

SERFF Tracking Number: NWLC-125855649 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 40637
Company Tracking Number: LIMITED MEDICAL- ENHANCEMENT RIDER
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Limited Medical - Enhancement Rider
Project Name/Number: /

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Limited Medical - Enhancement SERFF Tr Num: NWLC-125855649 State: ArkansasLH

Rider

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed State Tr Num: 40637

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: LIMITED MEDICAL- ENHANCEMENT RIDER State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Bobby Handley, Jonna Shields, Shana Paladino-Ripp

Disposition Date: 10/23/2008

Date Submitted: 10/21/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed concurrently.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The form listed below is being submitted for your review and approval. The form is new and will not replace any forms previously approved by your department. The rider includes benefits that will be added in addition to the original filed forms approved by your department on 11/8/2004. The rider includes five different options that an employer can choose. Each option is bracketed so the employer can choose one to all five benefits. Additionally, Form SRCP 2300-2 will be replacing SRCP 2300-1 which was filed on 11/8/2004 and approved by your Department.

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The In-patient Miscellaneous benefit can be selected in addition to the previously approved Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit. If chosen, this benefit will provide additional coverage per day, including Intensive Care, Mental Illness and Substance Abuse. This benefit does not include Skilled Nursing Facilities charges.

The anesthesia and outpatient surgical facility indemnity benefit is new. Benefits are payable at a percentage of a covered surgical procedure.

The outpatient advanced studies benefit is new and can be purchased in addition to the diagnostic x-ray and lab benefit found in the original forms.

The Inpatient, Outpatient or Outpatient Minor Surgical Indemnity Benefit is new. Employers can choose either the scheduled surgery benefit found in the original filing or the surgery benefit offered with this rider. They can have one or the other, not both.

Your prompt attention to this submission will be appreciated. If there are any questions, please do not hesitate to contact me at the numbers listed below.

Company and Contact

Filing Contact Information

Shana Paladino-Ripp, paladis1@nationwide.com
5525 Parkcenter Circle (614) 854-5106 [Phone]
Dublin, OH 43017

Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
5525 Parkcenter Circle Group Code: -99 Company Type:
Dublin, OH 43017 Group Name: State ID Number:
(800) 525-8669 ext. 43508[Phone] FEIN Number: 31-4156830

Filing Fees

SERFF Tracking Number: NWLC-125855649 State: Arkansas
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Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20 per form, rider and application are being filed.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$40.00	10/21/2008	23373049

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/23/2008	10/23/2008

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Disposition

Disposition Date: 10/23/2008

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-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Limited Medical Enhancement Rider	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SRCP 2700-3	Policy/Cont Limited Medical ract/Fratern Enhancment Rider Enhancem al ent Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48	SRCP 2700-3 LM Enhancement Rider.pdf
Approved-Closed	SRCP 2300-2	Application/ Application Enrollment Form	Initial		0	SRCP 2300- 2.pdf

LIMITED MEDICAL ENHANCEMENT RIDER

NATIONWIDE LIFE INSURANCE COMPANY

Columbus, Ohio

**[Inpatient Miscellaneous] [Anesthesia] [Outpatient Surgical Facility]
[Outpatient Diagnostic Advanced Studies] [Inpatient, Outpatient or Outpatient Minor
Surgical] Indemnity Benefit**

Issues this rider to

THE INSURED REFERRED TO ON THE COVER PAGE OF THE POLICY TO WHICH THIS
RIDER IS ATTACHED AND MADE A PART THEREOF

[The effective date of this rider is the effective date of the certificate to which this rider is attached.]

[Effective Date: _____]

The Policy is amended as described below. All other terms remain unchanged.

Subject to the Benefits and Limitations in the Policy, this Rider provides an [Inpatient Miscellaneous] [Anesthesia] [Outpatient Surgical Facility] [Outpatient Diagnostic Advanced Studies] [Inpatient, Outpatient or Outpatient Minor Surgical] Indemnity Benefit.

