Filing at a Glance

Company: Ohio National Life Assurance Corporation

Product Name: 2011 DI Catastrophic Rider	SERFF Tr Num: ONFS-127356337	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 49671
Sub-TOI: H11I.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor
	Authors: Doris Jackson, Peggy Johnson, Amy Hall	Disposition Date: 09/07/2011
	Date Submitted: 08/30/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: 2011 DI Catastrophic Rider	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing was submitted to Ohio, our domiciliary state, on 8/22/2011. Forms filed in Ohio are deemed approved 30 days after the filing is received, in accordance with Ohio Rev. Code Section 395.14. This is a rider form only
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/07/2011
	State Status Changed: 09/07/2011
Deemer Date:	Created By: Amy Hall
Submitted By: Amy Hall	Corresponding Filing Tracking Number:

SERFF Tracking Number:	*ONFS-127356337*	*State:*	*Arkansas*
Filing Company:	*Ohio National Life Assurance Corporation*	*State Tracking Number:*	*49671*
Company Tracking Number:			
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*2011 DI Catastrophic Rider*		
Project Name/Number:	*2011 DI Catastrophic Rider/*		

Filing Description:
Form 11DCT-1, Catastrophic Disability Rider

Enclosed for your review and approval is Form 11DCT-1, Catastrophic Disability Rider. The rider is new and is not intended to replace any previously approved form.

The Rider provides for an additional monthly benefit if disability is determined to be a Catastrophic Disability as defined in the rider. The Rider can be added to the policy at or after issue.

The Rider is intended for use with the previously approved Disability Income Policy Forms, 11DI-1 and 11DI-2, approved in your state on June 15, 2011, and any future approved Disability Income Policies.

Brackets surround sample data on the Policy Specifications Page 3 applicable to the rider. The Statement of Variability provides the basis for the variability and/or the range for each annotated item.

The application intended for use in applying for the base policy for which this rider will be used is Form 6465-AR, previously approved for use in your state on June 15, 2011.

The rider form is in final print, subject to minor variations in fonts, paper stock, color, duplexing and positioning. Brackets have been placed surrounding the Company officer's signature to represent it as variable data.

The issue ages for the Rider are the same as the issue ages of the base policy. Rates for the rider and an actuarial memorandum are enclosed.

Please feel free to contact me with any questions or concerns. I can be reached at 1-800-366-6654, Dept. 7, Option 3 (press 7 after the initial greeting, the system does not prompt this), via fax at 1-513-794-4522, or at the e-mail address listed below.

Questions of a technical or actuarial nature should be directed to Kevin Hoch at (513) 794-6284.

Thank you for your assistance with this submission. I look forward to your approval.

Sincerely,

Amy Hall
Contract Compliance Regulatory Technician

Contract Implementation Unit/Product Development
amy_hall@ohionational.com

Company and Contact

Filing Contact Information

Amy Hall,	Amy_Hall@ohionational.com
One Financial Way	513-794-6374 [Phone]
Cincinnati, OH 45242	

Filing Company Information

Ohio National Life Assurance Corporation	CoCode: 89206	State of Domicile: Ohio
1 Financial Way	Group Code: 704	Company Type: Life and Annuity
Cincinnati, OH 45242	Group Name: ONFS	State ID Number:
(513) 794-6100 ext. [Phone]	FEIN Number: 31-0962495	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	Home state fee is $50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio National Life Assurance Corporation	$50.00	08/30/2011	51085736

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2011	09/07/2011

Disposition

Disposition Date: 09/07/2011
Implementation Date:
Status: Approved-Closed
Comment:

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):
Ohio National Life Assurance Corporation	0.000%	%	$		$	%	%

SERFF Tracking Number:	*ONFS-127356337*	*State:*	*Arkansas*
Filing Company:	*Ohio National Life Assurance Corporation*	*State Tracking Number:*	*49671*
Company Tracking Number:			
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*2011 DI Catastrophic Rider*		
Project Name/Number:	*2011 DI Catastrophic Rider/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Rate	CAT Rates - A State	Approved-Closed	Yes

Form Schedule

Lead Form Number: 11DCT-1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2011	FORM 11DCT-1	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Catastrophic Disability Benefit Rider	Initial		45.000	11DCT-1.pdf

Rider

Catastrophic Disability Benefit Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It will provide you with an additional monthly benefit while you are Catastrophically Disabled. The effective date of this rider is shown on Policy Specifications Page 3 of the Basic Policy.

Definitions

Basic Policy

This is the policy to which this rider is added.

Catastrophic Disability and Catastrophically Disabled

You have a Catastrophic Disability or are Catastrophically Disabled if due to an Injury or Sickness:

(1) you are unable to perform two or more Activities of Daily Living (ADL) without Stand-By Assistance due to loss of functional capacity; or

(2) you require Substantial Supervision due to Severe Cognitive Impairment.

Activities of Daily Living

Activities of Daily Living are:

(1) **Bathing**: the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

(2) **Continence:** the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.

(3) **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.

(4) **Eating:** the ability to feed yourself by getting food into your body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.

(5) **Toileting:** the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet, and to perform associated personal hygiene.

(6) **Transferring:** the ability, to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.

Stand-By Assistance

You require the presence of another human being within arm's reach of you to prevent, by physical intervention or verbal cueing, injury to you while you are performing the activities of daily living.

Substantial Supervision

Continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another human being that is necessary to protect you from threats to your health or safety (such as may result from wandering).

Severe Cognitive Impairment

You have suffered a loss or deterioration in intellectual capacity requiring Substantial Supervision that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places or time; and deductive or abstract reasoning.

Catastrophic Disability Monthly Benefit

The monthly benefit amount provided by this rider and payable to you if you are Catastrophically Disabled. This amount is shown on Policy Specifications Page 3 of the Basic Policy.

In order to be eligible for Catastrophic Disability Monthly Benefits, you must meet the **Regular Care of a Physician** requirement as stated in the **Benefit** section of the Basic Policy.

Catastrophic Disability Elimination Period

The period of time you must be Catastrophically Disabled before Catastrophic Disability Monthly Benefits begin. If a period of Catastrophic Disability from the same or a related cause is broken by 365 days or less, all the days of Catastrophic Disability count toward the Catastrophic Disability Elimination Period.

The Catastrophic Disability Elimination Period is shown on Policy Specifications Page 3 of the Basic Policy.

Catastrophic Disability Maximum Benefit Period

The longest period of time that Catastrophic Disability Monthly Benefits will be paid for one Catastrophic Disability from the same or a related cause. The Catastrophic Disability Maximum Benefit Period is shown on Policy Specifications Page 3 of the Basic Policy.

Recurrent Disabilities

If a Catastrophic Disability stops and then starts again within 365 days from the same or a related cause, the two periods of Catastrophic Disability will count as one. In such case, you do not need to meet a new Catastrophic Disability Elimination Period if already met, and the same Catastrophic Disability Maximum Benefit Period will continue to apply to your Catastrophic Disability.

A recurrence of a Catastrophic Disability from the same or related cause after 365 days counts as a new Catastrophic Disability. So does a Catastrophic Disability which occurs within 365 days from some other cause. A new Catastrophic Disability Elimination Period and a new Catastrophic Disability Maximum Benefit Period will apply when you have a new Catastrophic Disability. The **Waiver of Premium** provision in the **Benefits** section of the Basic Policy will also apply anew.

Concurrent Disabilities

We will pay for only one Catastrophic Disability at a time.

Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated.

Termination

This rider ends on the first of:

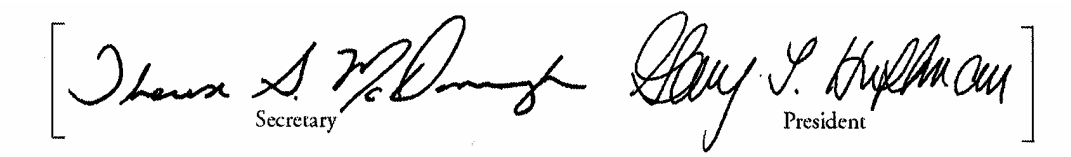
(1) the date the Basic Policy ends; or

(2) the Expiration Date shown on Policy Specifications Page 3 of your Basic Policy; or

(3) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

OHIO NATIONAL LIFE ASSURANCE CORPORATION



Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
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):
Ohio National Life Assurance Corporation	0.000%	%				%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 09/07/2011	CAT Rates - A State	11DCT-1	New		CAT Rates - A State.pdf

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.04	2.53	2.27	2.19
26	3.10	2.58	2.32	2.24
27	3.20	2.66	2.40	2.32
28	3.33	2.77	2.51	2.44
29	3.48	2.90	2.64	2.57
30	3.64	3.03	2.78	2.70
31	3.80	3.16	2.91	2.84
32	3.94	3.28	3.04	2.97
33	4.06	3.39	3.14	3.07
34	4.15	3.46	3.21	3.15
35	4.20	3.50	3.25	3.18
36	4.30	3.59	3.31	3.22
37	4.55	3.80	3.46	3.32
38	4.91	4.10	3.68	3.46
39	5.35	4.46	3.94	3.63
40	5.82	4.85	4.22	3.81
41	6.30	5.25	4.50	4.00
42	6.74	5.62	4.77	4.17
43	7.12	5.94	5.00	4.32
44	7.39	6.17	5.16	4.44
45	7.53	6.28	5.25	4.50
46	7.81	6.52	5.46	4.69
47	8.49	7.08	5.95	5.15
48	9.47	7.89	6.66	5.81
49	10.64	8.86	7.52	6.61
50	11.91	9.92	8.45	7.47
51	13.18	10.98	9.38	8.34
52	14.36	11.96	10.24	9.14
53	15.35	12.79	10.96	9.81
54	16.04	13.36	11.47	10.29
55	16.34	13.62	11.70	10.50
56	16.79	14.10	12.14	10.92
57	17.66	15.05	13.01	11.75
58	18.66	16.15	14.02	12.71
59	19.49	17.06	14.86	13.51
60	19.87	17.47	15.23	13.86

