

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

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Effective Date:**

**(Projected) Number of Insureds**

**Affected:**

**New Rates**

**Average Annual Premium Per Member:**

**Revised Rates**

**Average Annual Premium Per Member:**

**Average Requested Percentage Rate Change Per Member:**

**Minimum Requested Percentage Rate Change Per Member:**

**Maximum Requested Percentage Rate Change Per Member:**

**Plans Affected**

**(The Form Number and "Product Name")**

**Form#**

**"Product Name"(if applicable)**

**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 being increased on all certificates issued under these policy forms to offset anticipated claims that are higher than originally expected. This is due in part to individuals living longer and keeping their certificates longer, which resulted in more claims being filed than anticipated when these policies were originally priced. As a result, premiums need to be adjusted to aid in the funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated increased costs, and in no way reflects on the integrity of an individual's certificate, nor is it based on an individual's claim history, current age, health status, or any other personal factors.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance (Bureau) and included the necessary actuarial data requested by the Bureau to support the increase.