

SERFF Tracking Number: BNLB-127331715 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 49363
Company Tracking Number:
TOI: H13I Individual Health - Short Term Care Sub-TOI: H13I.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Limited Benefit Convalescent Care SERFF Tr Num: BNLB-127331715 State: Arkansas

Care

TOI: H13I Individual Health - Short Term Care SERFF Status: Closed- State Tr Num: 49363

Disapproved

Sub-TOI: H13I.002 Nursing Home

Co Tr Num:

State Status: Disapproved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Dave Krydyski, Melanie Lesser, Jack Dorwick, Brian

Millsap, John Foley, Sanja Vujic

Date Submitted: 07/21/2011

Disposition Date: 10/05/2011

Disposition Status: Disapproved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010-2011 STC Rate Increase

Project Number: None

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Illinois is our domicile state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: BNLB-126956644

Individual Market Type:

Overall Rate Impact: 27%

Filing Status Changed: 10/05/2011

State Status Changed: 10/05/2011

Deemer Date:

Created By: John Foley

Submitted By: John Foley

Corresponding Filing Tracking Number:

Filing Description:

Individual Limited Benefit Convalescent Care: GR-N320 and GR-N325 Rate Increase Filing

Company and Contact

Filing Contact Information

Dave Krydyski, Actuarial Assistant

d.krydyski@banklife.com

SERFF Tracking Number: BNLB-127331715 State: Arkansas
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 Company Tracking Number:
 TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
 Product Name: Limited Benefit Convalescent Care
 Project Name/Number: 2010-2011 STC Rate Increase/None

600 West Chicago Avenue 312-396-6099 [Phone]
 Chicago, IL 60654 312-396-5906 [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 60654-2800 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 per rate filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	07/21/2011	49981928

SERFF Tracking Number: BNLB-127331715 State: Arkansas
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 Project Name/Number: 2010-2011 STC Rate Increase/None

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	10/05/2011	10/05/2011

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	07/29/2011	07/29/2011			
Pending Industry Response	Rosalind Minor	07/28/2011	07/28/2011	John Foley	07/28/2011	07/28/2011
Pending Industry Response	Rosalind Minor	07/28/2011	07/28/2011	John Foley	07/28/2011	07/28/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension of Review	Note To Filer	Rosalind Minor	08/30/2011	08/30/2011
Re: Objection Letter of 7/29/11	Note To Reviewer	Dave Krydinski	08/29/2011	08/29/2011
Objection Letter of 7/29/11	Note To Filer	Rosalind Minor	08/29/2011	08/29/2011
Rate/Rule Schedule tab	Note To Reviewer	John Foley	07/22/2011	07/22/2011

SERFF Tracking Number: *BNLB-127331715* *State:* *Arkansas*
Filing Company: *Bankers Life and Casualty Company* *State Tracking Number:* *49363*
Company Tracking Number:
TOI: *H13I Individual Health - Short Term Care* *Sub-TOI:* *H13I.002 Nursing Home*
Product Name: *Limited Benefit Convalescent Care*
Project Name/Number: *2010-2011 STC Rate Increase/None*

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 Project Name/Number: 2010-2011 STC Rate Increase/None

Disposition

Disposition Date: 10/05/2011

Implementation Date:

Status: Disapproved

Comment:

It was a pleasure speaking with you today.

I called to inquire as to whether you needed to keep this file open. You explained that your company was reviewing our response of a 5% increase and also our Department's disapproval of two Long Term Care rate increases.

I spoke with my supervisor, Dan Honey, Insurance Deputy Commissioner of the Life and Health Division, and he advised to Disapprove the filing at this point since we could not agree on the 5%.

I am DISAPPROVING this submission on this date.

Mr. Honey did suggest that if you wanted to discuss the three rate increases, please give him a call to set up a conference call. Mr. Honey's phone number is (501)371-2766.

Thank you for your understanding and cooperation.