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.43	2.03	1.76	1.64
26	2.50	2.09	1.81	1.68
27	2.63	2.20	1.91	1.76
28	2.81	2.34	2.04	1.86
29	3.02	2.52	2.20	1.99
30	3.24	2.70	2.37	2.12
31	3.46	2.89	2.53	2.25
32	3.67	3.06	2.69	2.36
33	3.84	3.20	2.82	2.46
34	3.96	3.30	2.91	2.54
35	4.02	3.35	2.95	2.57
36	4.12	3.43	3.02	2.63
37	4.36	3.63	3.17	2.76
38	4.70	3.91	3.39	2.96
39	5.11	4.25	3.65	3.20
40	5.55	4.62	3.94	3.45
41	6.00	5.00	4.23	3.71
42	6.41	5.34	4.50	3.95
43	6.76	5.63	4.73	4.15
44	7.01	5.84	4.89	4.30
45	7.13	5.94	4.97	4.37
46	7.33	6.11	5.12	4.50
47	7.81	6.50	5.46	4.80
48	8.49	7.07	5.96	5.24
49	9.31	7.76	6.55	5.76
50	10.21	8.50	7.20	6.33
51	11.10	9.24	7.85	6.90
52	11.92	9.93	8.45	7.43
53	12.61	10.50	8.96	7.87
54	13.10	10.91	9.31	8.18
55	13.31	11.09	9.47	8.32
56	13.65	11.47	9.82	8.63
57	14.31	12.22	10.51	9.27
58	15.08	13.10	11.32	10.00
59	15.71	13.83	12.00	10.62
60	16.01	14.16	12.30	10.89

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.81	2.34	2.13	2.02
26	2.87	2.39	2.18	2.07
27	2.98	2.48	2.26	2.15
28	3.13	2.60	2.37	2.27
29	3.30	2.74	2.50	2.40
30	3.48	2.89	2.64	2.54
31	3.66	3.04	2.78	2.68
32	3.82	3.18	2.90	2.81
33	3.96	3.29	3.00	2.92
34	4.05	3.37	3.08	3.00
35	4.10	3.41	3.11	3.03
36	4.17	3.46	3.15	3.07
37	4.32	3.59	3.24	3.16
38	4.54	3.78	3.37	3.29
39	4.80	4.00	3.52	3.45
40	5.09	4.23	3.69	3.62
41	5.37	4.48	3.86	3.79
42	5.64	4.70	4.02	3.95
43	5.87	4.89	4.15	4.09
44	6.03	5.02	4.25	4.18
45	6.11	5.09	4.30	4.23
46	6.26	5.21	4.40	4.32
47	6.61	5.50	4.63	4.52
48	7.11	5.92	4.97	4.81
49	7.72	6.43	5.37	5.17
50	8.38	6.97	5.81	5.55
51	9.03	7.52	6.25	5.93
52	9.64	8.03	6.66	6.29
53	10.15	8.45	7.00	6.59
54	10.51	8.75	7.24	6.80
55	10.66	8.88	7.35	6.90
56	10.87	9.13	7.58	7.16
57	11.26	9.63	8.04	7.71
58	11.71	10.20	8.57	8.34
59	12.09	10.68	9.02	8.87
60	12.26	10.90	9.22	9.11

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.31	1.93	1.65	1.43
26	2.36	1.97	1.70	1.47
27	2.46	2.06	1.79	1.54
28	2.59	2.16	1.92	1.64
29	2.74	2.29	2.06	1.75
30	2.90	2.42	2.22	1.87
31	3.06	2.55	2.37	1.99
32	3.21	2.68	2.52	2.10
33	3.34	2.78	2.64	2.19
34	3.43	2.85	2.72	2.26
35	3.47	2.89	2.76	2.29
36	3.55	2.96	2.81	2.33
37	3.75	3.12	2.91	2.42
38	4.03	3.36	3.07	2.55
39	4.37	3.64	3.25	2.70
40	4.74	3.95	3.45	2.87
41	5.11	4.26	3.65	3.04
42	5.45	4.54	3.84	3.20
43	5.74	4.78	4.00	3.33
44	5.95	4.95	4.11	3.43
45	6.04	5.03	4.16	3.47
46	6.16	5.13	4.24	3.54
47	6.44	5.36	4.43	3.69
48	6.83	5.69	4.71	3.91
49	7.30	6.08	5.04	4.17
50	7.82	6.51	5.40	4.46
51	8.33	6.94	5.76	4.74
52	8.81	7.33	6.09	5.01
53	9.20	7.66	6.37	5.23
54	9.48	7.90	6.57	5.39
55	9.60	8.00	6.66	5.46
56	9.77	8.22	6.86	5.64
57	10.10	8.66	7.27	6.00
58	10.48	9.16	7.75	6.42
59	10.79	9.59	8.15	6.77
60	10.94	9.78	8.33	6.93

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.61	2.18	2.02	1.91
26	2.66	2.22	2.06	1.95
27	2.76	2.30	2.13	2.02
28	2.88	2.41	2.22	2.11
29	3.03	2.53	2.32	2.22
30	3.18	2.65	2.43	2.34
31	3.33	2.78	2.53	2.45
32	3.47	2.89	2.63	2.55
33	3.59	2.99	2.71	2.64
34	3.67	3.06	2.77	2.70
35	3.71	3.09	2.80	2.73
36	3.77	3.14	2.84	2.77
37	3.93	3.27	2.93	2.86
38	4.14	3.45	3.06	2.99
39	4.41	3.67	3.22	3.15
40	4.69	3.91	3.40	3.33
41	4.98	4.15	3.57	3.50
42	5.24	4.37	3.73	3.66
43	5.46	4.55	3.87	3.80
44	5.62	4.69	3.96	3.89
45	5.70	4.75	4.01	3.94
46	5.83	4.85	4.09	4.02
47	6.12	5.10	4.28	4.20
48	6.54	5.45	4.55	4.46
49	7.05	5.87	4.87	4.77
50	7.60	6.33	5.22	5.11
51	8.15	6.79	5.57	5.45
52	8.66	7.21	5.90	5.77
53	9.08	7.56	6.17	6.03
54	9.37	7.81	6.37	6.22
55	9.50	7.92	6.45	6.30
56	9.59	8.08	6.61	6.45
57	9.72	8.38	6.91	6.76
58	9.86	8.73	7.27	7.12
59	9.98	9.02	7.57	7.42
60	10.05	9.15	7.70	7.55

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.30	1.91	1.60	1.36
26	2.35	1.95	1.65	1.40
27	2.45	2.03	1.74	1.47
28	2.57	2.14	1.87	1.57
29	2.72	2.26	2.02	1.68
30	2.87	2.39	2.18	1.80
31	3.03	2.52	2.33	1.92
32	3.17	2.64	2.48	2.03
33	3.29	2.74	2.60	2.13
34	3.37	2.81	2.68	2.19
35	3.41	2.84	2.72	2.22
36	3.47	2.89	2.76	2.26
37	3.62	3.02	2.84	2.34
38	3.84	3.20	2.97	2.46
39	4.10	3.41	3.11	2.60
40	4.38	3.65	3.27	2.76
41	4.66	3.88	3.43	2.91
42	4.92	4.10	3.58	3.05
43	5.14	4.28	3.70	3.17
44	5.30	4.41	3.79	3.26
45	5.37	4.47	3.83	3.30
46	5.47	4.56	3.90	3.36
47	5.71	4.75	4.06	3.49
48	6.05	5.04	4.29	3.68
49	6.46	5.38	4.56	3.91
50	6.91	5.75	4.86	4.15
51	7.35	6.12	5.16	4.40
52	7.76	6.46	5.43	4.63
53	8.10	6.75	5.66	4.82
54	8.34	6.95	5.83	4.96
55	8.44	7.04	5.90	5.02
56	8.51	7.18	6.04	5.15
57	8.61	7.44	6.32	5.43
58	8.73	7.74	6.64	5.74
59	8.83	8.00	6.91	6.01
60	8.89	8.12	7.04	6.13

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.04	2.53	2.27	2.19
26	3.10	2.58	2.32	2.24
27	3.20	2.66	2.40	2.32
28	3.33	2.77	2.51	2.44
29	3.48	2.90	2.64	2.57
30	3.64	3.03	2.78	2.70
31	3.80	3.16	2.91	2.84
32	3.94	3.28	3.04	2.97
33	4.06	3.39	3.14	3.07
34	4.15	3.46	3.21	3.15
35	4.20	3.50	3.25	3.18
36	4.30	3.59	3.31	3.22
37	4.55	3.80	3.46	3.32
38	4.91	4.10	3.68	3.46
39	5.35	4.46	3.94	3.63
40	5.82	4.85	4.22	3.81
41	6.30	5.25	4.50	4.00
42	6.74	5.62	4.77	4.17
43	7.12	5.94	5.00	4.32
44	7.39	6.17	5.16	4.44
45	7.53	6.28	5.25	4.50
46	7.81	6.52	5.46	4.69
47	8.49	7.08	5.95	5.15
48	9.47	7.89	6.66	5.81
49	10.64	8.86	7.52	6.61
50	11.91	9.92	8.45	7.47
51	13.18	10.98	9.38	8.34
52	14.36	11.96	10.24	9.14
53	15.35	12.79	10.96	9.81
54	16.04	13.36	11.47	10.29
55	16.34	13.62	11.70	10.50
56	16.79	14.10	12.14	10.92
57	17.66	15.05	13.01	11.75
58	18.66	16.15	14.02	12.71
59	19.49	17.06	14.86	13.51
60	19.87	17.47	15.23	13.86

