

APPENDIX A

ALASKA CREDIT INSURANCE CLAIM COSTS

Single Premium Life

Claim Costs Per \$100 of Outstanding Balance:

Original Number of Equal Monthly Installments	Single Claim Cost	Joint Claim Cost
6	0.080	0.123
12	0.155	0.238
24	0.299	0.460
36	0.445	0.683
48	0.591	0.907
60	0.738	1.133
72	0.886	1.361
84	1.035	1.589
96	1.185	1.819
108	1.335	2.050
120	1.486	2.282

Monthly Outstanding Balance Life

Claim Cost Per \$1000
Single Life 0.255
Joint Life 0.391

Single Premium Disability

Single Life Claim Costs Per \$100 of Outstanding
Balance:

Original Number of Equal Monthly Installments	14 Day Retroactive Policies	14 Day Non- retroactive Policies	30 Day Retroactive Policies	30 Day Non retroactive Policies
6	0.431	0.340	0.399	0.225
12	0.579	0.484	0.550	0.357
24	0.743	0.646	0.714	0.512
36	0.865	0.767	0.835	0.628
48	0.974	0.876	0.944	0.733
60	1.079	0.980	1.047	0.834
72	1.182	1.084	1.149	0.933
84	1.286	1.187	1.251	1.033
96	1.391	1.292	1.354	1.134
108	1.498	1.399	1.460	1.237
120	1.607	1.509	1.568	1.343

Monthly Outstanding Balance Disability

Single Life Claim Costs Per \$1000:

Original Number of Equal Monthly Installments	14 Day Retroactive Policies	14 Day Non retroactive Policies	30 Day Retroactive Policies	30 Day Non- retroactive Policies
6	1.244	0.980	1.150	0.650
15	0.909	0.759	0.863	0.561
24	0.618	0.537	0.594	0.426
36	0.495	0.439	0.479	0.360
48	0.429	0.386	0.416	0.323
60	0.389	0.354	0.378	0.301
72	0.363	0.332	0.353	0.286
84	0.345	0.318	0.336	0.277
96	0.333	0.309	0.324	0.271
108	0.324	0.303	0.316	0.268
120	0.319	0.299	0.311	0.266