Schedule of Benefits

Inpatient Miscellaneous Indemnity

Daily In-Hospital Benefit: [\$100 to \$2000 in \$100 increments] per day, up to a calendar year maximum of [10, 30, 60] days.

Mental Illness Disorder: 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.

Substance Abuse: 50% of the Daily In-Hospital Benefit above will be paid, up to a maximum of [10, 30] days per Calendar Year. Lifetime Maximum \$30,000.

Definitions

Inpatient Miscellaneous Indemnity Benefit.

Non-professional facility charges associated with an inpatient hospital stay.

Inpatient Miscellaneous Indemnity Benefit

Subject to the terms and conditions of the Policy, benefits will be paid for You or a Dependent who is admitted to a Hospital as a result of a non-occupational Injury or Illness while covered under the Policy.

We will pay the Inpatient Miscellaneous Benefit specified in the Schedule of Benefits for each day of a hospital stay resulting in a confinement of 24 hours or more. Such benefits are paid in addition to the Daily In-Hospital Indemnity Benefit.

However, such benefits will not exceed the applicable maximum number of days shown in the Schedule of Benefits.

Indemnity Benefits will be paid only if:

- You or a Dependent is confined in a Hospital; and
- The confinement is Medically Necessary; and
- A charge is made for miscellaneous services, excluding room and board; and
- The entire duration of such Hospital confinement is recommended and approved by a Doctor, and
- The confinement is not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.

Schedule of Benefits

Anesthesia Indemnity.

[20, 25, 30]% of the amount paid for a covered surgical procedure.

Anesthesia Indemnity Benefit

Subject to the terms and conditions of the Policy, We will pay an Anesthesia Indemnity Benefit for You or Your dependent when a covered surgery is performed and paid under the Surgical Indemnity Benefit of your policy.

The Anesthesia Indemnity benefit amount will equal [20, 25, 30]% of the amount paid for the covered surgical procedure.

To be eligible for this benefit, the Covered Person must have the Surgical Indemnity Benefit included in their policy. We will pay this benefit only once per surgical session.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS.**

Schedule of Benefits

Outpatient Surgical Facility Indemnity.

[\$250, \$500, \$750, \$1000] paid for a covered surgical procedure, per Covered Person, per Calendar Year.

Definitions

Outpatient Surgical Facility.

A Surgical Center is a licensed health care facility that specializes in providing surgery services in an outpatient setting.

Outpatient Surgical Facility Indemnity Benefit

Subject to the terms and conditions of the Policy, We will pay an Outpatient Surgical Facility Indemnity Benefit for You or Your dependent when a covered surgery is performed at a free-standing outpatient surgical center or a Hospital outpatient surgical facility (provide the patient is not then admitted to the hospital as inpatient). No benefits will be payable for surgeries performed in the doctor's office.

The Outpatient Surgical Facility Indemnity benefit amount of [\$250, \$500, \$750, \$1000] will be paid for a covered surgical procedure.

To be eligible for this benefit, the Covered Person must have the Surgical or Surgical (non-schedule) Indemnity Benefit included in their policy. We will pay this benefit only once per surgical session.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS.**

Schedule of Benefits

Outpatient Advanced Studies Indemnity Benefit.

<u>Per Covered Person, Per Advanced Study:</u>	<u>Calendar Year Maximum</u>
[\$100	\$300
200	600
300	900
400	1200
500	1500
600	1800
700	2100]

This Benefit includes the cost of reading the Advanced Studies.

Definitions

Outpatient Advanced Study/Studies.

Those procedures excluding preventive care and limited to: Angiogram; Arteriogram; Computer Tomography Scan (CT); Electroencephalogram (EEG); Magnetic Resonance Imaging (MRI); Myelogram; Positron Emission Tomography Scan (PET); and Thallium Stress Test.

Advanced Studies Indemnity Benefit

Subject to the terms and conditions of the Policy, We will pay an Outpatient Diagnostic Advanced Studies Indemnity Benefit for You or Your dependent when ordered or performed by a Doctor, when Hospital Confinement is not required. Routine exams are not covered under this benefit.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS.**

Schedule of Benefits

Inpatient, Outpatient or Outpatient Minor Surgical Indemnity Benefit.