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.43	2.03	1.76	1.64
26	2.50	2.09	1.81	1.68
27	2.63	2.20	1.91	1.76
28	2.81	2.34	2.04	1.86
29	3.02	2.52	2.20	1.99
30	3.24	2.70	2.37	2.12
31	3.46	2.89	2.53	2.25
32	3.67	3.06	2.69	2.36
33	3.84	3.20	2.82	2.46
34	3.96	3.30	2.91	2.54
35	4.02	3.35	2.95	2.57
36	4.12	3.43	3.02	2.63
37	4.36	3.63	3.17	2.76
38	4.70	3.91	3.39	2.96
39	5.11	4.25	3.65	3.20
40	5.55	4.62	3.94	3.45
41	6.00	5.00	4.23	3.71
42	6.41	5.34	4.50	3.95
43	6.76	5.63	4.73	4.15
44	7.01	5.84	4.89	4.30
45	7.13	5.94	4.97	4.37
46	7.33	6.11	5.12	4.50
47	7.81	6.50	5.46	4.80
48	8.49	7.07	5.96	5.24
49	9.31	7.76	6.55	5.76
50	10.21	8.50	7.20	6.33
51	11.10	9.24	7.85	6.90
52	11.92	9.93	8.45	7.43
53	12.61	10.50	8.96	7.87
54	13.10	10.91	9.31	8.18
55	13.31	11.09	9.47	8.32
56	13.65	11.47	9.82	8.63
57	14.31	12.22	10.51	9.27
58	15.08	13.10	11.32	10.00
59	15.71	13.83	12.00	10.62
60	16.01	14.16	12.30	10.89

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.81	2.34	2.13	2.02
26	2.87	2.39	2.18	2.07
27	2.98	2.48	2.26	2.15
28	3.13	2.60	2.37	2.27
29	3.30	2.74	2.50	2.40
30	3.48	2.89	2.64	2.54
31	3.66	3.04	2.78	2.68
32	3.82	3.18	2.90	2.81
33	3.96	3.29	3.00	2.92
34	4.05	3.37	3.08	3.00
35	4.10	3.41	3.11	3.03
36	4.17	3.46	3.15	3.07
37	4.32	3.59	3.24	3.16
38	4.54	3.78	3.37	3.29
39	4.80	4.00	3.52	3.45
40	5.09	4.23	3.69	3.62
41	5.37	4.48	3.86	3.79
42	5.64	4.70	4.02	3.95
43	5.87	4.89	4.15	4.09
44	6.03	5.02	4.25	4.18
45	6.11	5.09	4.30	4.23
46	6.26	5.21	4.40	4.32
47	6.61	5.50	4.63	4.52
48	7.11	5.92	4.97	4.81
49	7.72	6.43	5.37	5.17
50	8.38	6.97	5.81	5.55
51	9.03	7.52	6.25	5.93
52	9.64	8.03	6.66	6.29
53	10.15	8.45	7.00	6.59
54	10.51	8.75	7.24	6.80
55	10.66	8.88	7.35	6.90
56	10.87	9.13	7.58	7.16
57	11.26	9.63	8.04	7.71
58	11.71	10.20	8.57	8.34
59	12.09	10.68	9.02	8.87
60	12.26	10.90	9.22	9.11

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.31	1.93	1.65	1.43
26	2.36	1.97	1.70	1.47
27	2.46	2.06	1.79	1.54
28	2.59	2.16	1.92	1.64
29	2.74	2.29	2.06	1.75
30	2.90	2.42	2.22	1.87
31	3.06	2.55	2.37	1.99
32	3.21	2.68	2.52	2.10
33	3.34	2.78	2.64	2.19
34	3.43	2.85	2.72	2.26
35	3.47	2.89	2.76	2.29
36	3.55	2.96	2.81	2.33
37	3.75	3.12	2.91	2.42
38	4.03	3.36	3.07	2.55
39	4.37	3.64	3.25	2.70
40	4.74	3.95	3.45	2.87
41	5.11	4.26	3.65	3.04
42	5.45	4.54	3.84	3.20
43	5.74	4.78	4.00	3.33
44	5.95	4.95	4.11	3.43
45	6.04	5.03	4.16	3.47
46	6.16	5.13	4.24	3.54
47	6.44	5.36	4.43	3.69
48	6.83	5.69	4.71	3.91
49	7.30	6.08	5.04	4.17
50	7.82	6.51	5.40	4.46
51	8.33	6.94	5.76	4.74
52	8.81	7.33	6.09	5.01
53	9.20	7.66	6.37	5.23
54	9.48	7.90	6.57	5.39
55	9.60	8.00	6.66	5.46
56	9.77	8.22	6.86	5.64
57	10.10	8.66	7.27	6.00
58	10.48	9.16	7.75	6.42
59	10.79	9.59	8.15	6.77
60	10.94	9.78	8.33	6.93

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.61	2.18	2.02	1.91
26	2.66	2.22	2.06	1.95
27	2.76	2.30	2.13	2.02
28	2.88	2.41	2.22	2.11
29	3.03	2.53	2.32	2.22
30	3.18	2.65	2.43	2.34
31	3.33	2.78	2.53	2.45
32	3.47	2.89	2.63	2.55
33	3.59	2.99	2.71	2.64
34	3.67	3.06	2.77	2.70
35	3.71	3.09	2.80	2.73
36	3.77	3.14	2.84	2.77
37	3.93	3.27	2.93	2.86
38	4.14	3.45	3.06	2.99
39	4.41	3.67	3.22	3.15
40	4.69	3.91	3.40	3.33
41	4.98	4.15	3.57	3.50
42	5.24	4.37	3.73	3.66
43	5.46	4.55	3.87	3.80
44	5.62	4.69	3.96	3.89
45	5.70	4.75	4.01	3.94
46	5.83	4.85	4.09	4.02
47	6.12	5.10	4.28	4.20
48	6.54	5.45	4.55	4.46
49	7.05	5.87	4.87	4.77
50	7.60	6.33	5.22	5.11
51	8.15	6.79	5.57	5.45
52	8.66	7.21	5.90	5.77
53	9.08	7.56	6.17	6.03
54	9.37	7.81	6.37	6.22
55	9.50	7.92	6.45	6.30
56	9.59	8.08	6.61	6.45
57	9.72	8.38	6.91	6.76
58	9.86	8.73	7.27	7.12
59	9.98	9.02	7.57	7.42
60	10.05	9.15	7.70	7.55

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.30	1.91	1.60	1.36
26	2.35	1.95	1.65	1.40
27	2.45	2.03	1.74	1.47
28	2.57	2.14	1.87	1.57
29	2.72	2.26	2.02	1.68
30	2.87	2.39	2.18	1.80
31	3.03	2.52	2.33	1.92
32	3.17	2.64	2.48	2.03
33	3.29	2.74	2.60	2.13
34	3.37	2.81	2.68	2.19
35	3.41	2.84	2.72	2.22
36	3.47	2.89	2.76	2.26
37	3.62	3.02	2.84	2.34
38	3.84	3.20	2.97	2.46
39	4.10	3.41	3.11	2.60
40	4.38	3.65	3.27	2.76
41	4.66	3.88	3.43	2.91
42	4.92	4.10	3.58	3.05
43	5.14	4.28	3.70	3.17
44	5.30	4.41	3.79	3.26
45	5.37	4.47	3.83	3.30
46	5.47	4.56	3.90	3.36
47	5.71	4.75	4.06	3.49
48	6.05	5.04	4.29	3.68
49	6.46	5.38	4.56	3.91
50	6.91	5.75	4.86	4.15
51	7.35	6.12	5.16	4.40
52	7.76	6.46	5.43	4.63
53	8.10	6.75	5.66	4.82
54	8.34	6.95	5.83	4.96
55	8.44	7.04	5.90	5.02
56	8.51	7.18	6.04	5.15
57	8.61	7.44	6.32	5.43
58	8.73	7.74	6.64	5.74
59	8.83	8.00	6.91	6.01
60	8.89	8.12	7.04	6.13

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.33	2.78	2.48	2.43
26	3.41	2.85	2.53	2.48
27	3.56	2.97	2.63	2.58
28	3.76	3.14	2.76	2.71
29	3.99	3.33	2.91	2.86
30	4.24	3.53	3.07	3.03
31	4.48	3.74	3.23	3.18
32	4.71	3.92	3.38	3.33
33	4.90	4.08	3.50	3.45
34	5.03	4.20	3.59	3.54
35	5.10	4.25	3.63	3.58
36	5.22	4.35	3.71	3.64
37	5.50	4.59	3.90	3.77
38	5.91	4.93	4.17	3.96
39	6.40	5.33	4.49	4.20
40	6.93	5.78	4.85	4.45
41	7.47	6.23	5.20	4.70
42	7.97	6.64	5.54	4.94
43	8.39	7.00	5.82	5.15
44	8.70	7.25	6.03	5.30
45	8.85	7.38	6.13	5.38
46	9.16	7.64	6.36	5.60
47	9.89	8.24	6.90	6.13
48	10.94	9.12	7.68	6.89
49	12.21	10.17	8.62	7.81
50	13.58	11.31	9.64	8.81
51	14.95	12.45	10.66	9.81
52	16.22	13.51	11.60	10.73
53	17.29	14.40	12.39	11.51
54	18.03	15.02	12.95	12.06
55	18.36	15.30	13.20	12.30
56	18.87	15.84	13.69	12.79
57	19.84	16.90	14.68	13.76
58	20.97	18.13	15.81	14.89
59	21.90	19.16	16.76	15.82
60	22.33	19.62	17.18	16.24

