

SERFF Tracking Number: AGDE-125727809 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 39579
Company Tracking Number: S30622DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Security Evacuation Rider/S30622DBG

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: Speciality Markets

SERFF Tr Num: AGDE-125727809 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness

SERFF Status: Closed

State Tr Num: 39579

Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Co Tr Num: S30622DBG

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Wanda Floyd, Penny Berry Disposition Date: 07/11/2008

Date Submitted: 07/10/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Security Evacuation Rider

Project Number: S30622DBG

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not Filed in Domicile state of Pennsylvania as this deregulated.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/11/2008

State Status Changed: 07/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

July 10, 2008

Honorable Mike Pickens

Insurance Commissioner

SERFF Tracking Number: AGDE-125727809 *State:* Arkansas
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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)

S30622DBG Security Evacuation Benefit Rider

Form Filing

Dear Mr. Shields:

The above referenced form is being submitted for your review and approval. This form is new and is not intended to replace any forms previously approved by your department. When approved, this form will be utilized with our Blanket Accident Insurance Policy, Form C11695DBG, which was approved by your department on August 30, 2001. This rider will provide Security Evacuation Benefits should the insured need to be evacuated due to occurrences such as a Natural Disaster, or physical threat.

We have enclosed the required certification, and filing fee.

Please do not hesitate to contact me if you would like to discuss this submission. I look forward to receiving your response to this submission in the very near future.

Sincerely,

Penny L. Berry
Product Analyst
AIG Commercial Insurance - Law Department
Domestic Accident & Health Division

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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, PProduct 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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$20.00	07/10/2008	21347136

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Pittsburgh, PA
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/11/2008	07/11/2008

SERFF Tracking Number: AGDE-125727809 State: Arkansas
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Pittsburgh, PA
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Project Name/Number: Security Evacuation Rider/S30622DBG

Disposition

Disposition Date: 07/11/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-125727809 State: Arkansas
 Filing Company: National Union Fire Insurance Company of State Tracking Number: 39579
 Pittsburgh, PA
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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	AR NAIC Transmittal	Approved-Closed	Yes
Form	Security Evacuation Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: S30622DBG

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	S30622DBG	Policy/Cont	Security Evacuation Rider	Initial		50	S30622DBG.pdf
	G		al 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 Organization]

Policy Number: [XXXXXX]

Security Evacuation 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 Occurrences that take place 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.

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage and while traveling outside his or her Home Country, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by [American International Assistance Services, Inc., (AIAS)]¹.

Benefits will be payable for eligible expenses up to the Maximum amount. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per [Occurrence/Period of Coverage]².

[Benefits will also be payable for Transportation and Related Costs within [1-14] days of the Security Evacuation to either of these locations as chosen by the [Company]³ [Insured Person]³ [Designated Security Consultant]³:

- (1) back to the Host Country if return is safe and permitted; or
- (2) to the Insured Person's Home Country[; or
- (3) [where the Insured Person is currently permanently assigned by the [Policyholder]⁴ [Participating Organization]⁴ [where the [Policyholder]⁴ [Participating Organization]⁴ is located] [where the [educational institution]⁴ that sponsored the Insured Person's trip is located]]]⁵.

This benefit is subject to the overall Maximum amount.

[Benefits will be payable for consulting services by a Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum amount.]⁶

[AIAS]¹ must make all arrangements and must authorize all expenses in advance of any benefits being payable. [AIAS]¹ is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person.

S30622DBG

[Excess Provision

Benefits payable for the eligible expenses under this Rider will be limited to that part of the eligible expense, if any, which is in excess of the total benefits payable for the same Security Evacuation under any other valid and collectible insurance or other indemnity. If the other valid and collectible insurance or indemnity provides benefits on an excess coverage basis, benefits will be paid first by the insurer or services plan whose coverage has been in effect for the longer period of time at the date of the Security Evacuation.

For purposes of this Rider, an Insured Person's entitlement to other valid and collectible insurance or indemnity will be determined as if this Rider did not exist and will not depend on whether timely application for benefits from other valid and collectible insurance or indemnity is made by or on behalf of the Insured Person.

