

SERFF Tracking Number: ASWX-G126669480 State: Arkansas
Filing Company: John Alden Life Insurance Company State Tracking Number: 46409
Company Tracking Number: AR01261JA00001
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term
Product Name: TRUE Short Term Medical
Project Name/Number: TRUE Short Term Medical/AR01261JA00001

Filing at a Glance

Company: John Alden Life Insurance Company

Product Name: TRUE Short Term Medical SERFF Tr Num: ASWX-G126669480 State: Arkansas
TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 46409
Sub-TOI: H16I.004 Short Term Co Tr Num: AR01261JA00001 State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor
Author: SPI Disposition Date: 08/10/2010
AssurantHealthandEmployeeBenef
Date Submitted: 08/05/2010 Disposition Status: Approved-Closed
Implementation Date Requested: 09/01/2010 Implementation Date:

State Filing Description:

General Information

Project Name: TRUE Short Term Medical Status of Filing in Domicile:
Project Number: AR01261JA00001 Date Approved in Domicile:
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: 17.4% Group Market Type:
Filing Status Changed: 08/10/2010 Explanation for Other Group Market Type:
State Status Changed: 08/10/2010
Deemer Date: Created By: SPI
AssurantHealthandEmployeeBenef
Submitted By: SPI AssurantHealthandEmployeeBenef Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
Filing Description:
This is not a PPACA filing.

See cover letter.

Company and Contact

SERFF Tracking Number: ASWX-G126669480 State: Arkansas
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 TOI: H161 Individual Health - Major Medical Sub-TOI: H161.004 Short Term
 Product Name: TRUE Short Term Medical
 Project Name/Number: TRUE Short Term Medical/AR01261JA00001

Filing Contact Information

Alex Vogel, Actuarial Analyst Alex.Vogel@assurant.com
 501 W. Michigan St. 800-800-1212 [Phone]
 Milwaukee, WI 53203 414-299-6168 [FAX]

Filing Company Information

John Alden Life Insurance Company CoCode: 65080 State of Domicile: Wisconsin
 501 W. Michigan Street Group Code: 19 Company Type:
 Milwaukee, WI 53203 Group Name: State ID Number:
 (800) 800-1212 ext. [Phone] FEIN Number: 41-0999752

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Alden Life Insurance Company	\$50.00	08/05/2010	38556783

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/10/2010	08/10/2010

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Disposition

Disposition Date: 08/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request for a rate increase for new business only.

If we could be of further assistance, please let us know.

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):
John Alden Life Insurance Company	17.400%	17.400%	\$37,794,300	0	\$134,405,045	19.800%	14.100%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Experience Exhibit	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.600%
Effective Date of Last Rate Revision: 10/01/2009
Filing Method of Last Filing: Prior Approval

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):
John Alden Life Insurance Company	17.400%	17.400%	\$37,794,300	0	\$134,405,045	19.800%	14.100%

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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-Closed 08/10/2010	Rates	145	New		AR_ja_ratesheets .PDF

**JOHN ALDEN LIFE INSURANCE COMPANY
FORM 145
Proposed Rates for 09/2010
(30 DAY MINIMUM; 180 DAY MAXIMUM)**

AR

DAILY RATE					
Deductible					
AGE	\$1,000	\$2,500	\$3,500	\$5,000	\$7,500
0-14	1.25	0.95	0.80	0.68	0.65
15-19	1.55	1.25	1.10	1.03	0.85
20-24	1.50	1.10	0.95	0.88	0.80
25-29	1.38	0.97	0.95	0.78	0.70
30-34	1.41	1.10	1.05	0.81	0.73
35-39	1.78	1.26	1.15	1.08	0.84
40-44	2.11	1.52	1.31	1.18	1.10
45-49	2.51	1.75	1.50	1.43	1.25
50-54	3.36	2.51	2.16	1.98	1.75
55-59	4.42	3.26	2.81	2.59	2.26
60-64	7.08	5.07	4.37	4.10	3.11
Per Child	0.96	0.60	0.60	0.54	0.48