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.91	2.43	2.07	1.91
26	3.00	2.50	2.13	1.96
27	3.17	2.65	2.24	2.05
28	3.40	2.84	2.40	2.17
29	3.67	3.07	2.58	2.32
30	3.97	3.31	2.78	2.47
31	4.26	3.55	2.97	2.62
32	4.52	3.77	3.15	2.76
33	4.75	3.96	3.30	2.88
34	4.91	4.09	3.40	2.96
35	4.98	4.15	3.45	3.00
36	5.09	4.24	3.52	3.06
37	5.34	4.45	3.68	3.19
38	5.69	4.74	3.91	3.38
39	6.12	5.10	4.19	3.61
40	6.59	5.49	4.50	3.86
41	7.06	5.88	4.80	4.11
42	7.50	6.24	5.09	4.34
43	7.86	6.55	5.33	4.54
44	8.13	6.77	5.50	4.69
45	8.26	6.88	5.59	4.76
46	8.50	7.08	5.77	4.92
47	9.09	7.57	6.21	5.30
48	9.92	8.26	6.85	5.84
49	10.92	9.10	7.61	6.50
50	12.01	10.00	8.43	7.21
51	13.10	10.91	9.26	7.92
52	14.11	11.75	10.02	8.58
53	14.95	12.45	10.67	9.13
54	15.54	12.95	11.12	9.53
55	15.80	13.17	11.32	9.70
56	16.21	13.62	11.74	10.07
57	16.99	14.52	12.57	10.81
58	17.90	15.56	13.53	11.67
59	18.65	16.43	14.34	12.38
60	19.00	16.81	14.70	12.70

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.21	2.68	2.41	2.36
26	3.28	2.74	2.46	2.41
27	3.42	2.85	2.55	2.49
28	3.60	3.00	2.66	2.60
29	3.81	3.18	2.80	2.72
30	4.03	3.36	2.94	2.86
31	4.25	3.54	3.08	2.99
32	4.45	3.71	3.21	3.11
33	4.62	3.85	3.32	3.21
34	4.74	3.95	3.39	3.28
35	4.80	4.00	3.43	3.31
36	4.89	4.07	3.48	3.36
37	5.09	4.24	3.60	3.46
38	5.38	4.48	3.77	3.62
39	5.72	4.77	3.98	3.81
40	6.10	5.08	4.20	4.01
41	6.48	5.40	4.42	4.21
42	6.83	5.69	4.63	4.40
43	7.13	5.94	4.81	4.56
44	7.34	6.12	4.94	4.67
45	7.44	6.20	5.00	4.73
46	7.61	6.34	5.12	4.83
47	8.00	6.66	5.40	5.07
48	8.56	7.13	5.81	5.40
49	9.23	7.69	6.30	5.81
50	9.96	8.29	6.84	6.25
51	10.69	8.90	7.37	6.69
52	11.36	9.46	7.86	7.10
53	11.92	9.93	8.28	7.45
54	12.32	10.26	8.57	7.69
55	12.49	10.41	8.70	7.80
56	12.73	10.70	8.97	8.06
57	13.19	11.28	9.51	8.59
58	13.72	11.96	10.14	9.21
59	14.16	12.52	10.67	9.72
60	14.37	12.77	10.91	9.95

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.58	2.15	1.93	1.65
26	2.65	2.21	1.98	1.70
27	2.79	2.33	2.09	1.78
28	2.98	2.48	2.22	1.90
29	3.20	2.66	2.38	2.03
30	3.43	2.86	2.56	2.17
31	3.66	3.05	2.73	2.32
32	3.88	3.23	2.88	2.45
33	4.05	3.38	3.02	2.56
34	4.18	3.48	3.11	2.64
35	4.24	3.53	3.15	2.67
36	4.32	3.60	3.20	2.71
37	4.51	3.76	3.31	2.80
38	4.78	3.98	3.48	2.93
39	5.10	4.25	3.67	3.09
40	5.46	4.55	3.89	3.26
41	5.81	4.84	4.10	3.43
42	6.14	5.11	4.30	3.59
43	6.42	5.35	4.47	3.72
44	6.62	5.51	4.59	3.82
45	6.71	5.59	4.65	3.87
46	6.87	5.72	4.76	3.97
47	7.24	6.03	5.03	4.19
48	7.77	6.47	5.42	4.52
49	8.41	7.00	5.89	4.91
50	9.10	7.58	6.39	5.34
51	9.80	8.16	6.90	5.77
52	10.44	8.69	7.37	6.17
53	10.97	9.14	7.76	6.50
54	11.35	9.45	8.04	6.74
55	11.51	9.59	8.16	6.84
56	11.72	9.85	8.41	7.06
57	12.11	10.38	8.92	7.52
58	12.56	10.99	9.50	8.04
59	12.94	11.50	9.99	8.48
60	13.12	11.73	10.21	8.68

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CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.87	2.39	2.18	2.13
26	2.94	2.45	2.22	2.17
27	3.07	2.56	2.30	2.25
28	3.25	2.70	2.39	2.34
29	3.45	2.87	2.51	2.45
30	3.67	3.05	2.62	2.57
31	3.88	3.23	2.74	2.68
32	4.08	3.40	2.85	2.79
33	4.25	3.54	2.94	2.88
34	4.37	3.64	3.00	2.94
35	4.42	3.68	3.03	2.97
36	4.49	3.74	3.07	3.01
37	4.66	3.88	3.17	3.10
38	4.90	4.08	3.32	3.23
39	5.19	4.33	3.49	3.38
40	5.51	4.59	3.68	3.55
41	5.82	4.86	3.87	3.72
42	6.12	5.10	4.04	3.88
43	6.37	5.31	4.19	4.01
44	6.55	5.46	4.30	4.11
45	6.63	5.53	4.35	4.16
46	6.78	5.65	4.45	4.26
47	7.13	5.94	4.69	4.49
48	7.63	6.36	5.04	4.83
49	8.24	6.86	5.46	5.23
50	8.89	7.41	5.92	5.67
51	9.55	7.95	6.37	6.11
52	10.15	8.46	6.79	6.51
53	10.66	8.88	7.14	6.85
54	11.01	9.17	7.39	7.09
55	11.16	9.30	7.50	7.20
56	11.26	9.49	7.68	7.40
57	11.42	9.84	8.04	7.80
58	11.58	10.25	8.45	8.25
59	11.73	10.59	8.80	8.64
60	11.81	10.75	8.96	8.81

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.56	2.13	1.85	1.59
26	2.63	2.19	1.90	1.63
27	2.75	2.29	2.00	1.72
28	2.92	2.43	2.13	1.83
29	3.11	2.59	2.28	1.96
30	3.32	2.77	2.44	2.11
31	3.53	2.94	2.60	2.25
32	3.72	3.10	2.75	2.37
33	3.88	3.23	2.87	2.48
34	3.99	3.33	2.96	2.56
35	4.04	3.37	3.00	2.59
36	4.11	3.43	3.04	2.62
37	4.28	3.57	3.14	2.70
38	4.52	3.77	3.28	2.82
39	4.81	4.01	3.45	2.95
40	5.13	4.28	3.63	3.10
41	5.44	4.54	3.81	3.24
42	5.74	4.78	3.98	3.38
43	5.98	4.99	4.12	3.50
44	6.16	5.13	4.22	3.58
45	6.24	5.20	4.27	3.62
46	6.36	5.30	4.35	3.69
47	6.64	5.53	4.55	3.87
48	7.04	5.86	4.83	4.12
49	7.52	6.26	5.17	4.42
50	8.04	6.69	5.54	4.75
51	8.56	7.12	5.91	5.08
52	9.03	7.52	6.25	5.39
53	9.43	7.85	6.54	5.64
54	9.71	8.09	6.74	5.82
55	9.83	8.19	6.83	5.90
56	9.91	8.35	6.99	6.06
57	10.03	8.66	7.32	6.38
58	10.17	9.01	7.69	6.75
59	10.28	9.30	8.00	7.06
60	10.35	9.44	8.15	7.20

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.33	2.78	2.48	2.43
26	3.41	2.85	2.53	2.48
27	3.56	2.97	2.63	2.58
28	3.76	3.14	2.76	2.71
29	3.99	3.33	2.91	2.86
30	4.24	3.53	3.07	3.03
31	4.48	3.74	3.23	3.18
32	4.71	3.92	3.38	3.33
33	4.90	4.08	3.50	3.45
34	5.03	4.20	3.59	3.54
35	5.10	4.25	3.63	3.58
36	5.22	4.35	3.71	3.64
37	5.50	4.59	3.90	3.77
38	5.91	4.93	4.17	3.96
39	6.40	5.33	4.49	4.20
40	6.93	5.78	4.85	4.45
41	7.47	6.23	5.20	4.70
42	7.97	6.64	5.54	4.94
43	8.39	7.00	5.82	5.15
44	8.70	7.25	6.03	5.30
45	8.85	7.38	6.13	5.38
46	9.16	7.64	6.36	5.60
47	9.89	8.24	6.90	6.13
48	10.94	9.12	7.68	6.89
49	12.21	10.17	8.62	7.81
50	13.58	11.31	9.64	8.81
51	14.95	12.45	10.66	9.81
52	16.22	13.51	11.60	10.73
53	17.29	14.40	12.39	11.51
54	18.03	15.02	12.95	12.06
55	18.36	15.30	13.20	12.30
56	18.87	15.84	13.69	12.79
57	19.84	16.90	14.68	13.76
58	20.97	18.13	15.81	14.89
59	21.90	19.16	16.76	15.82
60	22.33	19.62	17.18	16.24

