

SERFF Tracking Number: AMRP-125790795 State: Arkansas
Filing Company: American Republic Insurance Co State Tracking Number: 40061
Company Tracking Number: A-3705AR
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: A-3705AR
Project Name/Number: A-3705AR/A-3705AR

Filing at a Glance

Company: American Republic Insurance Co

Product Name: A-3705AR

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: AMRP-125790795 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40061

Co Tr Num: A-3705AR

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Norm Von Seggern, Susan

Falk, Beverly Shuey

Date Submitted: 08/26/2008

Disposition Date: 10/07/2008
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: A-3705AR

Project Number: A-3705AR

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Form created specifically for Arkansas.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 10/07/2008

State Status Changed: 10/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see attached letter.

Company and Contact

Filing Contact Information

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Norm Von Seggern, Product Analyst 4 norm.von.seggern@americanenterprise.com
P. O. Box 3160 (402) 496-8289 [Phone]
Omaha, NE 68103-0160 (402) 496-8040[FAX]

Filing Company Information

American Republic Insurance Co CoCode: 60836 State of Domicile: Iowa
601 6th Ave Group Code: 3527 Company Type: Life Accident and
Health Insurance
Des Moines, IA 50334 Group Name: State ID Number:
(800) 987-8988 ext. [Phone] FEIN Number: 42-0113630

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Co	\$0.00	08/26/2008	
American Republic Insurance Co	\$20.00	09/02/2008	22236492

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/07/2008	10/07/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILING FEE	Note To Filer	Rosalind Minor	08/28/2008	08/28/2008

SERFF Tracking Number: AMRP-125790795 *State:* Arkansas
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Disposition

Disposition Date: 10/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Maternity Benefit Rider	Approved	Yes

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Note To Filer

Created By:

Rosalind Minor on 08/28/2008 01:56 PM

Subject:

FILING FEE

Comments:

A filing fee in the amount of \$20.00 is needed for this filing.

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Form Schedule

Lead Form Number: A-3705AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	A-3705AR	Certificate	Maternity Benefit Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial			A-3705AR.pdf

Normal Pregnancy and In Vitro Fertilization Benefits Rider

This Rider is made a part of the certificate to which it is attached. It is subject to all certificate provisions not in conflict with the provisions of this Rider.

EFFECTIVE DATE (same as Certificate Date if no date shown): _____

PREMIUM (included in the Certificate Premium if no amount shown): _____

Normal Pregnancy Benefit

We will pay up to the Normal Pregnancy Benefit Amount shown on the Schedule of Benefits on behalf of a covered person if such person incurs covered expenses for:

1. Normal pregnancy and childbirth; and
2. Routine hospital and general nursing services for such covered person's newborn child during the mother's
1. Confinement.

If covered expenses are incurred due to a pregnancy which terminates within 12 months of the date of issue of this Rider, we will pay up to 50% of the Normal Pregnancy Benefit Amount. If covered expenses are incurred due to a pregnancy which terminates after 12 months and before 24 months from the date of issue of this Rider, we will pay up to 75% of the Normal Pregnancy Benefit Amount. We will pay up to 100% of the Normal Pregnancy Benefit Amount for covered expenses incurred after this Rider has been in force for 24 months. Any benefit will be paid at the time the pregnancy terminates.

The Normal Pregnancy Benefit Amount is not subject to any deductible or copayment provision of the certificate to which it is attached. Covered expenses for complications of pregnancy will be paid under the certificate as any other illness. This Rider is subject to all conditions, agreements and limitations of the certificate to which it is attached.

In Vitro Fertilization Benefit

Benefits for in vitro fertilization are payable on the same basis as benefits are provided for Normal Pregnancy, but are limited to a lifetime maximum benefit of \$15,000. (Cryopreservation, the procedure whereby embryos are frozen for later implantation, shall be included as an in vitro fertilization procedure.)

Benefits for in vitro fertilization procedures will be provided when:

1. The patient is a covered person under the certificate to which this Rider is attached.
2. The covered person's oocytes are fertilized with the sperm of her spouse, and
 - a. The covered person has a history of unexplained infertility of at least 2 years duration; or
 - b. The infertility is associated with one or more of the following medical conditions:
 - Endometriosis;
 - Exposure in utero to diethylstilbestrol, commonly known as DES;
 - Blockage of or removal of one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or

4. Abnormal male factors contributing to the infertility, and The in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists' guidelines for in vitro fertilization clinics, or those performed at a facility certified by the Arkansas Department of Health which meet the American Fertility Society's minimal standards for programs of in vitro fertilization.
5. The covered person has been unable to obtain successful pregnancy through any less costly applicable infertility

A handwritten signature in black ink that reads "Mary K. Durand". The signature is written in a cursive, flowing style.

Mary K. Durand
Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved	10/07/2008
Comments:		
Attachment: Flesch, A-3705.pdf		
Bypassed -Name: Application	Review Status: Approved	10/07/2008
Bypass Reason: Not applicable.		
Comments:		
Satisfied -Name: Cover Letter	Review Status: Approved	10/07/2008
Comments:		
Attachment: Filing Ltr & Flesch, A-3705, 08-26-08.doc		

FLESCH SCORE CERTIFICATION

FORM NUMBER	NUMBER OF SENTENCES	NUMBER OF WORDS	NUMBER OF SYLLABLES	FLESCH SCORE
A-3705AR	30	507	836	53.6

We certify that the above captioned forms have achieved the above listed Flesch Reading Ease Scores and comply with the requirements of Arkansas Statutes annotated 66-3251 through 66-3258, cited as the life and disability insurance policy language simplification act.

THIS FLESCH READING EASE SCORE WAS COMPUTER-GENERATED, BASED ON THE ENTIRE TEXT OF THE FORM(S).

I CERTIFY THAT THE FORM(S) SHOWN ABOVE ACHIEVED THE SCORES INDICATED.



SIGNED _____
Norman Von Seggern, Product Analyst 4

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Attachment "Filing Ltr & Flesch, A-3705, 08-26-08.doc" is not a PDF document and cannot be reproduced here.