

SERFF Tracking Number: AMGN-125633727 State: Arkansas
 Filing Company: AIG Life Insurance Company State Tracking Number: 38914
 Company Tracking Number: CI HOSPITAL - 2008
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Hospital Confinement
 Project Name/Number: /

Filing at a Glance

Company: AIG Life Insurance Company

Product Name: Hospital Confinement

SERFF Tr Num: AMGN-125633727 State: ArkansasLH

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed

State Tr Num: 38914

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: CI HOSPITAL - 2008

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Cecily Garris

Disposition Date: 05/15/2008

Date Submitted: 05/08/2008

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: Review & Approval

Domicile Status Comments: This filing is being concurrently filed in Delaware.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust

Filing Status Changed: 05/15/2008

Deemer Date:

State Status Changed: 05/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Please find attached AIG Life Insurance Company's Hospital Confinement and Intensive Care Unit Benefit [Accident and Sickness] Rider. This form is new and is not intended to replace any other forms previously approved by your Department.

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When this coverage is elected by an Insured, this Rider will be attached to and made a part of the Group Critical Illness policy GCI50001-AR-0605 previously approved by your Department on September 9, 2005. We request the ability to add the provisions as a rider to enforce business when requested and to incorporate the provisions into new issue documents when requested.

Thank you for your consideration of this filing. Please call me at 732-922-7682 or e-mail me at Cecily.Garris@AIG.com if you have any questions or concerns.

Company and Contact

Filing Contact Information

Cecily Garris, Senior Analyst
 3600 Route 66
 Neptune, NJ 07754

cecily_garris@aigag.com
 (732) 922-7682 [Phone]
 (732) 922-5593[FAX]

Filing Company Information

AIG Life Insurance Company
 600 King Street
 Wilmington, DE 19801
 (713) 831-3508 ext. [Phone]

CoCode: 66842
 Group Code: 12
 Group Name:
 FEIN Number: 25-1118523

State of Domicile: Delaware
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Life Insurance Company	\$20.00	05/08/2008	20173863

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/15/2008	05/15/2008

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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
Form	Hospital Confinement and Intensive Care Unit Benefit [Accident and Sickness] Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GCI50011-0108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GCI50011-0108	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Hospital Confinement Unit Benefit [Accident and Sickness] Rider	Initial		56	GCI50011-0108.pdf



AIG LIFE INSURANCE COMPANY
P.O. Box 667
WILMINGTON, DELAWARE 19899-9853
(302) 594-2000
(Herein called the Company)

HOSPITAL CONFINEMENT AND INTENSIVE CARE UNIT BENEFIT [ACCIDENT AND SICKNESS] RIDER

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

The **Schedule of Benefits** of the Certificate is amended to add the following:

<u>Critical Illness</u>	<u>Benefit Amount</u>
[Hospital Confinement Benefit . . .	
Daily Hospital Confinement Benefit – Government or Charity Hospital	[\$50 – 1,000]
Maximum Hospital Confinement Benefit Period	[30 days – 24 months]
Daily Hospital Confinement Benefit – Other Hospital	
[For the first 75 days of confinement]	[\$50 – 1,000]
[For days of confinement after 75	[\$50 – 1,000]
Maximum Hospital Confinement Benefit Period	[30 days – 24 months]
[Intensive Care Unit Benefit . . .	
Daily Intensive Care Unit Benefit.....	[\$50 – 1,000]
Maximum Intensive Care Unit Benefit Period.....	[30 days – 24 months]

The **Definitions** section of the Certificate is amended to include the following:

Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital or other medical facility for treatment of [any Injury or Sickness] [a Critical Illness] [or] [a Cancer]. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated to the [Injury or Sickness] [Critical Illness] [or] [Cancer] or the confinements are separated by [7-30] days or more.

The **Benefit and Coverages** section of the Certificate is amended to include the following:

[Hospital Confinement Benefit

If [after the Waiting Period] an Insured Person becomes confined as an Inpatient to a Hospital for treatment of [an Injury or Sickness] [a Critical Illness] [or] [a Cancer], the Company will pay the Daily Hospital Confinement Benefit for each day an Insured Person is charged for a room as an Inpatient. The Daily Hospital Confinement Benefit is shown in the Schedule of Benefits. The Daily Hospital Confinement Benefit is payable for up to the Maximum Hospital Confinement Benefit Period for each Period of Confinement. Only one Daily Hospital Confinement Benefit is provided for any one day of confinement, regardless of the

number of [injuries or sicknesses] [Critical Illnesses] [or] [Cancers] for which the confinement is required.]

[Intensive Care Unit Benefit

If [after the Waiting Period] an Insured Person becomes confined in an Intensive Care Unit, the Company will pay a benefit equal to the Daily Intensive Care Unit Benefit shown in the Schedule of Benefits for each day an Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period, shown in the Schedule of Benefits, for each Period of Confinement. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement.]

The President and Secretary of AIG Life Insurance Company witness this Rider:

[



President



Secretary

]

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 05/15/2008
Comments:
Attachment:
Hosp ICU- Flesch Score Certification.pdf

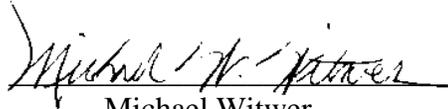
Satisfied -Name: Application **Review Status:** Approved-Closed 05/15/2008
Comments:
This form will use application GCI50004-0605 which was approved by the Department on September 9, 2005.

READABILITY CERTIFICATION

I, Michael Witwer, Senior Vice President Product Development, Marketing & Advertising of AIG Life Insurance Company, do hereby certify that the enclosed form has been tested and meets the minimum readability score.

<u>Form Number</u>	<u>Title</u>	<u>Flesch Score</u>
GCI50011-0108	Hospital Confinement and Intensive Care Unit Benefit [Accident and Sickness] Riderr	56.2

Date: 05/08/08



Michael Witwer
Senior Vice President
Product Development,
Marketing & Advertising