

SERFF Tracking Number: GRTT-125942454 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41081
Company Tracking Number:
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Accident Medical Expense Benefit
Project Name/Number: /

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Accident Medical Expense Benefit SERFF Tr Num: GRTT-125942454 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 41081
Sub-TOI: H04.001 Student Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Howard Moy Disposition Date: 12/15/2008
Date Submitted: 12/11/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 07/31/2008
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Blanket
Filing Status Changed: 12/15/2008
State Status Changed: 12/15/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

To Be Filed:

Accident Medical Expense Benefit insert AXXBP102

For Use With: Previously Approved:

GP-1200 (Blanket Student Accident Policy)

February 17, 2006

Dear Sir or Madam:

SERFF Tracking Number: GRTT-125942454 State: Arkansas
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Enclosed for your review and approval is the captioned form. This form will be used with Blanket Student Accident Policy GP-1200 which was previously approved by your Department on February 17, 2006.

Accident Medical Expense Benefit AXXBP102 provides benefits for covered medical charges incurred by a covered student because of an accident. Benefits are subject to a Qualified Medical Maximum Amount which is the maximum amount of the sum of the benefits paid by other insurance for which a person may be insured plus the benefits paid by our company, or the maximum benefit amount per injury, whichever occurs first.

Bracketed material represents variability. Variations will be used to reflect state mandated benefits, elections of optional benefits and changes in coverage offerings. Variability will never be used to reduce benefit levels below statutory requirements. Variations will be used only to revise benefits for all insureds.

We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refile for a font style variation.

Company and Contact

Filing Contact Information

Howard Moy, Senior Compliance Analyst h moy@g tlic.com
1275 Milwaukee Ave. (847) 904-5786 [Phone]
Glenview, IL 60025 (847) 699-0093[FAX]

Filing Company Information

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois
1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual
1275 Milwaukee Avenue
Glenview, IL 60025 Group Name: State ID Number:
(847) 460-4772 ext. [Phone] FEIN Number: 36-1174500

Filing Fees

Fee Required? Yes

SERFF Tracking Number: GRIT-125942454 State: Arkansas
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Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$50
Per Company: No

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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Guarantee Trust Life Insurance Company | \$50.00 | 12/11/2008 | 24482050 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 12/15/2008 | 12/15/2008 |

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Disposition

Disposition Date: 12/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GRTT-125942454* State: *Arkansas*
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number: *41081*
 Company Tracking Number:
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 Product Name: *Accident Medical Expense Benefit*
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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|----------------------------------|--------------------|----------------------|
| Supporting Document | Certification/Notice | Approved-Closed | No |
| Supporting Document | Application | Approved-Closed | No |
| Form | Accident Medical Expense Benefit | Approved-Closed | No |

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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 | AXXBP102 | Policy/Cont | Accident Medical ract/Fratern Expense Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | QMMA final.pdf |

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay benefits, as defined and limited below, for Covered Charges incurred by the [Insured] [Covered Person] due to Injury. A Covered Charge is the Reasonable and Customary charge for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Charges are payable only for an Injury:

- for which the first treatment or service is incurred within the Initial Treatment Period; and
- for which expense for all treatment or service is incurred within the Benefit Period.

Covered Charges are shown on the Schedule of Benefits.

No Other Valid and Collectible Insurance or Plan

We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury, subject to the definitions, limitations, exclusions and other provisions of this Policy.

Other Valid and Collectible Insurance or Plan

The Qualifying Medical Maximum Amount is the maximum amount of the sum of the benefits paid by Other Valid and Collectible Insurance or Plan plus Our benefits. The Qualifying Medical Maximum Amount is shown in the Schedule of Benefits.

We will pay the Insured Percent of incurred Covered Charges, in chronological order, which are in excess of the total benefits payable for the same Injury by any Other Valid and Collectible Insurance or Plan subject to the Qualifying Medical Maximum Amount or the Maximum Benefit Amount, Per Injury, whichever occurs first. Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Policy.