Company Name:	Overall % Indicated	Overall % Rate Impact:	Written Premium	# of Policy Holders	Written Premium for	Maximum % Change (where	Minimum % Change (where
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 Project Name/Number: 2010-2011 STC Rate Increase/None

	Change:		Change for this Program:	Affected for this Program:	this Program: required):	required):
Bankers Life and Casualty Company	27.000%	27.000%	\$140,239	555	\$519,227	40.000% 0.000%

SERFF Tracking Number: BNLB-127331715 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Additional Information - AR Experience	Disapproved	No
Rate (revised)	N320_AR.pdf	Disapproved	Yes
Rate	N320_AR.pdf	Replaced	Yes
Rate (revised)	N325_AR.pdf	Disapproved	Yes
Rate	N325_AR.pdf	Replaced	Yes

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Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/29/2011

Submitted Date 07/29/2011

Respond By Date

Dear Dave Krydynski,

This will acknowledge receipt of the captioned filing.

Objection 1

- N320_AR.pdf, [GR-N320] (Rate)

- N325_AR.pdf, [GR-N325] (Rate)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the impact of rate increases on Arkansas consumers, we will consider no more than a 5% rate increase.

If you wish to accept the 5%, please attach the revised rates reflecting this percentage.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/28/2011

Submitted Date 07/28/2011

Respond By Date

Dear Dave Krydynski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: It is requested that you provide us with the Arkansas calendar years experience.

Thank you for your cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Company Tracking Number:
TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/28/2011
Submitted Date 07/28/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Please find attached Arkansas experience as requested.

Thank you.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is requested that you provide us with the Arkansas calendar years experience.

Thank you for your cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Additional Information - AR Experience

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Brian Millsap, Dave Krydyski, Jack Dorwick, John Foley, Melanie Lesser, Sanja Vujic

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TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/28/2011

Submitted Date 07/28/2011

Respond By Date

Dear Dave Krydynski,

This will acknowledge receipt of the captioned filing.

Objection 1

- N320_AR.pdf, [GR-N320] (Rate)
- N325_AR.pdf, [GR-N325] (Rate)

Comment:

I do not have the capability to edit or remove the "Disapproved 07/20/2011" under the schedule item status. With this objection letter, you may replace these two documents with new documents.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: BNLB-127331715 State: Arkansas
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Company Tracking Number:
TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/28/2011
Submitted Date 07/28/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have replaced the rate sheet documents in order to remove the "Disapproved 07/20/2011". If there is anything else we can provide please let us know.

Thank you.

Related Objection 1

Applies To:

- N320_AR.pdf, [GR-N320] (Rate)
- N325_AR.pdf, [GR-N325] (Rate)

Comment:

I do not have the capability to edit or remove the "Disapproved 07/20/2011" under the schedule item status. With this objection letter, you may replace these two documents with new documents.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
N320_AR.pdf	GR-N320	Revised	Previous State Filing Number Percent Rate Change Request	40

Previous Version

SERFF Tracking Number: BNLB-127331715 State: Arkansas
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Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

N320_AR.pdf GR-N320 Revised Previous State Filing Number
Percent Rate Change Request
40

N325_AR.pdf GR-N325 Revised Previous State Filing Number
Percent Rate Change Request
26.8

Previous Version

N325_AR.pdf GR-N325 Revised Previous State Filing Number
Percent Rate Change Request
26.8

Sincerely,

Brian Millsap, Dave Krydinski, Jack Dorwick, John Foley, Melanie Lesser, Sanja Vujic

SERFF Tracking Number: BNLB-127331715 *State:* Arkansas
Filing Company: Bankers Life and Casualty Company *State Tracking Number:* 49363
Company Tracking Number:
TOI: H131 Individual Health - Short Term Care *Sub-TOI:* H131.002 Nursing Home
Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Note To Reviewer

Created By:

Dave Krydynski on 08/29/2011 02:51 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/05/2011 02:07 PM

Subject:

Re: Objection Letter of 7/29/11

Comments:

Thank you for your patience concerning the open objection letter of 7/29/2011. We would appreciate some additional time prior to posting our response to your offer of the 5% increase at this time. Is it possible for you to allow additional time beyond the September 9th date that you gave in your note to Filer? If so, that would help us to avoid having the filing closed and needing to go through the process of re-filing.

