

SERFF Tracking Number: AEGC-126411529 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 44433
 Company Tracking Number: 1197
 TOI: MS02G Group Medicare Supplement - Pre- Standardized Sub-TOI: MS02G.000 Medicare Supplement - Pre- Standardized
 Product Name: 2009 Monumental Life Insurance Company (formerly Peoples Benefit) PreStandard Group Medicare Supplement Rate Filing
 Project Name/Number: Medicare Supplement Rates/55/02 pregrp

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: 2009 Monumental Life Insurance Company (formerly Peoples Benefit) SERFF Tr Num: AEGC-126411529 State: Arkansas

PreStandard Group Medicare Supplement Rate

Filing

TOI: MS02G Group Medicare Supplement - Pre-Standardized

Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized

Filing Type: Rate

SERFF Status: Closed-Approved-Closed

Co Tr Num: 1197

Authors: Carolyn Mills, Teri Schaffer, Kristina Davis

Date Submitted: 12/29/2009

State Tr Num: 44433

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 01/27/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 03/01/2010

State Filing Description:

General Information

Project Name: Medicare Supplement Rates

Project Number: 55/02 pregrp

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/27/2010

Deemer Date:

Submitted By: Teri Schaffer

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 01/27/2010

Created By: Carolyn Mills

Corresponding Filing Tracking Number:

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Filing Description:

2009 Medicare Supplement Rate Filing for PreStand Group Medicare Supplement. Policy Form(s): 610400

Enclosed is our rate submission for all benefits contained in Medicare Supplement plans issued prior to the 1992 Medicare regulations. This rate revision would be effective the first day of the month following 60 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.

Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com
 520 Park Avenue 410-209-5644 [Phone]
 Baltimore, MD 21201 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:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	12/29/2009	33149751

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/27/2010	01/27/2010

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Disposition

Disposition Date: 01/27/2010

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

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	0.000%	0.000%	\$0	5	\$11,156	0.000%	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	NAIC Uniform Transmittal Document	Accepted for Informational Purposes	Yes
Rate	Exhibit A	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Electronic
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 12/18/2008
Filing Method of Last Filing: Electronic

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	0.000%	0.000%	\$0	5	\$11,156	0.000%	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 01/27/2010	Exhibit A	610400	New		exhibita_p.pdf

Exhibit A
Monumental Life Insurance Company
Formerly Peoples Benefit Life

Mass Marketed Pre-Standard Group Medicare Supplement
Premium Rates
State of Arkansas
Form Number: 610400

Current Annual Premium Rates

Issue Age	w/Part B Deductible	wo/Part B Deductible
65 & Up	2,292	2,192

Proposed Rate Change

All Ages	0.0%	0.0%
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Proposed Annual Premium Rates

Issue Age	w/Part B Deductible	wo/Part B Deductible
65 & Up	2,292	2,192

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factors	1.000	0.500	0.250	0.083

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: NAIC Uniform Transmittal Document	Accepted for Informational Purposes	01/27/2010
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 Formerly Peoples Benefit Life 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	1197					
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	MS02G Group Medicare Supplement - Pre Standardized					
10.	Product Coding Matrix Filing Code	<u>MS02G.000 Medicare Supplement - Pre-Standardized</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	December 22, 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 Pre-Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company Formerly Peoples Benefit Life</p> <p><u>POLICY FORM #(s):</u></p> <p>610400</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: December 22, 2009	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1197		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		0.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, loss ratio projections	610400	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + 0.0% <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	610400	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + 0.0% <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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