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.91	2.43	2.07	1.91
26	3.00	2.50	2.13	1.96
27	3.17	2.65	2.24	2.05
28	3.40	2.84	2.40	2.17
29	3.67	3.07	2.58	2.32
30	3.97	3.31	2.78	2.47
31	4.26	3.55	2.97	2.62
32	4.52	3.77	3.15	2.76
33	4.75	3.96	3.30	2.88
34	4.91	4.09	3.40	2.96
35	4.98	4.15	3.45	3.00
36	5.09	4.24	3.52	3.06
37	5.34	4.45	3.68	3.19
38	5.69	4.74	3.91	3.38
39	6.12	5.10	4.19	3.61
40	6.59	5.49	4.50	3.86
41	7.06	5.88	4.80	4.11
42	7.50	6.24	5.09	4.34
43	7.86	6.55	5.33	4.54
44	8.13	6.77	5.50	4.69
45	8.26	6.88	5.59	4.76
46	8.50	7.08	5.77	4.92
47	9.09	7.57	6.21	5.30
48	9.92	8.26	6.85	5.84
49	10.92	9.10	7.61	6.50
50	12.01	10.00	8.43	7.21
51	13.10	10.91	9.26	7.92
52	14.11	11.75	10.02	8.58
53	14.95	12.45	10.67	9.13
54	15.54	12.95	11.12	9.53
55	15.80	13.17	11.32	9.70
56	16.21	13.62	11.74	10.07
57	16.99	14.52	12.57	10.81
58	17.90	15.56	13.53	11.67
59	18.65	16.43	14.34	12.38
60	19.00	16.81	14.70	12.70

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	3.21	2.68	2.41	2.36
26	3.28	2.74	2.46	2.41
27	3.42	2.85	2.55	2.49
28	3.60	3.00	2.66	2.60
29	3.81	3.18	2.80	2.72
30	4.03	3.36	2.94	2.86
31	4.25	3.54	3.08	2.99
32	4.45	3.71	3.21	3.11
33	4.62	3.85	3.32	3.21
34	4.74	3.95	3.39	3.28
35	4.80	4.00	3.43	3.31
36	4.89	4.07	3.48	3.36
37	5.09	4.24	3.60	3.46
38	5.38	4.48	3.77	3.62
39	5.72	4.77	3.98	3.81
40	6.10	5.08	4.20	4.01
41	6.48	5.40	4.42	4.21
42	6.83	5.69	4.63	4.40
43	7.13	5.94	4.81	4.56
44	7.34	6.12	4.94	4.67
45	7.44	6.20	5.00	4.73
46	7.61	6.34	5.12	4.83
47	8.00	6.66	5.40	5.07
48	8.56	7.13	5.81	5.40
49	9.23	7.69	6.30	5.81
50	9.96	8.29	6.84	6.25
51	10.69	8.90	7.37	6.69
52	11.36	9.46	7.86	7.10
53	11.92	9.93	8.28	7.45
54	12.32	10.26	8.57	7.69
55	12.49	10.41	8.70	7.80
56	12.73	10.70	8.97	8.06
57	13.19	11.28	9.51	8.59
58	13.72	11.96	10.14	9.21
59	14.16	12.52	10.67	9.72
60	14.37	12.77	10.91	9.95

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.58	2.15	1.93	1.65
26	2.65	2.21	1.98	1.70
27	2.79	2.33	2.09	1.78
28	2.98	2.48	2.22	1.90
29	3.20	2.66	2.38	2.03
30	3.43	2.86	2.56	2.17
31	3.66	3.05	2.73	2.32
32	3.88	3.23	2.88	2.45
33	4.05	3.38	3.02	2.56
34	4.18	3.48	3.11	2.64
35	4.24	3.53	3.15	2.67
36	4.32	3.60	3.20	2.71
37	4.51	3.76	3.31	2.80
38	4.78	3.98	3.48	2.93
39	5.10	4.25	3.67	3.09
40	5.46	4.55	3.89	3.26
41	5.81	4.84	4.10	3.43
42	6.14	5.11	4.30	3.59
43	6.42	5.35	4.47	3.72
44	6.62	5.51	4.59	3.82
45	6.71	5.59	4.65	3.87
46	6.87	5.72	4.76	3.97
47	7.24	6.03	5.03	4.19
48	7.77	6.47	5.42	4.52
49	8.41	7.00	5.89	4.91
50	9.10	7.58	6.39	5.34
51	9.80	8.16	6.90	5.77
52	10.44	8.69	7.37	6.17
53	10.97	9.14	7.76	6.50
54	11.35	9.45	8.04	6.74
55	11.51	9.59	8.16	6.84
56	11.72	9.85	8.41	7.06
57	12.11	10.38	8.92	7.52
58	12.56	10.99	9.50	8.04
59	12.94	11.50	9.99	8.48
60	13.12	11.73	10.21	8.68

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.87	2.39	2.18	2.13
26	2.94	2.45	2.22	2.17
27	3.07	2.56	2.30	2.25
28	3.25	2.70	2.39	2.34
29	3.45	2.87	2.51	2.45
30	3.67	3.05	2.62	2.57
31	3.88	3.23	2.74	2.68
32	4.08	3.40	2.85	2.79
33	4.25	3.54	2.94	2.88
34	4.37	3.64	3.00	2.94
35	4.42	3.68	3.03	2.97
36	4.49	3.74	3.07	3.01
37	4.66	3.88	3.17	3.10
38	4.90	4.08	3.32	3.23
39	5.19	4.33	3.49	3.38
40	5.51	4.59	3.68	3.55
41	5.82	4.86	3.87	3.72
42	6.12	5.10	4.04	3.88
43	6.37	5.31	4.19	4.01
44	6.55	5.46	4.30	4.11
45	6.63	5.53	4.35	4.16
46	6.78	5.65	4.45	4.26
47	7.13	5.94	4.69	4.49
48	7.63	6.36	5.04	4.83
49	8.24	6.86	5.46	5.23
50	8.89	7.41	5.92	5.67
51	9.55	7.95	6.37	6.11
52	10.15	8.46	6.79	6.51
53	10.66	8.88	7.14	6.85
54	11.01	9.17	7.39	7.09
55	11.16	9.30	7.50	7.20
56	11.26	9.49	7.68	7.40
57	11.42	9.84	8.04	7.80
58	11.58	10.25	8.45	8.25
59	11.73	10.59	8.80	8.64
60	11.81	10.75	8.96	8.81

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	2.56	2.13	1.85	1.59
26	2.63	2.19	1.90	1.63
27	2.75	2.29	2.00	1.72
28	2.92	2.43	2.13	1.83
29	3.11	2.59	2.28	1.96
30	3.32	2.77	2.44	2.11
31	3.53	2.94	2.60	2.25
32	3.72	3.10	2.75	2.37
33	3.88	3.23	2.87	2.48
34	3.99	3.33	2.96	2.56
35	4.04	3.37	3.00	2.59
36	4.11	3.43	3.04	2.62
37	4.28	3.57	3.14	2.70
38	4.52	3.77	3.28	2.82
39	4.81	4.01	3.45	2.95
40	5.13	4.28	3.63	3.10
41	5.44	4.54	3.81	3.24
42	5.74	4.78	3.98	3.38
43	5.98	4.99	4.12	3.50
44	6.16	5.13	4.22	3.58
45	6.24	5.20	4.27	3.62
46	6.36	5.30	4.35	3.69
47	6.64	5.53	4.55	3.87
48	7.04	5.86	4.83	4.12
49	7.52	6.26	5.17	4.42
50	8.04	6.69	5.54	4.75
51	8.56	7.12	5.91	5.08
52	9.03	7.52	6.25	5.39
53	9.43	7.85	6.54	5.64
54	9.71	8.09	6.74	5.82
55	9.83	8.19	6.83	5.90
56	9.91	8.35	6.99	6.06
57	10.03	8.66	7.32	6.38
58	10.17	9.01	7.69	6.75
59	10.28	9.30	8.00	7.06
60	10.35	9.44	8.15	7.20

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.48	4.56	3.92	3.65
26	5.61	4.67	4.00	3.73
27	5.84	4.86	4.13	3.88
28	6.14	5.11	4.31	4.09
29	6.50	5.41	4.51	4.32
30	6.88	5.73	4.73	4.57
31	7.26	6.04	4.95	4.81
32	7.60	6.33	5.14	5.04
33	7.89	6.57	5.31	5.23
34	8.10	6.75	5.43	5.36
35	8.20	6.83	5.49	5.42
36	8.36	6.97	5.61	5.50
37	8.75	7.29	5.91	5.69
38	9.30	7.75	6.33	5.96
39	9.96	8.30	6.83	6.28
40	10.68	8.90	7.38	6.63
41	11.40	9.50	7.94	6.99
42	12.08	10.07	8.46	7.33
43	12.65	10.54	8.89	7.61
44	13.07	10.89	9.21	7.83
45	13.27	11.06	9.36	7.94
46	13.67	11.40	9.65	8.25
47	14.64	12.20	10.32	9.00
48	16.02	13.34	11.30	10.08
49	17.68	14.73	12.47	11.37
50	19.48	16.23	13.75	12.79
51	21.29	17.73	15.02	14.20
52	22.97	19.13	16.21	15.52
53	24.37	20.30	17.21	16.62
54	25.37	21.14	17.92	17.40
55	25.82	21.52	18.24	17.76
56	26.91	22.58	19.18	18.73
57	29.13	24.79	21.13	20.73
58	31.71	27.36	23.40	23.06
59	33.87	29.50	25.29	25.01
60	34.82	30.43	26.11	25.85

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.64	3.86	3.34	2.82
26	4.75	3.96	3.42	2.89
27	4.97	4.13	3.56	3.03
28	5.25	4.37	3.76	3.22
29	5.58	4.64	3.98	3.44
30	5.93	4.94	4.22	3.67
31	6.28	5.23	4.46	3.90
32	6.60	5.50	4.67	4.11
33	6.87	5.72	4.86	4.29
34	7.06	5.88	4.99	4.41
35	7.15	5.96	5.05	4.47
36	7.30	6.08	5.16	4.55
37	7.64	6.37	5.40	4.75
38	8.14	6.79	5.76	5.03
39	8.74	7.29	6.18	5.37
40	9.39	7.83	6.65	5.74
41	10.05	8.37	7.12	6.12
42	10.66	8.88	7.55	6.46
43	11.17	9.31	7.92	6.76
44	11.54	9.62	8.19	6.97
45	11.72	9.77	8.32	7.08
46	12.05	10.04	8.58	7.31
47	12.83	10.69	9.20	7.85
48	13.94	11.62	10.09	8.62
49	15.28	12.73	11.17	9.56
50	16.74	13.94	12.33	10.58
51	18.20	15.16	13.51	11.60
52	19.56	16.29	14.59	12.55
53	20.69	17.24	15.50	13.34
54	21.50	17.91	16.15	13.91
55	21.86	18.22	16.45	14.17
56	22.75	19.12	17.30	14.92
57	24.56	20.99	19.06	16.48
58	26.67	23.16	21.12	18.30
59	28.43	24.97	22.83	19.82
60	29.21	25.77	23.58	20.48