SERFF Tracking Number: *BNLB-127331715* *State:* *Arkansas*
Filing Company: *Bankers Life and Casualty Company* *State Tracking Number:* *49363*
Company Tracking Number:
TOI: *H131 Individual Health - Short Term Care* *Sub-TOI:* *H131.002 Nursing Home*
Product Name: *Limited Benefit Convalescent Care*
Project Name/Number: *2010-2011 STC Rate Increase/None*

Note To Filer

Created By:

Rosalind Minor on 08/29/2011 02:10 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/05/2011 02:07 PM

Subject:

Objection Letter of 7/29/11

Comments:

As of this date, I have not received a response to my Objection Letter of 7/29/11. Do you need additional time to respond?

If we do not have a response by September 9, 2011, the filing will be disapproved.

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Product Name: Limited Benefit Convalescent Care
Project Name/Number: 2010-2011 STC Rate Increase/None

Note To Reviewer

Created By:

John Foley on 07/22/2011 11:03 AM

Last Edited By:

Rosalind Minor

Submitted On:

10/05/2011 02:07 PM

Subject:

Rate/Rule Schedule tab

Comments:

In the Rate/Rule Schedule tab under Schedule Item Status, it shows "Disapproved". Can you please edit and remove this? This filing was created on SERFF through cloning a previous filing and this did not show when it was a draft. I cannot edit this as of now, but I believe you can.

If you have any questions feel free to contact us.

Thank you.

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 Product Name: Limited Benefit Convalescent Care
 Project Name/Number: 2010-2011 STC Rate Increase/None

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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	27.000%	27.000%	\$140,239	555	\$519,227	40.000%	0.000%

SERFF Tracking Number: BNLB-127331715 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 49363
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 TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
 Product Name: Limited Benefit Convalescent Care
 Project Name/Number: 2010-2011 STC Rate Increase/None

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove d 10/05/2011	N320_AR.pdf	GR-N320	Revised	Previous State Filing Number: Percent Rate Change Request: 40.000	N320_AR.pdf
Disapprove d 10/05/2011	N325_AR.pdf	GR-N325	Revised	Previous State Filing Number: Percent Rate Change Request: 26.800	N325_AR.pdf

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N320

Annual Premium Rates*

Per \$10 Daily Nursing Home Benefit Amount

Maximum Benefit Amount - 90 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	5.40	5.40	10.08	9.24	18-34
35-39	6.00	5.40	10.92	10.92	35-39
40-44	6.60	6.00	12.60	12.60	40-44
45-49	7.80	7.03	15.12	15.12	45-49
50	9.00	8.11	16.80	16.80	50
51	9.60	8.64	17.64	17.64	51
52	9.60	8.64	18.48	18.48	52
53	10.20	9.19	19.32	19.32	53
54	10.80	9.72	20.16	20.16	54
55	11.40	10.27	21.00	21.00	55
56	12.00	10.80	21.84	21.84	56
57	13.20	11.88	23.52	23.52	57
58	13.80	12.43	24.36	24.36	58
59	15.00	13.51	26.04	26.04	59
60	16.20	14.59	27.72	27.72	60
61	17.40	15.67	29.40	29.40	61
62	18.48	16.75	31.08	31.08	62
63	20.16	18.36	32.76	32.76	63
64	21.84	19.99	35.28	35.28	64
65	23.52	21.84	37.80	37.80	65
66	26.04	23.52	40.32	40.32	66
67	27.72	25.20	43.68	43.68	67
68	31.08	27.72	47.04	47.04	68
69	34.44	31.08	51.24	51.24	69
70	37.80	33.60	55.44	55.44	70
71	42.00	37.80	60.48	60.48	71
72	46.20	41.16	65.52	65.52	72
73	51.24	45.36	71.40	71.40	73
74	56.28	49.56	76.44	76.44	74
75	62.16	54.60	83.16	83.16	75
76	68.04	60.48	89.88	89.88	76
77	74.76	66.36	96.60	96.60	77
78	82.32	73.08	104.16	104.16	78
79	89.88	79.80	113.40	113.40	79
80	99.12	88.20	122.64	122.64	80
81	109.20	96.60	132.72	132.72	81
82	119.28	105.84	143.64	143.64	82
83	130.20	115.92	154.56	154.56	83
84	141.96	126.00	166.32	166.32	84
85	154.56	136.92	178.92	178.92	85
86	168.00	148.68	193.20	193.20	86
87	182.28	162.12	207.48	207.48	87
88	199.08	176.40	223.44	223.44	88
89	216.72	192.36	241.08	241.08	89

