

Health Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: Combined Insurance Company of America - NAIC # 62146

SERFF Tracking Number: MILL-131588701

Effective Date: This rate increase will apply to policies on their next premium payment date following at least a 75-day policyholder notification period following approval.

(Projected) Number of Insureds Affected: 24

New Rates  
Average Annual Premium Per Member: N/A

Revised Rates  
Average Annual Premium Per Member: 1,222

Average Requested Percentage Rate Change Per Member: 76%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 130%

Plans Affected  
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
14515-VA 14531 14532 14533	Tax-Qualified Long-Term Care Policy Form Home Health Care Rider Inflation Protection Rider Non-Forfeiture Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

**Health Insurance Rate Request Summary  
Summary of Key Information**

Rates are increasing based on the fact that people are living longer and keeping their policies for a longer time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.