

SERFF Tracking Number: USHG-125644773 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 38938
Company Tracking Number: HDQ-SAP-FLIC
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: Healthy Discount Questionnaire
Project Name/Number: Healthy Discount Questionnaire/HDQ-SAP-FLIC

Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: Healthy Discount Questionnaire SERFF Tr Num: USHG-125644773 State: ArkansasLH

TOI: H15G Group Health - SERFF Status: Closed State Tr Num: 38938

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Filing Type: Form

Co Tr Num: HDQ-SAP-FLIC

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Crystal Allred, Georgiana Cozine

Disposition Date: 05/13/2008

Cozine

Date Submitted: 05/13/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Healthy Discount Questionnaire

Project Number: HDQ-SAP-FLIC

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Healthy Discount Questionnaire

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association

Deemer Date:

Company and Contact

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Filing Contact Information

Crystal Allred, Product Analyst allredc@ushealthgroup.com
 3100 Burnett Plaza (817) 878-3429 [Phone]
 Fort Worth, TX 76102 (817) 878-3310[FAX]

Filing Company Information

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health
 801 Cherry Street, Unit 33
 Fort Worth, TX 76102 Group Name: State ID Number:
 (817) 878-3328 ext. [Phone] FEIN Number: 61-1096685

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 X \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$50.00	05/13/2008	20287550

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008

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	Transmittal	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Healthy Discount Questionnaire	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HDQ-SAP-FLIC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HDQ-SAP-FLIC	Other	Healthy Discount Questionnaire	Initial			HDQ-SAP-FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027]

Healthy Discount Questionnaire

Primary Insured name: _____

Certificate/Policy Number: _____

Since Your coverage was issued has any Insured:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Been advised to have surgery or testing that hasn't been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been hospitalized or had an overnight stay in any type of treatment facility that has not been reported to the Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Received a diagnosis for a health condition not previously reported to the Company which could require extended treatment and/or hospitalization? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information is true and accurate as it pertains to **all** Insured's covered under the above Certificate/Policy.

X _____
Signature of Primary Insured

X _____
Signature of Spouse, If Applicable

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Rate Information

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Supporting Document Schedules

<p> Satisfied -Name: Certification/Notice Comments: Attachment: Readbility Certification.pdf </p>	<p> Review Status: Approved-Closed 05/13/2008 </p>
<p> Bypassed -Name: Application Bypass Reason: N/A Comments: </p>	<p> Review Status: Approved-Closed 05/13/2008 </p>
<p> Satisfied -Name: Transmittal Comments: Attachment: NAIC Transmittal 2008 FLIC - AR.pdf </p>	<p> Review Status: Approved-Closed 05/13/2008 </p>
<p> Satisfied -Name: Cover Letter Comments: Attachment: HDQ Cover Letter.pdf </p>	<p> Review Status: Approved-Closed 05/13/2008 </p>

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

READABILITY CERTIFICATION

I hereby certify that the form, listed below, has been properly scored and has achieved the Flesch Score, as indicated.

Form Number

HDQ-SAP-FLIC

Flesch Score

Scored with policy forms

Name: Georgiana Cozine

Signature: *Georgiana Cozine*

Title: Product Analyst

Dated: May 13, 2008

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	AR
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	Freedom Life Insurance Company of America 801 Cherry Street, Unit 33 Fort Worth, TX 76102	TX	Accident & Health	839	62324	61-1096685

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Georgiana Cozine Freedom Life Insurance Company of America 801 Cherry Street, Unit 33 Fort Worth, TX 76102	800-387-8027, Ext. 812	817-878-3310	cozineg@ushealthgroup.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): _____
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6.	Company Tracking Number	HDQ-SAP-FLIC
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Association Group
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10.	Product Coding Matrix Filing Code	H15G.001
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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 type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other 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 checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	May 13, 2008	
13	Filing Fee (If required)	Amount <u>\$50.00</u>	Check Date _____
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p style="text-align: center;">Questionnaire form.</p> <p style="text-align: center;">See attached filing submission letter.</p>			

16.	Certification (If required)		
<p>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 <u>ARKANSAS</u>.</p>			
Print Name <u>Georgiana Cozine</u>		Title <u>Product Analyst</u>	
Signature			Date: <u>May 13, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		HDQ-SAP-FLIC
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Healthy Discount Questionnaire	HDQ-SAP-FLIC	<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		HDQ-SAP-FLIC		
This filing corresponds to form filing company tracking number				
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

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027

May 13, 2008

The Honorable Julia Benafield Bowman
Life and Health Division
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: **Freedom Life Insurance Company of America**
NAIC# 62324 **FEIN# 61-1096685**

HDQ-SAP-FLIC

Healthy Discount Questionnaire

Dear Commissioner:

The above referenced form is being submitted for your review and approval. This is a new form and will not replace any forms previously approved or filed with your department. The form is intended for use with previously approved health insurance forms.

This form is intended for use at the time of renewal. At the time of renewal an Insured may be required to complete a Healthy Discount Questionnaire to be eligible for a discounted or preferred premium rate.

Your consideration of this filing is appreciated. Should you have any questions, please contact me as listed below.

Sincerely,



Georgiana Cozine, FLMI
Product Analyst
Product Development
800-387-9027 ext 812
cozineg@ushealthgroup.com