* 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

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N320

Annual Premium Rates*

Per \$10 Daily Nursing Home Benefit Amount

Maximum Benefit Amount - 180 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	7.20	6.60	14.28	13.44	18-34
35-39	8.40	7.56	15.96	15.12	35-39
40-44	9.00	8.11	19.32	19.32	40-44
45-49	11.40	10.27	22.68	22.68	45-49
50	13.20	11.88	26.04	26.04	50
51	13.80	12.43	26.88	26.88	51
52	14.40	12.96	28.56	28.56	52
53	15.00	13.51	30.24	30.24	53
54	16.20	14.59	31.92	31.92	54
55	17.40	15.67	33.60	33.60	55
56	18.60	16.75	35.28	35.28	56
57	19.80	17.83	36.96	36.96	57
58	21.60	19.44	39.48	39.48	58
59	23.40	21.00	42.00	42.00	59
60	25.20	22.68	44.52	44.52	60
61	26.88	24.31	47.88	47.88	61
62	28.56	26.04	50.40	50.40	62
63	31.08	28.56	54.60	54.60	63
64	34.44	31.08	58.80	58.80	64
65	37.80	33.60	63.00	63.00	65
66	41.16	36.96	68.04	68.04	66
67	45.36	40.32	73.08	73.08	67
68	50.40	45.36	79.80	79.80	68
69	56.28	50.40	87.36	87.36	69
70	63.00	56.28	95.76	95.76	70
71	69.72	62.16	104.16	104.16	71
72	78.12	68.88	113.40	112.86	72
73	86.52	76.44	122.64	121.50	73
74	94.92	84.84	133.56	131.22	74
75	105.00	94.08	144.48	140.94	75
76	116.76	103.32	156.24	151.74	76
77	129.36	114.24	169.68	163.62	77
78	141.96	126.00	183.96	178.20	78
79	156.24	139.44	199.08	194.40	79
80	173.04	153.72	215.88	211.68	80
81	190.68	168.84	234.36	231.12	81
82	210.00	186.48	254.52	251.64	82
83	228.48	203.28	273.84	271.62	83
84	249.48	220.92	295.68	293.76	84
85	271.32	241.08	318.36	317.52	85
86	296.52	262.92	343.56	342.90	86
87	322.56	286.44	369.60	369.60	87
88	351.96	312.48	399.00	399.00	88
89	383.88	340.20	430.08	430.08	89

* 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

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N325

Annual Premium Rates*

Per \$10 Daily Nursing Home & Per \$10 Daily Home Health Care Benefit Amount

Maximum Benefit Amount - 90 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	7.80	7.20	15.60	14.04	18-34
35-39	8.40	7.80	17.40	15.67	35-39
40-44	9.00	8.40	19.80	17.83	40-44
45-49	10.20	9.00	23.40	21.07	45-49
50	11.40	10.20	26.40	23.76	50
51	12.00	10.80	27.00	24.31	51
52	12.60	11.40	28.20	25.39	52
53	13.20	12.00	29.40	26.47	53
54	13.80	12.60	31.20	28.08	54
55	14.40	13.20	32.40	29.16	55
56	15.60	13.80	34.20	30.79	56
57	16.20	14.40	35.40	31.87	57
58	17.40	15.67	37.80	34.03	58
59	19.20	17.28	39.60	35.64	59
60	20.40	18.36	41.40	37.27	60
61	21.00	19.44	43.80	39.43	61
62	23.40	21.07	46.20	41.59	62
63	25.20	22.68	49.20	44.28	63
64	27.60	24.84	52.20	46.99	64
65	30.00	27.00	55.20	49.68	65
66	32.40	29.16	58.80	52.92	66
67	35.40	31.87	62.40	56.16	67
68	39.00	35.11	66.60	59.94	68
69	42.60	38.35	71.40	64.26	69
70	47.40	42.67	76.20	68.58	70
71	51.60	46.44	81.60	73.44	71
72	57.00	51.31	87.60	78.84	72
73	62.40	56.16	93.60	84.24	73
74	68.40	61.56	99.60	89.64	74
75	75.00	67.50	106.20	95.58	75
76	82.20	73.98	113.40	102.06	76
77	90.00	81.00	121.20	109.08	77
78	98.40	88.56	130.80	117.72	78
79	108.00	97.20	141.00	126.84	79
80	118.80	106.92	152.40	136.08	80
81	130.20	117.18	164.40	145.32	81
82	143.40	129.06	177.00	155.40	82
83	156.00	140.28	190.20	166.32	83
84	170.40	152.04	204.12	178.08	84
85	185.40	164.64	218.40	191.52	85
86	202.20	178.08	233.52	204.96	86
87	220.08	193.20	250.32	220.08	87
88	237.72	209.16	267.96	235.20	88
89	257.04	225.96	287.28	252.84	89

