

SERFF Tracking Number: AGDE-125882070 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA
Product Name: Speciality Markets SERFF Tr Num: AGDE-125882070 State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 40915
Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: S30562DBG (REV 10/08) State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Wanda Floyd, Jane Ford, Penny Berry Disposition Date: 11/24/2008
Date Submitted: 11/20/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: In-Hospital Indemnity Benefit Rider Status of Filing in Domicile: Not Filed
Project Number: S30562DBG (Rev. 10/08) Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is deregulated.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: Group Market Type: Blanket
Filing Status Changed: 11/24/2008
State Status Changed: 11/24/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
November 20, 2008

Honorable Mike Pickens

SERFF Tracking Number: AGDE-125882070 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Insurance Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

ATTN: John Shields, Director

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Accident Insurance Program (C11695DBG et al)
S30562DBG (Rev. 10/08) IN-Hospital Indemnity Benefit Rider
Form Filing

Dear Mr. Pickens:

The above referenced form is being submitted for your review and approval. This form is new and is intended to replace any previously approved form. When approved, this form will be utilized with our Blanket Accident Insurance Policy, Form C11695DBG which was approved by your department on 08/30/2001.

This form is similar to form S30562DBG previously approved by your department on 06/14/2006 The differences between this version and the prior approved version are as follows:

- In the first sentence of In-Hospital Indemnity Benefit provision the first sentence the first bracket was moved from “ for which a[Fractures or” to “[for which a Fractures”
- In the same provision the next to last sentence has been bracketed “[The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day of Confinement for which the Company is liable when the Insured is confined for less than a full month.]”
- Inpatient – as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

SERFF Tracking Number: AGDE-125882070 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

No other changes have been made to this with the exception of the form number.

Sincerely,

Penny L. Berry
Regulatory Analyst
AIG Commercial Insurance - Law Department
Domestic Accident & Health Division
A&H Regulatory Affairs Unit
Phone: 302-594-2414 Fax: (302) 594-4810
Email: penny.berry@aig.com

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@aig.com
600 King Street (800) 225-5244 [Phone]
Wilmington, DE 19801 (302) 594-4810[FAX]

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, PA CoCode: 19445 State of Domicile: Pennsylvania
70 Pine Street Group Code: 12 Company Type:
New York, NY 10270 Group Name: AIG State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 25-0687550

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 rider x \$20.00 = \$20.00
Per Company: No

SERFF Tracking Number: AGDE-125882070 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 40915
Pittsburgh, PA
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$20.00	11/20/2008	24073831

SERFF Tracking Number: AGDE-125882070 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 40915
Pittsburgh, PA
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/24/2008	11/24/2008

SERFF Tracking Number: AGDE-125882070 *State:* Arkansas
Filing Company: National Union Fire Insurance Company of *State Tracking Number:* 40915
Pittsburgh, PA
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-125882070 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
 Company Tracking Number: S30562DBG (REV 10/08)
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Transmittal	Approved-Closed	Yes
Form	In-Hospital Indemnity Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AGDE-125882070 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
 Company Tracking Number: S30562DBG (REV 10/08)
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Form Schedule

Lead Form Number: S30562DBG (Rev. 10/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	S30562DBG (Rev. 10/08)	Policy/Contract	In-Hospital Indemnity Benefit Rider	Initial		52	S30562DBG (Rev. 10-08).pdf
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

IN-HOSPITAL INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application][effective [Month Day, Year].] It applies only with respect to accidents [or Sicknesses]⁶ that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

In-Hospital Indemnity Benefit. If an Insured suffers an Injury [for which a Fractures or Dislocations benefit is payable under the Policy and] that, within [30/60/90/120/180/365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14,30] Day(s) of Confinement due to that Injury[, retroactive to the first Day of Confinement]¹.[No benefit is provided for the first [2,3,4,5,6,7,8,14,30]² Day(s) of Confinement.]³ The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the In-Hospital Indemnity Benefit in the Benefit Schedule per day of Inpatient confinement due to that Injury. It is payable [monthly/weekly]⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Benefit in the Benefit Schedule during any one Period of Confinement. [The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day of Confinement for which the Company is liable when the Insured is confined for less than a full month.] Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

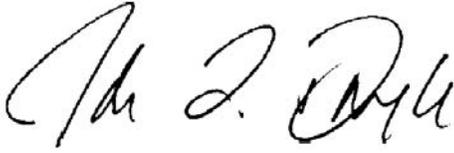
Day(s) of Confinement – as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital – as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes[; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay]⁵.

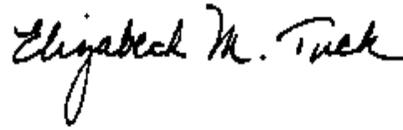
Inpatient – as used in this Rider, means a person who is confined in a Hospital as a registered bed patient.

Period of Confinement – as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60/ 90/120] days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "John J. Dwyer".

President

A handwritten signature in black ink, appearing to read "Elizabeth M. Tuck".

Secretary

SERFF Tracking Number: AGDE-125882070 *State:* Arkansas
Filing Company: National Union Fire Insurance Company of *State Tracking Number:* 40915
Pittsburgh, PA
Company Tracking Number: S30562DBG (REV 10/08)
TOI: H04 Health - Blanket Accident/Sickness *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-125882070 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40915
 Company Tracking Number: S30562DBG (REV 10/08)
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: In-Hospital Indemnity Benefit Rider/S30562DBG (Rev. 10/08)

Supporting Document Schedules

<p>Satisfied -Name: Certification/Notice Comments: Attachment: ar readability cert.pdf</p>	<p>Review Status: Approved-Closed 11/24/2008</p>
<p>Bypassed -Name: Application Bypass Reason: Not a policy filing therefore not applicable. Comments:</p>	<p>Review Status: Approved-Closed 11/24/2008</p>
<p>Satisfied -Name: Transmittal Comments: Attachment: S30562 DBG AR NAIC Transmittal.pdf</p>	<p>Review Status: Approved-Closed 11/24/2008</p>

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) S30562DBG (Rev, 10/08) achieved a Flesch Reading Ease score of 51.6 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

Signature

A handwritten signature in black ink, consisting of a stylized, cursive 'A' followed by a 'P'.

Title: Assistant Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	National Union Fire Ins. Co. of Pittsburge PA 600 King Street - PDV1 Wilmington, DE 19801	Pennsylvania		012	19445	25-0687550	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Penny L. Berry 600 King Street - PDV1 Wilmington, DE 19801	302-594-2414	302-594-4810		penny.berry@aig.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	S30562DBG (Rev. 10/08)					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	H04 Health-Blanket AS					
10.	Product Coding Matrix Filing Code	H04 Health-Blanket AS					
11.	Submitted Documents	<input checked="" type="checkbox"/> Forms <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum					

		<input type="checkbox"/> Other _____
--	--	--------------------------------------

12.	Filing Submission Date	11/20/2008
13.	Filing Fee (If required)	Amount <u>20.00</u> Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Not Filed

15.	Filing Description:
------------	----------------------------

This form is new and is not intended to replace any form. When approved, this form will be utilized with our Blanket Accident Insurance Policy, Form C11695DBG-AR which was approved by your department on 08/30/2001.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Penny L. Berry Title Regulatory Analyst

Signature 

Date: 11/20/2008

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		S30562DBG (Rev. 10/08)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	In-Hospital Idemnity Benefit Rider	S30562DBG	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1