Inpatient Surgical Indemnity benefit:

Benefit is payable only once per Calendar Year, Per Covered Person for any covered Inpatient surgical procedure or for two or more Inpatient surgical procedures performed in the same surgical session.

Calendar Year Maximum: [\$500- \$5,000 in \$500 increments]

Outpatient Surgical Indemnity benefit:

Benefit is payable at [\$250- \$2500] per Covered Person for any covered Outpatient surgical procedure, or two or more Outpatient surgical procedures performed in the same surgical session, other than Outpatient Minor Surgical Procedures performed in the same surgical session.

Outpatient Minor Surgical Indemnity benefit:

Benefit is payable at [\$50- \$500] per Covered Person for any covered Outpatient Minor Surgical Procedure or two or more Outpatient Minor Procedures performed in the same surgical session.

The maximum amount payable for the Outpatient benefit per Calendar Year, per Covered Person is [\$250 - \$2500].

Definitions

Outpatient Minor Surgical Procedure: Surgery as follows on an Outpatient basis: Those procedures in the following CPT Code ranges: incision and drainage (10040- 11010), small lesions (11055 – 11311), excision of benign lesions (11400-11442), nails (11719-11755), surgical injections (20500-20612), application of casts and strapping (29035-29750), catheterizations (36400-36680), lesions of the mouth (40800-40840 & 41000-4116), gum lesions (41800-42107), nerve blocks (64402-64553), lesions of the eye (67700-67850) and lesions of the ear (69400-69424).

Inpatient or Outpatient, or Outpatient Minor Surgical Indemnity Benefit

Subject to the terms and conditions of the Policy, We will pay an Inpatient, Outpatient or Outpatient minor Surgical Indemnity Benefit for You or Your dependent when a covered surgery is performed because of an Illness or Accidental Bodily Injury.

No Benefit will be paid for dentistry or oral surgery except:

- Excision of impacted third molars;
- Closed or open reduction of fractures or dislocation of the jaw.

Benefits will be paid only if they are not excluded from Coverage.

Exclusions that apply are in **GENERAL EXCLUSIONS AND LIMITATIONS**.



President



Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216

GROUP LIFE & LIMITED BENEFIT MEDICAL POLICYHOLDER APPLICATION

Policyholder Name			Contact		
Street Address			Address		
City	State	Zip	City	State	Zip
P.O. Box			Telephone	Fax Number	
City	State	Zip	Email Address		
Policyholder Contribution:	Number of Eligible Employees _____		Industry & Standard Class Code (SIC)	Requested Effective Date	
Employee _____%	Total Number of Employees _____				
Dependent _____%	(including those not insured under this plan) _____				

Employees categorized by class of employment. **Section 125** Yes No

Waiting Period Yes No **No. of days** _____

(The following material may be copied to additional sheets if necessary to describe additional classes)

Brief Description	Class 1	Class 2	Class 3
Benefit (Basic)			
Daily In-Hospital Indemnity <i>(Indicate one amount per class)</i> 500 day lifetime maximum	\$	\$	\$
<i>(Amounts over \$500 available only upon Nationwide Life Approval)</i>			
Doctor's Office Visit Indemnity Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Benefit (Optional)			
Life/AD&D <i>(Indicate one amount per class)</i>	\$	\$	\$
Dependent Life Insurance <i>(Indicate one Spouse amount per class)</i>	\$	\$	\$
Accident Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Preventative Care Indemnity Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Surgical Indemnity Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Outpatient DXL Indemnity Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Hospital Admission Indemnity Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$
Emergency Room Benefit <i>(Indicate one amount per class)</i>	\$	\$	\$

Brief Description	Class 1	Class 2	Class 3
Critical Illness Benefit	\$	\$	\$
Inpatient Miscellaneous Indemnity Benefit	\$	\$	\$
Anesthesia Indemnity Benefit	\$	\$	\$
Outpatient Surgical Facility Indemnity Benefit	\$	\$	\$
Outpatient Diagnostic Advanced Studies Indemnity Benefit	\$	\$	\$
Inpatient, Outpatient or Outpatient Minor Surgical Indemnity Benefit	\$	\$	\$
Vision <i>(Indicate one amount per class)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Income <i>(Indicate one amount per class)</i>	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26
Dental <i>(Indicate one amount per class)</i> Cash Deductible (non-ortho only)/ Maximum Amount • Type I, II and III Services Type IV Services	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500

Specified Hours of Work Credit: _____

NOTE: This Policy is not intended to replace comprehensive major medical insurance.