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.27	4.39	3.85	3.51
26	5.38	4.48	3.92	3.59
27	5.58	4.65	4.05	3.73
28	5.84	4.87	4.21	3.93
29	6.14	5.12	4.39	4.15
30	6.46	5.39	4.59	4.39
31	6.78	5.65	4.79	4.62
32	7.07	5.89	4.96	4.84
33	7.32	6.10	5.11	5.02
34	7.49	6.24	5.22	5.14
35	7.57	6.31	5.27	5.20
36	7.69	6.41	5.36	5.27
37	7.97	6.64	5.56	5.42
38	8.37	6.98	5.84	5.65
39	8.85	7.38	6.19	5.91
40	9.37	7.81	6.57	6.20
41	9.90	8.25	6.95	6.49
42	10.38	8.66	7.30	6.76
43	10.80	9.00	7.59	6.99
44	11.09	9.24	7.81	7.15
45	11.23	9.36	7.91	7.23
46	11.46	9.56	8.09	7.35
47	12.02	10.02	8.51	7.63
48	12.81	10.67	9.12	8.03
49	13.77	11.47	9.85	8.51
50	14.80	12.33	10.65	9.03
51	15.84	13.19	11.44	9.55
52	16.80	13.99	12.18	10.04
53	17.61	14.67	12.80	10.45
54	18.18	15.14	13.24	10.74
55	18.43	15.36	13.44	10.88
56	18.97	15.94	13.98	11.35
57	20.05	17.14	15.11	12.34
58	21.31	18.53	16.42	13.49
59	22.36	19.70	17.52	14.45
60	22.83	20.21	18.00	14.88

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.44	3.70	3.06	2.74
26	4.55	3.79	3.13	2.80
27	4.74	3.95	3.25	2.90
28	5.01	4.17	3.42	3.04
29	5.31	4.43	3.61	3.19
30	5.64	4.70	3.81	3.36
31	5.96	4.97	4.01	3.53
32	6.26	5.22	4.19	3.68
33	6.50	5.43	4.35	3.81
34	6.68	5.57	4.46	3.90
35	6.76	5.64	4.51	3.94
36	6.87	5.74	4.59	4.01
37	7.14	5.96	4.79	4.16
38	7.52	6.27	5.07	4.39
39	7.98	6.65	5.41	4.65
40	8.47	7.06	5.78	4.95
41	8.97	7.48	6.15	5.24
42	9.43	7.86	6.49	5.51
43	9.82	8.18	6.78	5.74
44	10.09	8.41	6.98	5.90
45	10.22	8.52	7.08	5.98
46	10.41	8.68	7.23	6.10
47	10.85	9.04	7.59	6.38
48	11.49	9.57	8.10	6.79
49	12.25	10.20	8.72	7.28
50	13.08	10.89	9.39	7.81
51	13.90	11.58	10.06	8.34
52	14.67	12.22	10.68	8.83
53	15.31	12.75	11.20	9.25
54	15.77	13.13	11.57	9.54
55	15.97	13.31	11.74	9.68
56	16.42	13.82	12.23	10.10
57	17.32	14.87	13.24	10.99
58	18.37	16.10	14.41	12.03
59	19.25	17.13	15.39	12.89
60	19.64	17.58	15.83	13.27

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.59	3.83	3.28	2.92
26	4.71	3.93	3.35	2.99
27	4.92	4.11	3.48	3.13
28	5.21	4.35	3.66	3.31
29	5.55	4.62	3.86	3.53
30	5.90	4.92	4.08	3.75
31	6.26	5.22	4.29	3.98
32	6.59	5.49	4.49	4.19
33	6.86	5.72	4.65	4.36
34	7.05	5.88	4.77	4.48
35	7.14	5.95	4.82	4.54
36	7.26	6.05	4.90	4.62
37	7.54	6.28	5.10	4.79
38	7.93	6.61	5.38	5.04
39	8.40	7.00	5.72	5.34
40	8.92	7.43	6.08	5.67
41	9.43	7.86	6.45	5.99
42	9.91	8.25	6.79	6.29
43	10.31	8.59	7.08	6.55
44	10.59	8.82	7.28	6.72
45	10.72	8.93	7.37	6.80
46	10.88	9.07	7.49	6.87
47	11.26	9.38	7.77	7.04
48	11.80	9.82	8.16	7.27
49	12.44	10.36	8.63	7.55
50	13.14	10.94	9.15	7.86
51	13.84	11.52	9.66	8.16
52	14.48	12.05	10.13	8.44
53	15.02	12.50	10.53	8.68
54	15.39	12.82	10.81	8.85
55	15.55	12.96	10.94	8.93
56	15.69	13.24	11.22	9.19
57	15.92	13.79	11.79	9.74
58	16.19	14.42	12.46	10.38
59	16.42	14.96	13.01	10.93
60	16.54	15.21	13.27	11.17

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.07	3.40	2.91	2.46
26	4.18	3.49	2.98	2.52
27	4.37	3.65	3.10	2.63
28	4.64	3.87	3.26	2.77
29	4.95	4.13	3.45	2.94
30	5.27	4.40	3.65	3.12
31	5.60	4.68	3.85	3.30
32	5.90	4.93	4.04	3.46
33	6.15	5.14	4.19	3.60
34	6.33	5.28	4.30	3.70
35	6.41	5.35	4.35	3.74
36	6.51	5.44	4.42	3.80
37	6.75	5.63	4.59	3.94
38	7.09	5.92	4.83	4.13
39	7.50	6.26	5.12	4.36
40	7.95	6.63	5.44	4.62
41	8.39	7.00	5.75	4.87
42	8.81	7.34	6.04	5.11
43	9.16	7.63	6.29	5.31
44	9.40	7.83	6.47	5.45
45	9.52	7.93	6.55	5.52
46	9.70	8.08	6.68	5.63
47	10.11	8.42	7.00	5.88
48	10.69	8.90	7.45	6.25
49	11.40	9.49	8.00	6.68
50	12.16	10.12	8.59	7.16
51	12.93	10.76	9.18	7.64
52	13.63	11.35	9.72	8.08
53	14.22	11.84	10.18	8.45
54	14.63	12.19	10.51	8.71
55	14.81	12.34	10.65	8.83
56	14.96	12.63	10.96	9.12
57	15.22	13.22	11.58	9.73
58	15.51	13.89	12.30	10.43
59	15.76	14.46	12.90	11.02
60	15.89	14.72	13.18	11.28

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.48	4.56	3.92	3.65
26	5.61	4.67	4.00	3.73
27	5.84	4.86	4.13	3.88
28	6.14	5.11	4.31	4.09
29	6.50	5.41	4.51	4.32
30	6.88	5.73	4.73	4.57
31	7.26	6.04	4.95	4.81
32	7.60	6.33	5.14	5.04
33	7.89	6.57	5.31	5.23
34	8.10	6.75	5.43	5.36
35	8.20	6.83	5.49	5.42
36	8.36	6.97	5.61	5.50
37	8.75	7.29	5.91	5.69
38	9.30	7.75	6.33	5.96
39	9.96	8.30	6.83	6.28
40	10.68	8.90	7.38	6.63
41	11.40	9.50	7.94	6.99
42	12.08	10.07	8.46	7.33
43	12.65	10.54	8.89	7.61
44	13.07	10.89	9.21	7.83
45	13.27	11.06	9.36	7.94
46	13.67	11.40	9.65	8.25
47	14.64	12.20	10.32	9.00
48	16.02	13.34	11.30	10.08
49	17.68	14.73	12.47	11.37
50	19.48	16.23	13.75	12.79
51	21.29	17.73	15.02	14.20
52	22.97	19.13	16.21	15.52
53	24.37	20.30	17.21	16.62
54	25.37	21.14	17.92	17.40
55	25.82	21.52	18.24	17.76
56	26.91	22.58	19.18	18.73
57	29.13	24.79	21.13	20.73
58	31.71	27.36	23.40	23.06
59	33.87	29.50	25.29	25.01
60	34.82	30.43	26.11	25.85

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.64	3.86	3.34	2.82
26	4.75	3.96	3.42	2.89
27	4.97	4.13	3.56	3.03
28	5.25	4.37	3.76	3.22
29	5.58	4.64	3.98	3.44
30	5.93	4.94	4.22	3.67
31	6.28	5.23	4.46	3.90
32	6.60	5.50	4.67	4.11
33	6.87	5.72	4.86	4.29
34	7.06	5.88	4.99	4.41
35	7.15	5.96	5.05	4.47
36	7.30	6.08	5.16	4.55
37	7.64	6.37	5.40	4.75
38	8.14	6.79	5.76	5.03
39	8.74	7.29	6.18	5.37
40	9.39	7.83	6.65	5.74
41	10.05	8.37	7.12	6.12
42	10.66	8.88	7.55	6.46
43	11.17	9.31	7.92	6.76
44	11.54	9.62	8.19	6.97
45	11.72	9.77	8.32	7.08
46	12.05	10.04	8.58	7.31
47	12.83	10.69	9.20	7.85
48	13.94	11.62	10.09	8.62
49	15.28	12.73	11.17	9.56
50	16.74	13.94	12.33	10.58
51	18.20	15.16	13.51	11.60
52	19.56	16.29	14.59	12.55
53	20.69	17.24	15.50	13.34
54	21.50	17.91	16.15	13.91
55	21.86	18.22	16.45	14.17
56	22.75	19.12	17.30	14.92
57	24.56	20.99	19.06	16.48
58	26.67	23.16	21.12	18.30
59	28.43	24.97	22.83	19.82
60	29.21	25.77	23.58	20.48