AREA FACTORS		TREND FACTORS	
<u>Zip</u>	<u>Factor</u>	9/1/2010	1.00
		12/1/2010	1.04
All AR	2.03	3/1/2011	1.08
		6/1/2011	1.12
		Each subsequent quarter	*1.04

MODAL FACTORS	
Single Pay	1.00
Monthly Pay	1.28

RATE OF PAYMENT	50%	80%	100%
FACTORS	0	N/A	N/A
	1000	0.800	1.000
	2500	0.800	1.000
	3500	0.800	1.000
	5000	0.800	1.000
	7500	0.800	1.000

Core 6 Month	
Max Benefit	Additional
<u>Amount</u>	<u>Daily Rate</u>
\$2 Million	\$0.00
\$5 Million	\$0.20

LIFE RIDER - optional	
Daily Rate per Adult per Amount of Coverage	
<u>Age</u>	<u>\$25,000</u>
18-24	\$0.39
25-29	\$0.39
30-34	\$0.41
35-39	\$0.47
40-44	\$0.62
45-49	\$0.85
50-54	\$1.29
55-59	\$1.96
60-64	\$2.64

AME RIDER - optional	
<u>Deductible</u>	<u>Daily Rate per Person</u>
\$0	N/A
\$1,000	\$0.33
\$2,500	\$0.53
\$3,500	\$0.60
\$5,000	\$0.70
\$7,500	\$0.86

ADDITIONAL POLICY FEES	
Application Fee	\$25

Other Optional Riders	
Travel	\$100
AR Y132/Y133	\$536
AR Z132/Z133	\$33

RATE CALCULATION INSTRUCTIONS

1st Month

Daily Rate _____

X Area Factor _____

X Trend Factor _____

X Modal Factor _____

X Rate of Payment Factor _____

+ Additional Lifetime Max Daily Rate _____

+ Life Rider Daily Rate _____

+ AME Rider Daily Rate _____

= Subtotal _____

X # of Days of Coverage _____

+ State Mandated Riders _____

= Subtotal (Stop Here for Spouse/Dependents) _____

+ Application Fee (For Primary Only) _____

=Total Amount Due (Primary) _____

Subsequent Months

Daily Rate _____

X Area Factor _____

X Trend Factor _____

X Modal Factor _____

X Rate of Payment Factor _____

+ Additional Lifetime Max Daily Rate _____

+ Life Rider Daily Rate _____

+ AME Rider Daily Rate _____

= Subtotal _____

X # of Days of Coverage _____

=Total Amount Due _____

*Not all factors and fees will apply to all policies, therefore this algorithm represents the maximum that could be charged, actual premiums may be less.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Cover Letter	Approved-Closed	08/10/2010
Comments: Cover Letter		
Attachment: AR_ja_coverletter.PDF		



ASSURANT
Health

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August 5, 2010

www.assurant.com

Rosalind D. Minor
Rate & Form Analyst
Life and Health Division
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

RE: Revision to new business rates for Major Medical Form 145
NAIC Company No. 00065080
John Alden Life Insurance Company

Dear Ms. Minor:

We are proposing revisions to our new business rates for this form, effective September 1, 2010. The recommended rate change is part of our nationwide experience review. Based on that review we are adjusting specific age bands and increasing the area factor for all short term medical products. We are proposing the following changes:

- 1) Increase the 30-34, 35-39, and 40-44 age bands 5% for an overall impact of 1.0%
- 2) Increase dependents 20% for an overall impact of 1.9%
- 3) Increase the area factor 14.1%

The net actuarial effect of these factor changes is 17.4%. Based on a combination of factors, changes for single coverage will vary from 14.1% to 19.8%. This rate change request is based on the experience of all current and prior Short Term Medical forms for the affiliated companies Time Insurance Company and John Alden Life Insurance Company.

A detailed actuarial memorandum is included which describes the pertinent information related to this filing. Rates for in-force policies will not change because policies are non-renewable and are issued for short term durations. Your prompt attention to this filing will be appreciated.

Sincerely,

Alex Vogel
Alex.Vogel@assurant.com
(414) 299-7860

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.