The Acceptance Letter will confirm your Policy selections.

Rates Employee _____
Employee + 1 _____
Family _____

- A deposit is herewith made to apply on the first payment under the Policy, if issued. The amount of such deposit is to be equal to the first premium payable based on the number of Covered Persons as of the Effective Date of coverage. The deposit of any Policy that we do not accept will be fully returned.
- Payment of the first premium by the Policyholder after delivery of the Policy by us shall constitute acceptance of the terms and conditions contained in the Policy so issued.
- It is understood and agreed that:
 - all necessary administrative information concerning all Covered Persons shall be subject to the provisions of the Policy and shall be furnished to us by the Policyholder.
 - this Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
 - all benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.
 - benefits are not provided unless otherwise provided in the Policy; (a) in case of bodily injury or sickness arising out of or in the course of any employment for wage or profit; or (b) for any bodily injury or sickness for which the person on whom the claim is presented has or had a right to compensation under Workers' Compensation or similar occupational disease law.

POLICYHOLDER (HEREIN REFERRED TO AS "WE") RESPONSIBILITIES UNDER THIS POLICY

We agree: (1) to maintain the records necessary to the administration of the Policies; (2) to report additions, changes, terminations and other information necessary to the administration of the Policies to the Insurer within 30 days after the Effective Date of such additions, changes and terminations; (3) that if we do not notify the Insurer of any insured ineligibility or termination within 30 days, we shall forfeit any premium refund/credit that would otherwise have been due; (4) to make all such records, including payroll records, tax returns, and personnel files and other documentation as determined by the Insurer available upon request to the Insurer or its authorized representative; (5) to notify the Insurer of claims within 20 days after they are incurred; (6) to pay all premiums in accordance with the terms of this Policy; and (7) to notify all Employees of any termination or rescission of coverage which affects them and refund the appropriate premium.

By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for the Nationwide Life Insurance Company Policy or Policies of Group Life & Limited Benefit & Medical insurance; and the proposed Policyholder understands and agrees that it shall be subject to the provisions set forth herein.

It is understood that all of the answers We have provided are representations and not warranties.

Dated at _____ this _____, 20 _____

Witness _____

Policyholder _____

Signed By _____

Title _____

FOR NATIONWIDE USE ONLY

This Application has been approved by The Nationwide Life Insurance Company as of the date shown below.

Date:

By:

AGENT'S STATEMENT

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance Policy in detail; and (d) to the best of my knowledge the proposed Policyholder is financially sound.

I further certify that all agents involved in presentation of this account (a) are licensed by Nationwide Life Insurance Company or (b) have submitted the necessary paperwork to become a licensed agent with Nationwide Life Insurance Company.

Servicing Agent:

Name _____

Agency Name _____

Address _____

License No. _____

City _____ State _____ Zip _____

Tax ID No. _____

Telephone No. _____

Fax No. _____

Email Address _____

Agent Signature _____

FRAUD STATEMENT APPLICABLE TO RESIDENTS OF:

ALASKA

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

ARKANSAS or NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

DELAWARE, KENTUCKY, OHIO or PENNSYLVANIA

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

GEORGIA

Any natural person who knowingly or willfully makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement or certificate for the purpose of fraudulently obtaining money or benefit from an insurer, commits the crime of insurance fraud.

HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for a loss or benefit is a crime punishable by fines or imprisonment, or both.

LOUISIANA

NOTICE: The insurer cannot discriminate against any person based genetic testing or genetic information alone with regard to the purchase or availability of insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA.

