
	55-59	4470.42	109.51	93.70
	60-64	5074.36	136.89	124.75
	65-69	5661.09	171.04	158.62
	70-75	6163.74	209.00	189.10
<b>SINGLE PARENT</b>				
	18-44	2316.36	37.26	30.48
	45-49	2388.98	39.23	31.05
	50-54	2775.20	53.34	41.21
	55-59	3144.06	68.02	58.14
	60-64	3533.94	85.52	77.90
	65-69	3912.36	106.97	98.78
	70-75	4231.53	130.11	117.98

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)  
Composite Annual Premiums

	<u>Base Policy</u>	<u>Daily Room and Board per unit</u>	<u>Surgery Benefit per unit</u>
<b>INDIVIDUAL</b>	1930.34	31.05	25.40
<b>FAMILY</b>	3243.44	57.86	44.03
<b>SINGLE PARENT</b>	2316.36	37.26	30.48

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments



EMC NATIONAL LIFE  
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	18-44	2549.52	31.05	25.40
	45-49	2654.80	32.74	25.97
	50-54	3129.57	44.59	34.43
	55-59	3602.75	56.73	48.55
	60-64	4101.56	71.41	64.92
	65-69	4598.47	89.19	82.41
	70-75	5036.14	108.38	98.22
<b>FAMILY</b>	18-44	4468.51	57.86	44.03
	45-49	4854.57	65.76	46.29
	50-54	5578.91	86.93	67.17
	55-59	6379.70	109.51	93.70
	60-64	7310.45	136.89	124.75
	65-69	8237.53	171.04	158.62
	70-75	9051.70	209.00	189.10
<b>SINGLE PARENT</b>	18-44	3059.97	37.26	30.48
	45-49	3189.93	39.23	31.05
	50-54	3761.37	53.34	41.21
	55-59	4327.09	68.02	58.14
	60-64	4913.18	85.52	77.90
	65-69	5523.49	106.97	98.78
	70-75	6039.51	130.11	117.98

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE  
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)  
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
<b>INDIVIDUAL</b>	2549.52	31.05	25.40
<b>FAMILY</b>	4468.51	57.86	44.03
<b>SINGLE PARENT</b>	3059.97	37.26	30.48

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

**DAILY ROOM AND BOARD:** Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

**SURGERY BENEFIT:** Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit Rider  
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>		
	18-44	70.56
	45-49	84.67
	50-54	92.86
	55-59	114.02
	60-64	134.91
	65-69	149.59
	70-75	117.98
<b>FAMILY</b>		
	18-44	141.12
	45-49	160.03
	50-54	180.92
	55-59	215.91
	60-64	252.04
	65-69	278.01
	70-75	216.48
<b>SINGLE PARENT</b>		
	18-44	98.78
	45-49	101.61
	50-54	111.48
	55-59	136.89
	60-64	162.01
	65-69	179.50
	70-75	141.68

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit  
Composite Annual Premiums

	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>	70.56
<b>FAMILY</b>	141.12
<b>SINGLE PARENT</b>	98.78

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider  
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>		
	18-44	56.45
	45-49	57.29
	50-54	73.95
	55-59	93.14
	60-64	113.74
	65-69	134.91
	70-75	155.80
<b>FAMILY</b>		
	18-44	95.96
	45-49	104.71
	50-54	136.32
	55-59	172.73
	60-64	212.53
	65-69	253.17
	70-75	293.81
<b>SINGLE PARENT</b>		
	18-44	67.74
	45-49	68.87
	50-54	88.91
	55-59	111.77
	60-64	136.60
	65-69	162.01
	70-75	186.84

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE  
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider  
Composite Annual Premiums

	<u>Rate Per Unit</u>
<b>INDIVIDUAL</b>	56.45
<b>FAMILY</b>	95.96
<b>SINGLE PARENT</b>	67.74

(Monthly premiums = 1/12 annually)