If Other Valid and Collectible Insurance or Plan provides benefits on an excess coverage basis, benefits will be paid first by the company or services plan whose policy or service contract has been in effect for the longer period of time at the date of such Injury.

For purposes of this Policy, the [Insured's] [Covered Person's] entitlement to Other Valid and Collectible Insurance or Plan will be determined as if this Policy did not exist and shall not depend upon whether timely application for benefits from Other Valid and Collectible Insurance or Plan is made by or on behalf of the [Insured] [Covered Person].

Primary Benefit Amount: If a Primary Benefit Amount is shown in the Schedule of Benefits, We will pay the Covered Charges incurred for an Injury up to the Primary Benefit Amount. Such Covered Charges will be paid according to the terms of the Policy. [Subsequent claims received for the same Injury which are in excess of the Primary Benefit Amount, will subject the entire claim to the excess provision.

AXXBP102]

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachments:
readcert.pdf
NOT-03-AR (Rev. 7-04).pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachment:
GA-24-01.pdf

CERTIFICATE OF READABILITY

Form Number(s): AXXBP102

Flesch Test Score(s): 43.0

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: December 11, 2008

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
(847) 699-0600 or Toll-free 1-800-338-7452

Agent _____

Address _____

Telephone Number _____

IMPORTANT NOTICE

You may file a complaint with your state's Department of Insurance by writing:

Consumer Services Division
Arkansas Insurance Department
Room 120, First Floor
1200 West Third Street
Little Rock, AR 72201-1904

You may also contact the Consumer Services Division by telephone or fax at:

Telephone: (501) 371-2640
Toll-Free: 1-800-852-5494
Fax: (501) 371-2618

If you have Internet access, you may file an on-line complaint at the following email address:

Insurance.Consumers@mail.state.ar.us

Guarantee Trust Life Insurance Company, Glenview, IL 60025

Application for: ALL SPORTS AND/OR STUDENT ACCIDENT INSURANCE

NAME OF APPLICANT: [ABC College]

PROPOSED EFFECTIVE DATE: [08/01/08]

ADDRESS: [Doe Insurance Agency
Mr. John Doe
1234 Main Street
Anywhere, IL]

PROPOSED TERMINATION DATE: [08/01/09]

✓ Check coverage selected.

ALL SPORTS COVERAGE

I understand that all players will be insured for all sports.

Qualifying Medical Maximum Amount: [\$15,000] Deductible: [\$0]

Maximum Benefit Amount: [first \$15,000 of incurred covered charges]

| | | | |
|--------------------------|----------------------|-------------------|--------------------|
| Accidental | Dismemberment | Football Premium: | All Other Sports |
| Death Benefit: [\$1,000] | Schedule : [\$1,000] | [\$1,000] | Premium: [\$1,000] |

STUDENT ACCIDENT COVERAGE

I understand that all students enrolled at the school will be insured and that those activities outlined in ALL SPORTS COVERAGE are excluded from STUDENT ACCIDENT COVERAGE.

Qualifying Medical Maximum Amount: [\$] Deductible: [\$]

Maximum Benefit Amount: [first \$ of incurred covered charges]

| | | |
|-----------------------|------------------|----------------------------------|
| Accidental | Dismemberment | Student Accident Premium: [\$] |
| Death Benefit: [\$] | Schedule: [\$] | |

For both coverages, the Qualifying Medical Maximum Amount is the maximum amount of the sum of the benefits paid by Other Valid and Collectible Insurance or Plan plus Our benefits.

Total Premium: [\$4,000.00]

Coverage selected will become effective on the date shown above and final premium is to be paid upon receipt of an invoice for the required premium.

It is agreed that any claim form, if presented, will certify that the claimant was actually injured while playing, or practicing or attending school as a member of the policyholder.

Dated at [Kalamazoo, Michigan], on [July 7, 2008].

Application made by: [Abe Smith, Principal]
Name and Title

Agency: _____ [Will Cellum Agency] _____

By _____ [Will Cellum] _____

On behalf of: [ABC School]

Address: _____ [123 Main Street] _____

GA-24-01

_____ [Anywhere, Illinois 60000] _____