* 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

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N325

Annual Premium Rates*

Per \$10 Daily Nursing Home & Per \$10 Daily Home Health Care Benefit Amount

Maximum Benefit Amount - 180 times the Daily NH Maximum Amount

Male or Female

		BENEFIT INCREASE OPTIONS					
		Without Benefit Increases		Compound Increases			
ISSUE AGE	Elimination Period		Elimination Period		ISSUE AGE		
	0 Day	20 Day	0 Day	20 Day			
18-34	10.80	9.60	23.40	21.07	18-34		
35-39	11.40	10.20	26.40	23.76	35-39		
40-44	12.60	11.40	30.60	27.55	40-44		
45-49	15.00	13.20	36.60	32.95	45-49		
50	16.80	15.00	41.40	37.27	50		
51	18.00	15.60	42.60	38.35	51		
52	18.60	16.80	44.40	39.96	52		
53	19.80	17.40	46.80	42.12	53		
54	21.00	18.60	49.20	44.28	54		
55	22.20	19.80	51.60	46.44	55		
56	23.40	21.07	54.00	48.60	56		
57	24.60	21.60	56.40	50.76	57		
58	26.40	24.31	60.00	54.00	58		
59	28.20	25.20	63.00	56.70	59		
60	30.60	28.08	66.60	59.94	60		
61	33.60	30.24	70.20	63.18	61		
62	36.00	32.40	74.40	66.96	62		
63	39.60	35.64	78.60	70.74	63		
64	43.20	38.88	83.40	75.06	64		
65	46.80	42.12	88.80	79.92	65		
66	51.00	45.91	94.20	84.78	66		
67	55.80	50.23	100.20	90.18	67		
68	61.20	55.08	107.40	96.66	68		
69	67.80	61.02	115.20	103.68	69		
70	75.00	67.50	123.60	111.24	70		
71	82.20	73.98	132.60	119.34	71		
72	90.60	81.54	142.20	127.98	72		
73	99.60	89.64	151.80	136.62	73		
74	109.80	98.82	162.60	146.34	74		
75	120.60	108.54	174.00	156.60	75		
76	132.60	119.34	186.60	167.94	76		
77	145.80	131.22	199.80	179.82	77		
78	160.80	144.72	216.00	194.40	78		
79	177.60	159.84	233.40	210.06	79		
80	195.60	176.04	252.60	227.34	80		
81	215.40	193.86	273.00	245.70	81		
82	237.00	213.30	295.20	265.68	82		
83	259.20	233.28	318.00	286.20	83		
84	283.20	254.88	343.20	308.88	84		
85	309.60	278.64	370.20	333.18	85		
86	339.00	305.10	399.00	358.68	86		
87	370.20	333.18	430.20	385.56	87		
88	405.00	363.72	463.80	413.28	88		
89	442.80	394.80	499.80	443.52	89		

* 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:

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- 0.515 for Semi-Annual
- 0.2625 for Quarterly
- 0.09167 for Renewal Direct Bill