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OREGON

Any person who knowingly and with the intent to defraud or solicit another to defraud an insurer: (1) by submitting an application; or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

VIRGINIA

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 10/23/2008
Comments:
See attached Certificate of Compliance and Flesch Certification.
Attachments:
Certification of Compliance.pdf
Read Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 10/23/2008
Bypass Reason: Application is filed under the Form Schedule.
Comments:

Satisfied -Name: Statement of Variability **Review Status:** Approved-Closed 10/23/2008
Comments:
Attachment:
Statement of Variability - LM Enhancement Rider.pdf

CERTIFICATION OF COMPLIANCE

Name and Address of Insurer:

Nationwide Life Insurance Company
Special Risks Underwriting
5525 Parkcenter Circle
Dublin, OH. 43017-3584
Mail Code: CO-03-30

Policy/Certificate Form Number(s):

SRCP 2300-2 Application
SRCP 2700-3 Enhancement Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with Arkansas Rule/Regulation 19, Arkansas Rule/Regulation 49 and the Consumer Information Notice as outlined in ACA 23-79-138.

A handwritten signature in black ink, appearing to read "Thomas DeNoma". The signature is fluid and cursive, with a large loop at the beginning.

Thomas DeNoma
Associate Vice President

Date: October 21, 2008

CERTIFICATION OF COMPLIANCE WITH
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

Nationwide Life Insurance Company
Special Risks Underwriting
5525 Parkcenter Circle
Dublin, OH. 43017-3584
Mail Code: CO-03-30

Policy/Certificate Form Number(s):

SRCP 2300-2 Application
SRCP 2700-3 Enhancement Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Tom DeNoma". The signature is fluid and cursive, with a large initial "T" and "D".

Tom DeNoma
Associate Vice President

Date: October 21, 2008

STATEMENT OF VARIABILITY
LIMITED MEDICAL ENHANCEMENT RIDER
SRCP 2700-3 (Limited Medical Enhancement Rider)

This rider contains five different options that an employer can choose. Each separate rider is bracketed which indicates it will be in or out

Page 1.

Effective date. The actual effective date will be either the effective date of the certificate to which the rider is attached or the actual effective date of the rider.

3rd paragraph. The benefit(s) are bracketed. Once the benefit is selected by the employer, it will appear here.

Inpatient Miscellaneous Indemnity benefit:

Daily In-Hospital Benefit: The employer will choose a per day benefit that will range from \$100 to \$2000 in \$100 increments. The calendar year maximum is either 10, 30 or 60 days.

Substance Abuse: The calendar year maximum is either 10 or 30 days. This benefit limitation is different from the daily in-patient hospital benefit.

Page 2.

Anesthesia Indemnity:

The employer can choose a 20, 25, or 30% benefit.

Outpatient Surgical Facility Indemnity:

The employer can choose a \$250, \$500, \$750, or \$1000 benefit.

Page 3.

The employer can choose the Per Person, Per Advanced Study benefit that ranges from \$100 - \$700 with a calendar year maximum that is 3 times the per advanced study amount selected.

Page 4.

Inpatient, Outpatient or Outpatient Minor Surgical Indemnity Benefit:

Inpatient Surgical Indemnity benefit: Calendar Year Maximum- The employer can choose between \$500 to \$5000 in \$500 increments.

Outpatient Surgical Indemnity benefit: This benefit amount is driven by the inpatient surgical benefit chosen by the employer. The benefit amount ranges between \$250 - \$2500, which is 50% of the inpatient benefit (i.e. if the employer chooses a \$500 inpatient surgical benefit, then the outpatient benefit level would be \$250).

Outpatient Minor Surgical Indemnity benefit: This benefit amount is driven by the inpatient surgical benefit chosen by the employer. The benefit amount ranges between \$50 - \$500, which is 10% of the inpatient benefit (i.e. if the employer chooses a \$500 inpatient surgical benefit, then the outpatient benefit level would be \$50).

The total maximum benefit range for Outpatient surgeries is \$250 - \$2500, depending on the inpatient benefit amount chosen by the employer. This maximum combines both outpatient and outpatient minor surgeries.