

SERFF Tracking Number: AMMS-125781943 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 40079
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: MGR04268
Project Name/Number: MGR04268/MGR04268

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04268

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: AMMS-125781943 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Pat Allison

Date Submitted: 08/27/2008

State Tr Num: 40079

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/28/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04268

Project Number: MGR04268

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/28/2008

State Status Changed: 08/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

Company and Contact

Filing Contact Information

Debra Paris, Manager

7440 Woodland Drive

dlparis@goldenrule.com

(317) 297-0358 [Phone]

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Indianapolis, IN 46278-1719

(317) 328-9645[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

State of Domicile: Indiana
Company Type: Life and Health
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing.

Fee submitted via EFT
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	08/27/2008	22163661

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/28/2008	08/28/2008

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Disposition

Disposition Date: 08/28/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-125781943

State: Arkansas

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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	Cover letter	Approved-Closed	Yes
Form	Uniform Provisions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04268

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04268	Policy/Cont	Uniform Provisions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			MGR04268 Form (2).pdf

[UNIFORM PROVISIONS]

MISSTATEMENT OF TOBACCO USE: If a *covered person's* use of tobacco has been misstated on the *covered person's* application for coverage under the *policy*, we have the right to rescind that person's coverage, subject to [the Incontestability clause under Uniform Provisions.]

As an offer of settlement, we may permit the *covered person* to remain insured under the *policy* by submitting to us:

- (A) The difference between the premiums paid and the premiums which would have been paid if the tobacco use status had been correctly stated on the application; and
- (B) An additional amount, not to exceed \$1,500, agreed to by the *primary insured* and *us*.

MGR04268

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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

08/28/2008

Comments:

Attachment:

C006.3 P006.3 Readability 42008.pdf

Bypassed -Name: Application

Review Status:

Approved-Closed

08/28/2008

Bypass Reason: Does not apply.

Comments:

Satisfied -Name: Cover letter

Review Status:

Approved-Closed

08/28/2008

Comments:

Attachment:

MGR04268 Electronic Flg Ltr.pdf

Certification of Reading Ease

RE: Form (s) P-006.3, et al
C-006.3, et al

Golden Rule Insurance Company by Steven L. Pollack, President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3, et al = 59.06
C-006.3, et al = 59.14

2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.

3. The number of words contained in the text is: P-006.3, et al = 17,116
C-006.3, et al = 17,234

4. The numbers used in arriving at the above scores were:

Form #	<u>P-006.3, et al</u>	<u>C-006.3, et al</u>
Syllables	<u>27,303</u>	<u>27,497</u>
Words	<u>17,116</u>	<u>17,234</u>
Sentences	<u>1,354</u>	<u>1,368</u>

5. All text has been included in arriving at the above score(s), except for the following: Headings, defined terms, medical terminology and table of contents.

6. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #5 above.

7. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All states.

8. The above form(s) will be used in:

individual health insurance

individual life insurance

group health insurance

group life insurance

APR 19 2008

Date



Steven L. Pollack
President

August 27, 2008

Rosalind Minor
Arkansas State Department of Insurance
Life, A&H, Annuities
1200 W. Third Street
Little Rock, AR 72201-1904

Dear Ms. Minor:

Subject: Golden Rule Insurance Company
N.A.I.C. Company No.: 62286
FEIN: 37-6028756
Filing for Group Health Approval
Forms: MGR04268 Uniform Provisions
SERFF Tracking No.:AMMS - 125781943

The enclosed matrix paragraph is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule currently intends to issue this form in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group, the Federation of American Consumers and Travelers. These benefits will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence.

Incorporation of this matrix paragraph will provide Golden Rule an alternative to rescission of coverage when an insured is found to have misstated use of tobacco on the application for coverage. While rescinding coverage is within our right, it is not always in the best interest of the insureds.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance collect at (317) 297-0358 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Thank you for your time and attention to this filing. I look forward to your reply.

Sincerely,



Debra L. Paris
Manager
Policy Compliance