SERFF Tracking Number: BNLB-127331715 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 49363
 Company Tracking Number:
 TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home
 Product Name: Limited Benefit Convalescent Care
 Project Name/Number: 2010-2011 STC Rate Increase/None

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Disapproved	10/05/2011
Comments:			
Attachment:			
AR Memo.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Disapproved	10/05/2011
Comments:			
Attachment:			
AR Cover Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Additional Information - AR Experience	Disapproved	10/05/2011
Comments:			
Attachment:			
AR experience.pdf			


BANKERS
LIFE AND CASUALTY COMPANY
We specialize in seniors

July 21, 2011

Dave Krydinski
Product & Risk Management Dept

VIA SERFF

Honorable Julie Benafield Bowman
Insurance Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201

NAIC: 233-61263
FEIN: 36-0770740

Attention: Commissioner

RE: Limited Benefit Convalescent Care

Individual Limited Benefit Convalescent Care: GR-N320 and GR-N325

Dear Commissioner:

We are re-filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The original filing submitted 1/31/2011 has SERFF Tracking Number: BNLB-126956644.

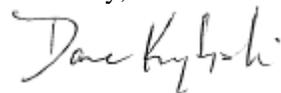
All of these policy forms are guaranteed renewable individual limited benefit convalescent care policies which are no longer being sold. These policy forms were generally sold from 1999 through 2007. Our new limited benefit convalescent care product was approved in 2007.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested average rate increase of 40.0% and 26.8% for forms GR-N320 and GR-N325 respectively. The rate increase varies by issue age and is limited to current new business pricing but capped at a maximum increase of 40%. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. We previously requested a rate increase on these forms nationwide to bring the rates to the same rate level we are requesting now, but ultimately did not implement any increase in the state of Arkansas. This new filing would bring the rates in your state up to the originally requested level.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period.

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6099, fax (312)396-5906 or e-mail d.krydinski@banklife.com.

Sincerely,



Dave Krydinski
Senior Actuarial Analyst
Enclosures

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N320

Annual Premium Rates*

Per \$10 Daily Nursing Home Benefit Amount

Maximum Benefit Amount - 90 times the Daily NH Maximum Amount

Male or Female

		BENEFIT INCREASE OPTIONS					
		Without Benefit Increases		Compound Increases			
ISSUE AGE	Elimination Period		Elimination Period		ISSUE AGE		
	0 Day	20 Day	0 Day	20 Day			
18-34	5.40	5.40	10.08	9.24	18-34		
35-39	6.00	5.40	10.92	10.92	35-39		
40-44	6.60	6.00	12.60	12.60	40-44		
45-49	7.80	7.03	15.12	15.12	45-49		
50	9.00	8.11	16.80	16.80	50		
51	9.60	8.64	17.64	17.64	51		
52	9.60	8.64	18.48	18.48	52		
53	10.20	9.19	19.32	19.32	53		
54	10.80	9.72	20.16	20.16	54		
55	11.40	10.27	21.00	21.00	55		
56	12.00	10.80	21.84	21.84	56		
57	13.20	11.88	23.52	23.52	57		
58	13.80	12.43	24.36	24.36	58		
59	15.00	13.51	26.04	26.04	59		
60	16.20	14.59	27.72	27.72	60		
61	17.40	15.67	29.40	29.40	61		
62	18.48	16.75	31.08	31.08	62		
63	20.16	18.36	32.76	32.76	63		
64	21.84	19.99	35.28	35.28	64		
65	23.52	21.84	37.80	37.80	65		
66	26.04	23.52	40.32	40.32	66		
67	27.72	25.20	43.68	43.68	67		
68	31.08	27.72	47.04	47.04	68		
69	34.44	31.08	51.24	51.24	69		
70	37.80	33.60	55.44	55.44	70		
71	42.00	37.80	60.48	60.48	71		
72	46.20	41.16	65.52	65.52	72		
73	51.24	45.36	71.40	71.40	73		
74	56.28	49.56	76.44	76.44	74		
75	62.16	54.60	83.16	83.16	75		
76	68.04	60.48	89.88	89.88	76		
77	74.76	66.36	96.60	96.60	77		
78	82.32	73.08	104.16	104.16	78		
79	89.88	79.80	113.40	113.40	79		
80	99.12	88.20	122.64	122.64	80		
81	109.20	96.60	132.72	132.72	81		
82	119.28	105.84	143.64	143.64	82		
83	130.20	115.92	154.56	154.56	83		
84	141.96	126.00	166.32	166.32	84		
85	154.56	136.92	178.92	178.92	85		
86	168.00	148.68	193.20	193.20	86		
87	182.28	162.12	207.48	207.48	87		
88	199.08	176.40	223.44	223.44	88		
89	216.72	192.36	241.08	241.08	89		