Benefits under this Rider will be reduced to the extent that benefits for expenses are covered by any other valid and collectible insurance or indemnity whether or not a claim is made for such benefits.]⁷

[Changes in Terms and Conditions

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the [Policyholder's]⁴ [Participating Organization's]⁴ security evacuation exposure. The Company will give the [Policyholder]⁴ [Participating Organization]⁴ written notice of any change in the terms and conditions of this Rider at least [10-45] days in advance of the effective date of the change.]⁸

Definitions

Advisory means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract to [AIAS]¹ or an [AIAS]¹ designated service provider who is experienced in security procedures and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

Excluded Countries means the following countries from which Security Evacuations are not available under this Rider: [list excluded countries, e.g., Iraq, Afghanistan, Pakistan, Israel (West Bank and Gaza Strip), Iran, Somalia and Chechnya or]⁹ any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Home Country means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of this Rider, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Host Country means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Imminent Physical Danger means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

Missing Person means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

[Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and

S30622DBG

2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.]¹⁰

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations in which an Insured Person finds him or her self while covered by the Policy:

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
3. [Natural Disaster within [7] days of an event ;]⁹
4. [Verified Physical Attack or a Verified Threat of Physical Attack from a third party;]¹¹
5. [the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within [7] days of his or her being found]⁶

Period of Coverage means the period of time during which the Policy is in force with respect to the Insured Person.

Related Costs means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

[**Verified Physical Attack** means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.]¹¹

[**Verified Threat of Physical Attack** means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.]¹¹

Exclusions

No benefits are payable under this Rider for charges, fees or expenses:

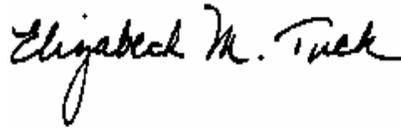
1. payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
 - a. violation of the laws of the Host Country by an Insured Person; or
 - b. violation of the laws of the Insured Person's Home Country;unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;

5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services; [or]
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;¹² [or]
11. [for consulting services seeking information on Missing Person or kidnapping cases;]¹²[or]
12. [arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;]¹²[or]
13. [arising from or attributable, in whole or in part, to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;]¹²[or]
14. [due to military or political issues if the Insured Person's Security Evacuation request is made more than [7-60] days after the Appropriate Authority(ies) Advisory was issued;]¹²[or]
15. [due to a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:
 1. is due to natural causes; and
 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous]¹³.

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



President



Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 07/11/2008
Comments:
Rule & Regulation 19, 49 and Consumer Information Notice not applicable for this filing
Attachment:
AR Flesch certification.pdf

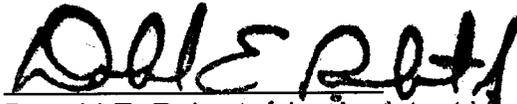
Bypassed -Name: Application **Review Status:** Approved-Closed 07/11/2008
Bypass Reason: Not applicable to this Rider filing
Comments:

Satisfied -Name: AR NAIC Transmittal **Review Status:** Approved-Closed 07/11/2008
Comments:
Attachment:
AR NAIC Transmittal.pdf

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) S30622DBG achieved a Flesch Reading Ease score of 50.1 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.

A handwritten signature in black ink, appearing to read "D E Roberts", written over a horizontal line.

Donald E. Roberts, Jr., Assistant Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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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 Pittsburgh 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): _____
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6.	Company Tracking Number	S30622DBG
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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 Group: <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: _____
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9.	Type of Insurance	H04 Health-Blanket AS
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10.	Product Coding Matrix Filing Code	H04 Health-Blanket AS
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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 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
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		<input type="checkbox"/> Other _____
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12.	Filing Submission Date	7/10/2008	
13.	Filing Fee (If required)	Amount <u>20.00</u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date <u>EFT</u> Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Not Filed	

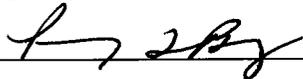
15.	Filing Description:
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This rider will provide Security Evacuation Benefits should the insured need to be evacuated due to occurrences such as a Natural Disaster, or physical threat.

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 Product Analyst

Signature  Date: 7/10/2008

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		S30622DBG
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Security Evacuation Benefit Rider	S30622DBG	<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 Description	Affected Form Numbers		Previous State Filing Number
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