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.27	4.39	3.85	3.51
26	5.38	4.48	3.92	3.59
27	5.58	4.65	4.05	3.73
28	5.84	4.87	4.21	3.93
29	6.14	5.12	4.39	4.15
30	6.46	5.39	4.59	4.39
31	6.78	5.65	4.79	4.62
32	7.07	5.89	4.96	4.84
33	7.32	6.10	5.11	5.02
34	7.49	6.24	5.22	5.14
35	7.57	6.31	5.27	5.20
36	7.69	6.41	5.36	5.27
37	7.97	6.64	5.56	5.42
38	8.37	6.98	5.84	5.65
39	8.85	7.38	6.19	5.91
40	9.37	7.81	6.57	6.20
41	9.90	8.25	6.95	6.49
42	10.38	8.66	7.30	6.76
43	10.80	9.00	7.59	6.99
44	11.09	9.24	7.81	7.15
45	11.23	9.36	7.91	7.23
46	11.46	9.56	8.09	7.35
47	12.02	10.02	8.51	7.63
48	12.81	10.67	9.12	8.03
49	13.77	11.47	9.85	8.51
50	14.80	12.33	10.65	9.03
51	15.84	13.19	11.44	9.55
52	16.80	13.99	12.18	10.04
53	17.61	14.67	12.80	10.45
54	18.18	15.14	13.24	10.74
55	18.43	15.36	13.44	10.88
56	18.97	15.94	13.98	11.35
57	20.05	17.14	15.11	12.34
58	21.31	18.53	16.42	13.49
59	22.36	19.70	17.52	14.45
60	22.83	20.21	18.00	14.88

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.44	3.70	3.06	2.74
26	4.55	3.79	3.13	2.80
27	4.74	3.95	3.25	2.90
28	5.01	4.17	3.42	3.04
29	5.31	4.43	3.61	3.19
30	5.64	4.70	3.81	3.36
31	5.96	4.97	4.01	3.53
32	6.26	5.22	4.19	3.68
33	6.50	5.43	4.35	3.81
34	6.68	5.57	4.46	3.90
35	6.76	5.64	4.51	3.94
36	6.87	5.74	4.59	4.01
37	7.14	5.96	4.79	4.16
38	7.52	6.27	5.07	4.39
39	7.98	6.65	5.41	4.65
40	8.47	7.06	5.78	4.95
41	8.97	7.48	6.15	5.24
42	9.43	7.86	6.49	5.51
43	9.82	8.18	6.78	5.74
44	10.09	8.41	6.98	5.90
45	10.22	8.52	7.08	5.98
46	10.41	8.68	7.23	6.10
47	10.85	9.04	7.59	6.38
48	11.49	9.57	8.10	6.79
49	12.25	10.20	8.72	7.28
50	13.08	10.89	9.39	7.81
51	13.90	11.58	10.06	8.34
52	14.67	12.22	10.68	8.83
53	15.31	12.75	11.20	9.25
54	15.77	13.13	11.57	9.54
55	15.97	13.31	11.74	9.68
56	16.42	13.82	12.23	10.10
57	17.32	14.87	13.24	10.99
58	18.37	16.10	14.41	12.03
59	19.25	17.13	15.39	12.89
60	19.64	17.58	15.83	13.27

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.59	3.83	3.28	2.92
26	4.71	3.93	3.35	2.99
27	4.92	4.11	3.48	3.13
28	5.21	4.35	3.66	3.31
29	5.55	4.62	3.86	3.53
30	5.90	4.92	4.08	3.75
31	6.26	5.22	4.29	3.98
32	6.59	5.49	4.49	4.19
33	6.86	5.72	4.65	4.36
34	7.05	5.88	4.77	4.48
35	7.14	5.95	4.82	4.54
36	7.26	6.05	4.90	4.62
37	7.54	6.28	5.10	4.79
38	7.93	6.61	5.38	5.04
39	8.40	7.00	5.72	5.34
40	8.92	7.43	6.08	5.67
41	9.43	7.86	6.45	5.99
42	9.91	8.25	6.79	6.29
43	10.31	8.59	7.08	6.55
44	10.59	8.82	7.28	6.72
45	10.72	8.93	7.37	6.80
46	10.88	9.07	7.49	6.87
47	11.26	9.38	7.77	7.04
48	11.80	9.82	8.16	7.27
49	12.44	10.36	8.63	7.55
50	13.14	10.94	9.15	7.86
51	13.84	11.52	9.66	8.16
52	14.48	12.05	10.13	8.44
53	15.02	12.50	10.53	8.68
54	15.39	12.82	10.81	8.85
55	15.55	12.96	10.94	8.93
56	15.69	13.24	11.22	9.19
57	15.92	13.79	11.79	9.74
58	16.19	14.42	12.46	10.38
59	16.42	14.96	13.01	10.93
60	16.54	15.21	13.27	11.17

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	4.07	3.40	2.91	2.46
26	4.18	3.49	2.98	2.52
27	4.37	3.65	3.10	2.63
28	4.64	3.87	3.26	2.77
29	4.95	4.13	3.45	2.94
30	5.27	4.40	3.65	3.12
31	5.60	4.68	3.85	3.30
32	5.90	4.93	4.04	3.46
33	6.15	5.14	4.19	3.60
34	6.33	5.28	4.30	3.70
35	6.41	5.35	4.35	3.74
36	6.51	5.44	4.42	3.80
37	6.75	5.63	4.59	3.94
38	7.09	5.92	4.83	4.13
39	7.50	6.26	5.12	4.36
40	7.95	6.63	5.44	4.62
41	8.39	7.00	5.75	4.87
42	8.81	7.34	6.04	5.11
43	9.16	7.63	6.29	5.31
44	9.40	7.83	6.47	5.45
45	9.52	7.93	6.55	5.52
46	9.70	8.08	6.68	5.63
47	10.11	8.42	7.00	5.88
48	10.69	8.90	7.45	6.25
49	11.40	9.49	8.00	6.68
50	12.16	10.12	8.59	7.16
51	12.93	10.76	9.18	7.64
52	13.63	11.35	9.72	8.08
53	14.22	11.84	10.18	8.45
54	14.63	12.19	10.51	8.71
55	14.81	12.34	10.65	8.83
56	14.96	12.63	10.96	9.12
57	15.22	13.22	11.58	9.73
58	15.51	13.89	12.30	10.43
59	15.76	14.46	12.90	11.02
60	15.89	14.72	13.18	11.28

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	7.59	6.32	5.59	5.44
26	7.78	6.47	5.69	5.54
27	8.11	6.76	5.87	5.71
28	8.57	7.14	6.10	5.92
29	9.10	7.58	6.36	6.17
30	9.66	8.05	6.64	6.43
31	10.22	8.52	6.92	6.69
32	10.74	8.95	7.18	6.93
33	11.17	9.31	7.40	7.13
34	11.49	9.57	7.56	7.28
35	11.64	9.70	7.64	7.35
36	11.93	9.94	7.85	7.49
37	12.61	10.51	8.35	7.82
38	13.59	11.33	9.07	8.30
39	14.78	12.31	9.93	8.87
40	16.06	13.39	10.88	9.49
41	17.36	14.46	11.83	10.12
42	18.56	15.46	12.71	10.71
43	19.57	16.31	13.46	11.21
44	20.30	16.91	14.00	11.58
45	20.64	17.20	14.26	11.76
46	21.22	17.68	14.73	12.17
47	22.57	18.81	15.85	13.14
48	24.52	20.43	17.46	14.53
49	26.86	22.38	19.39	16.21
50	29.41	24.49	21.49	18.04
51	31.96	26.61	23.60	19.87
52	34.32	28.58	25.56	21.57
53	36.30	30.24	27.20	23.00
54	37.71	31.42	28.37	24.01
55	38.35	31.96	28.90	24.48
56	40.03	33.59	30.42	25.83
57	43.51	36.99	33.58	28.63
58	47.54	40.94	37.25	31.90
59	50.91	44.25	40.31	34.62
60	52.39	45.68	41.64	35.80

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.14	5.11	4.39	3.93
26	6.29	5.24	4.49	4.01
27	6.57	5.47	4.67	4.15
28	6.94	5.78	4.91	4.34
29	7.37	6.13	5.19	4.56
30	7.83	6.52	5.49	4.79
31	8.28	6.90	5.79	5.02
32	8.70	7.25	6.06	5.23
33	9.06	7.55	6.29	5.40
34	9.31	7.76	6.46	5.53
35	9.43	7.86	6.54	5.59
36	9.64	8.04	6.69	5.69
37	10.15	8.46	7.05	5.94
38	10.87	9.06	7.57	6.29
39	11.74	9.79	8.18	6.71
40	12.69	10.58	8.86	7.17
41	13.64	11.37	9.54	7.64
42	14.52	12.10	10.16	8.07
43	15.26	12.72	10.69	8.44
44	15.79	13.16	11.07	8.71
45	16.04	13.37	11.25	8.84
46	16.42	13.69	11.53	9.12
47	17.32	14.44	12.19	9.80
48	18.61	15.51	13.13	10.77
49	20.16	16.79	14.26	11.95
50	21.84	18.19	15.49	13.22
51	23.53	19.59	16.72	14.50
52	25.09	20.90	17.87	15.68
53	26.41	21.99	18.83	16.68
54	27.34	22.77	19.52	17.39
55	27.77	23.14	19.84	17.72
56	29.01	24.36	20.92	18.71
57	31.58	26.94	23.18	20.77
58	34.57	29.94	25.82	23.17
59	37.07	32.44	28.03	25.17
60	38.17	33.53	28.99	26.04