* 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

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N320

Annual Premium Rates*

Per \$10 Daily Nursing Home Benefit Amount

Maximum Benefit Amount - 180 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	7.20	6.60	14.28	13.44	18-34
35-39	8.40	7.56	15.96	15.12	35-39
40-44	9.00	8.11	19.32	19.32	40-44
45-49	11.40	10.27	22.68	22.68	45-49
50	13.20	11.88	26.04	26.04	50
51	13.80	12.43	26.88	26.88	51
52	14.40	12.96	28.56	28.56	52
53	15.00	13.51	30.24	30.24	53
54	16.20	14.59	31.92	31.92	54
55	17.40	15.67	33.60	33.60	55
56	18.60	16.75	35.28	35.28	56
57	19.80	17.83	36.96	36.96	57
58	21.60	19.44	39.48	39.48	58
59	23.40	21.00	42.00	42.00	59
60	25.20	22.68	44.52	44.52	60
61	26.88	24.31	47.88	47.88	61
62	28.56	26.04	50.40	50.40	62
63	31.08	28.56	54.60	54.60	63
64	34.44	31.08	58.80	58.80	64
65	37.80	33.60	63.00	63.00	65
66	41.16	36.96	68.04	68.04	66
67	45.36	40.32	73.08	73.08	67
68	50.40	45.36	79.80	79.80	68
69	56.28	50.40	87.36	87.36	69
70	63.00	56.28	95.76	95.76	70
71	69.72	62.16	104.16	104.16	71
72	78.12	68.88	113.40	112.86	72
73	86.52	76.44	122.64	121.50	73
74	94.92	84.84	133.56	131.22	74
75	105.00	94.08	144.48	140.94	75
76	116.76	103.32	156.24	151.74	76
77	129.36	114.24	169.68	163.62	77
78	141.96	126.00	183.96	178.20	78
79	156.24	139.44	199.08	194.40	79
80	173.04	153.72	215.88	211.68	80
81	190.68	168.84	234.36	231.12	81
82	210.00	186.48	254.52	251.64	82
83	228.48	203.28	273.84	271.62	83
84	249.48	220.92	295.68	293.76	84
85	271.32	241.08	318.36	317.52	85
86	296.52	262.92	343.56	342.90	86
87	322.56	286.44	369.60	369.60	87
88	351.96	312.48	399.00	399.00	88
89	383.88	340.20	430.08	430.08	89

* 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:

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 0.515 for Semi-Annual
 0.2625 for Quarterly
 0.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N325

