

SERFF Tracking Number: AMMS-125632735 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 38874  
Company Tracking Number: 08-131454  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: AR Individual  
Project Name/Number: SRG Request to Modify/08-131454

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: AR Individual

TOI: H101 Individual Health - Dental

Sub-TOI: H101.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMMS-125632735 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38874

Co Tr Num: 08-131454

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jean Davis, Jennifer

Disposition Date: 05/07/2008

Konschake, Debra Schneider, Pam

Devos, Sondra Grosse

Date Submitted: 05/05/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SRG Request to Modify

Project Number: 08-131454

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/07/2008

State Status Changed: 05/07/2008

Corresponding Filing Tracking Number:

Filing Description:

This form will be used with individual policies.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

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Debra Schneider, Senior Product Compliance debra.schneider@eams.com  
Analyst

3100 AMS Blvd. (800) 232-5432 [Phone]  
Green Bay, WI 54313 (920) 661-6554[FAX]

**Filing Company Information**

Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, IN 46278  
(317) 297-0358 ext. [Phone]

CoCode: 62286  
Group Code: 707  
Group Name:  
FEIN Number: 37-6028756  
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State of Domicile: Indiana  
Company Type: Life and Health  
State ID Number:

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## Filing Fees

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

| COMPANY                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| Golden Rule Insurance Company | \$20.00 | 05/05/2008     | 20088086      |

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 05/07/2008 | 05/07/2008     |

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## **Disposition**

Disposition Date: 05/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| <b>Item Type</b>           | <b>Item Name</b>                 | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|----------------------------------|--------------------|----------------------|
| <b>Supporting Document</b> | Certification/Notice             | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Application                      | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Health - Actuarial Justification | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Outline of Coverage              | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Cover Letter                     | Approved-Closed    | Yes                  |
| <b>Form</b>                | Request to Modify                | Approved-Closed    | Yes                  |

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## Form Schedule

**Lead Form Number:** 37751-G-0308

| Review Status   | Form Number  | Form Type | Form Name         | Action  | Action Specific Data | Readability | Attachment            |
|-----------------|--------------|-----------|-------------------|---------|----------------------|-------------|-----------------------|
| Approved-Closed | 37751-G-0308 | Other     | Request to Modify | Initial |                      |             | Request to Modify.pdf |

## Request to Modify



Policy ID number: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
(Exact Legal Name)

The requested modification is for your Golden Rule Insurance Company insurance policy referenced above.

Requested change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Date of Change: \_\_\_\_\_

Your current optional benefits may not be available with your new benefit selection.

I, the insured, understand and agree that this requested modification will not be in effect unless and until we approve it along with, or in addition to, the application for insurance. The effective date, if approved, will be determined by us and may be later than the requested effective date. All other terms of the application for insurance will remain in effect. Coverages will be modified only to the extent expressly stated in the Request to Modify.

Dated at: \_\_\_\_\_ By: **X** \_\_\_\_\_  
(City & State) (Signature)

Dated on: \_\_\_\_\_

If you have any questions call (800) 232-5432. You may fax the form to (920) 661-[3761], or Mail to:

UnitedHealthcare Services, Inc.  
Attn: Policy Administration  
P.O. Box 19032  
Green Bay, WI 54307-9032

Insurance products administered by UnitedHealthcare Services, Inc., 3100 AMS Blvd., P.O. Box 19032, Green Bay, WI 54307-9032, (800) 232-5432, and underwritten by Golden Rule Insurance Company.

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## **Rate Information**

Rate data does NOT apply to filing.

|                                 |  |                               |                                 |
|---------------------------------|--|-------------------------------|---------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>AMMS-125632735</i>                  | <i>State:</i>                 | <i>Arkansas</i>                 |
| <i>Filing Company:</i>          | <i>Golden Rule Insurance Company</i>   | <i>State Tracking Number:</i> | <i>38874</i>                    |
| <i>Company Tracking Number:</i> | <i>08-131454</i>                       |                               |                                 |
| <i>TOI:</i>                     | <i>H101 Individual Health - Dental</i> | <i>Sub-TOI:</i>               | <i>H101.000 Health - Dental</i> |
| <i>Product Name:</i>            | <i>AR Individual</i>                   |                               |                                 |
| <i>Project Name/Number:</i>     | <i>SRG Request to Modify/08-131454</i> |                               |                                 |

## Supporting Document Schedules

|                         |                                  |                       |                 |            |
|-------------------------|----------------------------------|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b> | Certification/Notice             | <b>Review Status:</b> | Approved-Closed | 05/07/2008 |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Attachment:</b>      | Readability Certification.pdf    |                       |                 |            |
| <b>Bypassed -Name:</b>  | Application                      | <b>Review Status:</b> | Approved-Closed | 05/07/2008 |
| <b>Bypass Reason:</b>   | not applicable                   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Bypassed -Name:</b>  | Health - Actuarial Justification | <b>Review Status:</b> | Approved-Closed | 05/07/2008 |
| <b>Bypass Reason:</b>   | not applicable                   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Bypassed -Name:</b>  | Outline of Coverage              | <b>Review Status:</b> | Approved-Closed | 05/07/2008 |
| <b>Bypass Reason:</b>   | not applicable                   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Satisfied -Name:</b> | Cover Letter                     | <b>Review Status:</b> | Approved-Closed | 05/07/2008 |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Attachment:</b>      | AR Cover Letter.pdf              |                       |                 |            |

## READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

**READABLE** (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);

**LEGIBLE** (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contrast); and

**IN LOGICAL ORDER AND FORMAT** (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:

May 2, 2008  
Date



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Julie A. Van Straten  
Vice President and General Counsel

# Golden Rule®

A UnitedHealthcare Company

May 2, 2008

Via SERFF

Ms. Rosalind Minor  
Rate and Form Analyst  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

**RE: FILING SUBMITTED FOR APPROVAL**  
Golden Rule Insurance Company  
NAIC #707-62286

|              |                     |
|--------------|---------------------|
| <b>Form:</b> | <b>Description:</b> |
| 37751-G-0308 | Request to Modify   |

Readability Certification  
Filing Fee

Dear Ms. Minor:

We respectfully submit the attached form for your formal approval. This form is new and does not replace any form previously submitted for approval with the Arkansas Department of Insurance.

The Request to Modify forms allows the insured to request a modification to their plan.

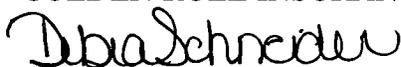
No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

We appreciate your time and attention to this filing.

If there are questions or additional information is needed, please contact me at (800) 232-5432 extension 12286. My fax number is (920) 661-9861, and my email address is Debra.Schneider@eAMS.com.

Sincerely,

GOLDEN RULE INSURANCE COMPANY



Debra Schneider  
Senior Contract Analyst

Attachments

Golden Rule Insurance Company  
712 Eleventh Street  
Lawrenceville, Illinois 62439  
(618) 943-8000  
[www.goldenrule.com](http://www.goldenrule.com)

Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, Indiana 46278-1719  
(317) 297-4123  
[www.goldenrule.com](http://www.goldenrule.com)