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	7.32	6.10	5.53	5.29
26	7.49	6.24	5.63	5.38
27	7.80	6.50	5.80	5.52
28	8.21	6.84	6.03	5.71
29	8.68	7.23	6.28	5.92
30	9.19	7.65	6.56	6.15
31	9.69	8.07	6.82	6.37
32	10.15	8.45	7.07	6.57
33	10.54	8.77	7.28	6.74
34	10.81	9.00	7.43	6.85
35	10.94	9.11	7.50	6.91
36	11.14	9.27	7.64	6.99
37	11.59	9.66	7.98	7.18
38	12.25	10.20	8.46	7.45
39	13.04	10.86	9.05	7.78
40	13.89	11.57	9.68	8.13
41	14.75	12.29	10.31	8.49
42	15.55	12.96	10.90	8.82
43	16.22	13.52	11.40	9.11
44	16.70	13.92	11.75	9.31
45	16.93	14.11	11.91	9.41
46	17.30	14.42	12.13	9.61
47	18.18	15.15	12.66	10.09
48	19.44	16.20	13.40	10.77
49	20.96	17.46	14.30	11.59
50	22.61	18.82	15.27	12.49
51	24.25	20.20	16.25	13.38
52	25.78	21.47	17.15	14.21
53	27.06	22.53	17.91	14.91
54	27.96	23.29	18.45	15.41
55	28.36	23.63	18.70	15.64
56	29.20	24.52	19.44	16.31
57	30.90	26.35	20.97	17.70
58	32.86	28.47	22.76	19.33
59	34.50	30.25	24.26	20.68
60	35.24	31.03	24.92	21.28

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.10	5.08	4.31	3.70
26	6.23	5.19	4.40	3.77
27	6.46	5.38	4.56	3.90
28	6.77	5.64	4.77	4.08
29	7.13	5.94	5.01	4.27
30	7.51	6.25	5.26	4.48
31	7.88	6.56	5.51	4.69
32	8.22	6.85	5.74	4.88
33	8.51	7.09	5.94	5.04
34	8.72	7.26	6.08	5.15
35	8.81	7.34	6.14	5.20
36	8.95	7.45	6.24	5.28
37	9.26	7.72	6.46	5.45
38	9.72	8.10	6.79	5.70
39	10.26	8.55	7.18	6.00
40	10.86	9.05	7.60	6.33
41	11.45	9.55	8.02	6.66
42	12.01	10.01	8.42	6.97
43	12.48	10.40	8.75	7.23
44	12.82	10.68	8.99	7.41
45	12.98	10.82	9.10	7.50
46	13.28	11.07	9.29	7.66
47	14.00	11.67	9.73	8.02
48	15.03	12.52	10.36	8.55
49	16.27	13.55	11.12	9.19
50	17.61	14.67	11.94	9.88
51	18.96	15.79	12.77	10.57
52	20.20	16.83	13.54	11.22
53	21.24	17.70	14.18	11.76
54	21.98	18.32	14.64	12.14
55	22.31	18.60	14.85	12.32
56	22.99	19.33	15.47	12.86
57	24.36	20.84	16.75	13.98
58	25.95	22.60	18.25	15.30
59	27.27	24.07	19.50	16.39
60	27.87	24.72	20.05	16.87

OHIO NATIONAL LIFE ASSURANCE CORPORATION

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	6.54	5.45	4.79	4.26
26	6.71	5.59	4.91	4.35
27	7.02	5.85	5.12	4.52
28	7.43	6.20	5.41	4.73
29	7.92	6.60	5.75	4.98
30	8.44	7.04	6.11	5.25
31	8.95	7.46	6.46	5.51
32	9.43	7.86	6.79	5.76
33	9.82	8.19	7.06	5.96
34	10.10	8.42	7.26	6.10
35	10.23	8.53	7.35	6.17
36	10.40	8.68	7.49	6.27
37	10.81	9.01	7.80	6.50
38	11.39	9.50	8.26	6.83
39	12.09	10.08	8.80	7.23
40	12.84	10.71	9.39	7.66
41	13.60	11.34	9.98	8.09
42	14.30	11.93	10.53	8.50
43	14.90	12.42	10.99	8.83
44	15.32	12.77	11.32	9.08
45	15.52	12.94	11.47	9.19
46	15.84	13.21	11.67	9.37
47	16.60	13.84	12.12	9.79
48	17.69	14.74	12.77	10.39
49	19.00	15.82	13.55	11.11
50	20.41	17.00	14.39	11.89
51	21.83	18.17	15.24	12.67
52	23.13	19.26	16.02	13.39
53	24.22	20.17	16.67	14.00
54	24.98	20.80	17.14	14.43
55	25.30	21.08	17.34	14.62
56	25.52	21.47	17.73	15.02
57	25.84	22.22	18.51	15.82
58	26.20	23.08	19.41	16.75
59	26.51	23.80	20.17	17.54
60	26.68	24.14	20.52	17.89

CATASTROPHIC DISABILITY BENEFIT RIDER
RIDER FORM 11DCT-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER $100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	5.91	4.93	4.16	3.47
26	6.03	5.03	4.24	3.54
27	6.24	5.20	4.38	3.66
28	6.51	5.43	4.56	3.82
29	6.83	5.69	4.77	4.01
30	7.17	5.97	4.99	4.21
31	7.50	6.25	5.21	4.40
32	7.80	6.50	5.41	4.58
33	8.06	6.71	5.58	4.73
34	8.24	6.86	5.69	4.83
35	8.32	6.93	5.75	4.88
36	8.44	7.03	5.84	4.95
37	8.72	7.26	6.04	5.11
38	9.12	7.60	6.33	5.33
39	9.61	8.00	6.67	5.61
40	10.13	8.44	7.05	5.90
41	10.66	8.88	7.43	6.20
42	11.15	9.29	7.78	6.48
43	11.56	9.63	8.08	6.71
44	11.86	9.88	8.29	6.88
45	12.00	10.00	8.39	6.96
46	12.25	10.21	8.56	7.10
47	12.85	10.71	8.95	7.44
48	13.71	11.42	9.52	7.92
49	14.74	12.27	10.20	8.51
50	15.85	13.20	10.94	9.14
51	16.97	14.12	11.68	9.77
52	18.00	14.98	12.37	10.36
53	18.86	15.70	12.94	10.85
54	19.46	16.20	13.34	11.20
55	19.71	16.42	13.52	11.35
56	19.89	16.75	13.85	11.68
57	20.16	17.37	14.51	12.34
58	20.47	18.09	15.27	13.10
59	20.73	18.69	15.91	13.74
60	20.87	18.97	16.20	14.03

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2011

Comments:

Attachment:

Flesch Certification.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/07/2011

Comments:

Form 6465-AR approved June 15, 2011.

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	09/07/2011

Comments:

Attachments:

CAT Rider ACT MEMO.pdf

Exhibit 1 - CAT Rider.pdf

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/07/2011

Bypass Reason: The Outline of Coverage is included with the base policy, form numbers 11DI-1 and 11DI-2.

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	09/07/2011

SERFF Tracking Number:	*ONFS-127356337*	*State:*	*Arkansas*
Filing Company:	*Ohio National Life Assurance Corporation*	*State Tracking Number:*	*49671*
Company Tracking Number:			
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*2011 DI Catastrophic Rider*		
Project Name/Number:	*2011 DI Catastrophic Rider/*		

Comments:

Attachments:

Statement of Variability.pdf

Spec Page with CAT Rider.pdf

FLESCH CERTIFICATION

STATE OF OHIO)
) SS
COUNTY OF HAMILTON)

The undersigned officer of OHIO NATIONAL LIFE ASSURANCE CORPORATION certifies:

1. The following Rider and the base policy forms were scored together because the rider becomes a part of the policy. The combined Flesch Reading Ease Test Score exceeds the minimum.

Rider Form	No. of Words	Flesch
11DCT-1	884	45

2. Such forms are printed in not less than ten point type, one point leaded.

3. No textual language or terminology was excepted in arriving at said Flesch score.

4. The entire text of the forms was analyzed.

IN WITNESS WHEREOF, I have signed my name this 17th day of August, 2011.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

BY: _____
Elizabeth F. Martini
Vice President and Counsel

STATEMENT OF VARIABILITY

Re: Form 11-DCT-1, Catastrophic Disability Rider

The Statement provides the basis for the variability and/or the range for each annotated item shown on Specifications Page 3 of the Policy.

A. Benefits Amount Per Month: $500 - $10,000

B. Elimination Period: 60 Days: 90 Days; 180 Days; 365 Days

C. Premium: Based On Coverage Chosen By Insured

D. Premium Years Payable: Based On Insured's Age & Coverage Chosen

E. Maximum Benefit Period: to age 65; to age 67; to age 70

F. Total Annual Premium: Based On Insured's Age & Coverage Chosen

G. Total Semiannual Premium: .5125 * Total Annual Premium

H. Quarterly Annual Premium: .2625 * Total Annual Premium

Policy Specifications

Benefit Specifications		Premium Specifications		
Benefit Amounts Per Mo.	**Description Of Benefits**	**Premium**	**Payable**	**Number**
$xxxx.xx	Base Monthly Benefit Elimination Period - 90 Days Maximum Benefit Period – To Age 65	$xxx.xx	xx	11DI-1.XX
	Additional Benefit Agreements			
$[8,000] **A**	Catastrophic Disability Benefit Rider Elimination Period - [90 Days] **B** Maximum Benefit Period-[To Age 65] **E**	[$247.20] **C**	[30] **D**	11DCT-1

Policy Number	**Policy Date**	**Issue Date**	**Expiration Date**
H6000000	Oct 18 2011	Oct 18 2011	Oct 18 2041

Insured
John Doe

Issue Age & Sex
35 Male

Owner
The Insured

Total Premium

Annual	**Semiannual**	**Quarterly**
$[xxxx.xx] **F**	$[xxx.xx] **G**	$[xxx.xx] **H**