Annual Premium Rates*

Per \$10 Daily Nursing Home & Per \$10 Daily Home Health Care Benefit Amount

Maximum Benefit Amount - 90 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	7.80	7.20	15.60	14.04	18-34
35-39	8.40	7.80	17.40	15.67	35-39
40-44	9.00	8.40	19.80	17.83	40-44
45-49	10.20	9.00	23.40	21.07	45-49
50	11.40	10.20	26.40	23.76	50
51	12.00	10.80	27.00	24.31	51
52	12.60	11.40	28.20	25.39	52
53	13.20	12.00	29.40	26.47	53
54	13.80	12.60	31.20	28.08	54
55	14.40	13.20	32.40	29.16	55
56	15.60	13.80	34.20	30.79	56
57	16.20	14.40	35.40	31.87	57
58	17.40	15.67	37.80	34.03	58
59	19.20	17.28	39.60	35.64	59
60	20.40	18.36	41.40	37.27	60
61	21.00	19.44	43.80	39.43	61
62	23.40	21.07	46.20	41.59	62
63	25.20	22.68	49.20	44.28	63
64	27.60	24.84	52.20	46.99	64
65	30.00	27.00	55.20	49.68	65
66	32.40	29.16	58.80	52.92	66
67	35.40	31.87	62.40	56.16	67
68	39.00	35.11	66.60	59.94	68
69	42.60	38.35	71.40	64.26	69
70	47.40	42.67	76.20	68.58	70
71	51.60	46.44	81.60	73.44	71
72	57.00	51.31	87.60	78.84	72
73	62.40	56.16	93.60	84.24	73
74	68.40	61.56	99.60	89.64	74
75	75.00	67.50	106.20	95.58	75
76	82.20	73.98	113.40	102.06	76
77	90.00	81.00	121.20	109.08	77
78	98.40	88.56	130.80	117.72	78
79	108.00	97.20	141.00	126.84	79
80	118.80	106.92	152.40	136.08	80
81	130.20	117.18	164.40	145.32	81
82	143.40	129.06	177.00	155.40	82
83	156.00	140.28	190.20	166.32	83
84	170.40	152.04	204.12	178.08	84
85	185.40	164.64	218.40	191.52	85
86	202.20	178.08	233.52	204.96	86
87	220.08	193.20	250.32	220.08	87
88	237.72	209.16	267.96	235.20	88
89	257.04	225.96	287.28	252.84	89

* 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:

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Per \$10 Daily Nursing Home & Per \$10 Daily Home Health Care Benefit Amount

Maximum Benefit Amount - 180 times the Daily NH Maximum Amount

Male or Female

ISSUE AGE	BENEFIT INCREASE OPTIONS				ISSUE AGE
	Without Benefit Increases		Compound Increases		
	Elimination Period		Elimination Period		
	0 Day	20 Day	0 Day	20 Day	
18-34	10.80	9.60	23.40	21.07	18-34
35-39	11.40	10.20	26.40	23.76	35-39
40-44	12.60	11.40	30.60	27.55	40-44
45-49	15.00	13.20	36.60	32.95	45-49
50	16.80	15.00	41.40	37.27	50
51	18.00	15.60	42.60	38.35	51
52	18.60	16.80	44.40	39.96	52
53	19.80	17.40	46.80	42.12	53
54	21.00	18.60	49.20	44.28	54
55	22.20	19.80	51.60	46.44	55
56	23.40	21.07	54.00	48.60	56
57	24.60	21.60	56.40	50.76	57
58	26.40	24.31	60.00	54.00	58
59	28.20	25.20	63.00	56.70	59
60	30.60	28.08	66.60	59.94	60
61	33.60	30.24	70.20	63.18	61
62	36.00	32.40	74.40	66.96	62
63	39.60	35.64	78.60	70.74	63
64	43.20	38.88	83.40	75.06	64
65	46.80	42.12	88.80	79.92	65
66	51.00	45.91	94.20	84.78	66
67	55.80	50.23	100.20	90.18	67
68	61.20	55.08	107.40	96.66	68
69	67.80	61.02	115.20	103.68	69
70	75.00	67.50	123.60	111.24	70
71	82.20	73.98	132.60	119.34	71
72	90.60	81.54	142.20	127.98	72
73	99.60	89.64	151.80	136.62	73
74	109.80	98.82	162.60	146.34	74
75	120.60	108.54	174.00	156.60	75
76	132.60	119.34	186.60	167.94	76
77	145.80	131.22	199.80	179.82	77
78	160.80	144.72	216.00	194.40	78
79	177.60	159.84	233.40	210.06	79
80	195.60	176.04	252.60	227.34	80
81	215.40	193.86	273.00	245.70	81
82	237.00	213.30	295.20	265.68	82
83	259.20	233.28	318.00	286.20	83
84	283.20	254.88	343.20	308.88	84
85	309.60	278.64	370.20	333.18	85
86	339.00	305.10	399.00	358.68	86
87	370.20	333.18	430.20	385.56	87
88	405.00	363.72	463.80	413.28	88
89	442.80	394.80	499.80	443.52	89

* 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:

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