

SERFF Tracking Number: ZURC-125794310 State: Arkansas
 Filing Company: Zurich American Insurance Company State Tracking Number: 40089
 Company Tracking Number: CW-AH-27663
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: CW-AH-27663 Group Accident Identity Theft Resolution Amendatory Endorsement Form and Rule with Rate Impact Filing
 Project Name/Number: CW-AH-27663 Group Accident Identity Theft Resolution Amendatory Endorsement Form and Rule with Rate Impact Filing/CW-AH-27663

Filing at a Glance

Company: Zurich American Insurance Company

Product Name: CW-AH-27663 Group Accident SERFF Tr Num: ZURC-125794310 State: ArkansasLH

Identity Theft Resolution Amendatory

Endorsement Form and Rule with Rate Impact

Filing

TOI: H02G Group Health - Accident Only

SERFF Status: Closed

State Tr Num: 40089

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: CW-AH-27663

State Status: Approved-Closed

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Rosalind Minor

Author: Linda Kulpa

Disposition Date: 08/28/2008

Date Submitted: 08/27/2008

Disposition Status: Approved-

Closed

Implementation Date Requested: 10/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: CW-AH-27663 Group Accident Identity Theft Resolution Amendatory Endorsement Form and Rule with Rate Impact Filing Status of Filing in Domicile: Pending

Project Number: CW-AH-27663

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 08/28/2008

State Status Changed: 08/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is a new policy endorsement filing responding to the needs of our group accident insurance customers. This endorsement provides access for covered persons to Identity Theft Resolution Services in the event a covered person becomes a victim of identity theft.

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This program will be marketed by brokers, agents and sales employees to employers as an additional benefit under group accident benefit programs.

Any rate manuals and actuarial memoranda filed are trade secrets and should not be disclosed to a third party unless required by law.

Company and Contact

Filing Contact Information

Linda Kulpa, Filing Analyst linda.kulpa@zurichna.com
 1400 American Lane (847) 605-3763 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60102 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: One endorsement form and one rule with rate impact
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$100.00	08/27/2008	22166539

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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.

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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	Explanatory Memo	Approved-Closed	Yes
Supporting Document	Actuarial Memo	Approved-Closed	Yes
Form	Identity Theft Resolution Services	Approved-Closed	Yes
Rate	Rule with Rate Impact	Approved-Closed	Yes

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Form Schedule

Lead Form Number: U-VA-111-A-CW (08/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	U-VA-111-A CW (08/08)	Policy/Cont	Identity Theft ract/Fratern Resolution Services al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		37	U-VA-111-A CW - ZAIC Amendatory Endorsement Identity Theft Resolution Services.pdf



This endorsement, effective _____, forms a part of **Policy No.** _____, issued to _____.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

SECTION II – SCHEDULE is amended to include the following:

ADDITIONAL BENEFITS:

Identity Theft Resolution Resources

Classes Covered

[ALL]

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

IDENTITY THEFT RESOLUTION SERVICES

For a **Covered Person** who is the victim of **Identity Theft** while covered under this **Policy**, **We** will provide the **Covered Person** with access to **Identity Theft Resolution Services** provided by a consumer fraud specialist who will assist the **Covered Person** in the process of restoring their identity.

Any act or series of acts committed by any one person or group of persons acting in concert or in which any one person or group of persons is concerned or implicated is considered to be one **Identity Theft**, even if a series of acts continues into a subsequent policy period.

• **IDENTITY THEFT RESOLUTION SERVICES EXCLUSIONS**

We will not cover expenses under this additional benefit for:

1. any loss other than **Identity Theft Resolution Services**.

• **IDENTITY THEFT RESOLUTION SERVICES DEFINITIONS**

For purposes of **Identity Theft Resolution Services** only, the following definitions apply:

"Identity Theft" means the act of knowingly transferring or using, without lawful authority, a means of identification of a **Covered Person** with the intent to commit, or to aid or abet, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.

"Identity Theft Resolution Services" means the assistance of a personal advocate assigned to a **Covered Person** who is the victim of **Identity Theft** while covered under this **Policy**. It also includes ordering credit reports, alerting credit reporting agencies, providing credit and fraud monitoring, and preparing necessary documentation and letters.

Identity Theft Resolution Services will also include free identity theft monitoring services for a twelve (12) month period for any **Covered Person** who is the victim of **Identity Theft** while covered under this **Policy**. **Identity Theft Resolution Services** will also provide free identity theft monitoring services for a twelve (12) month period for any **Covered Person** who becomes incapacitated or deceased while covered under this **Policy**. The twelve (12) month period for providing **Identity Theft Resolution Services** will begin on the

date **We** receive written notice, in accordance with the provisions of Section X of the **Policy**, that a **Covered Person** is either the victim of **Identity Theft**, has become incapacitated or is deceased. Incapacitated or incapacitation is defined as any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause (except minority) to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. _____

Signed for by Zurich American Insurance Company  _____ Date: _____

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 08/28/2008
Comments:
Attachment:
8-27-08 AR Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 08/28/2008
Bypass Reason: N/A
Comments:

Arkansas Certification

This is to certify that the attached U-VA-111-A CW (08/08) has achieved a Flesch Reading Ease Score of 55.2 and complies with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

(Signed by Officer of Company)

Denise Goode

Name Denise Goode

Assistant Secretary _____

Title