

SERFF Tracking Number: USHG-126338193 State: Arkansas
Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
Company Tracking Number: HA-GOR-AR-FLIC
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Arkansas Hearing Aid Group Offer
Project Name/Number: /

Filing at a Glance

Company: National Foundation Life Insurance Company

Product Name: Arkansas Hearing Aid Group SERFF Tr Num: USHG-126338193 State: Arkansas

Offer

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 43746
Closed

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: HA-GOR-AR-FLIC State Status: Approved-Closed

Filing Type: Form

Author: Shari McBride

Reviewer(s): Rosalind Minor

Date Submitted: 10/09/2009

Disposition Date: 10/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not required for
Arkansas legislation change.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 10/14/2009

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Deemer Date:

Created By: Shari McBride

Submitted By: Shari McBride

Corresponding Filing Tracking Number:

Filing Description:

See cover letter.

Company and Contact

Filing Contact Information

Shari McBride, Product Analyst

mcbrides@ushealthgroup.com

801 Cherry Street, Unit 33

800-221-9039 [Phone] 422 [Ext]

SERFF Tracking Number: USHG-126338193 State: Arkansas
 Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
 Company Tracking Number: HA-GOR-AR-FLIC
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
 Product Name: Arkansas Hearing Aid Group Offer

Project Name/Number: /
 Fort Worth, TX 76102 817-878-3422 [FAX]

Filing Company Information

National Foundation Life Insurance Company CoCode: 98205 State of Domicile: Texas
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health
 801 Cherry Street, Unit 33 Group Name: State ID Number:
 Fort Worth, TX 76102 FEIN Number: 73-1187572
 (817) 878-3328 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per filing in Texas
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Foundation Life Insurance Company	\$50.00	10/09/2009	31184603

SERFF Tracking Number: USHG-126338193 State: Arkansas
Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
Company Tracking Number: HA-GOR-AR-FLIC
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Arkansas Hearing Aid Group Offer
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

SERFF Tracking Number: USHG-126338193 *State:* Arkansas
Filing Company: National Foundation Life Insurance Company *State Tracking Number:* 43746
Company Tracking Number: HA-GOR-AR-FLIC
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.002A Large Group Only - PPO
Product Name: Arkansas Hearing Aid Group Offer
Project Name/Number: /

Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126338193 State: Arkansas
 Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
 Company Tracking Number: HA-GOR-AR-FLIC
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
 Product Name: Arkansas Hearing Aid Group Offer
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Hearing Aid Group Offer	Approved-Closed	Yes

SERFF Tracking Number: USHG-126338193 State: Arkansas
 Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
 Company Tracking Number: HA-GOR-AR-FLIC
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
 Product Name: Arkansas Hearing Aid Group Offer
 Project Name/Number: /

Form Schedule

Lead Form Number: HA-GOR-AR-NFL

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2009	HA-GOR-AR-NFL	Policy/Cont Hearing Aid Group ract/Fratern Offer al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42.250	HA-GOR-AR-NFL.pdf

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

3100 Burnett • 801 Cherry Street, Unit 33; Fort Worth, Texas 76102 • 1-800-221-9039

STATE OF ARKANSAS OPTIONAL HEARING AID BENEFIT RIDER

In consideration of any required premium payment for this optional rider, if elected, this optional benefit rider will be attached to and made a part of [the **Group Policy**] [the **Policy**] [the][**Your**][**Your**] [**Certificate**][Certificate].

The following **DEFINITION** is added:

“**Hearing Aid**” means an instrument or device, including repair and replacement parts, that:

- (1) is designed and offered for the purpose of aiding a [[**Covered**] **Insured**] [[Covered] Insured] with or compensating for impaired hearing;
- (2) is worn in or on the body; and
- (3) is generally not useful to a person in the absence of a hearing impairment.

The following [**SICKNESS AND INJURY**] **BENEFIT** is added:

HEARING AID

Subject to any applicable [[**Covered**] **Insured Coinsurance Percentage**] [[Covered] Insured Coinsurance Percentage] set forth in the **Certificate Schedule** [Certificate] [Schedule], [**Benefits**] [Benefits] for a [**Medically Necessary**] [Medically Necessary] [**Hearing Aid**] [Hearing Aid] or hearing instrument, if elected, will be payable as follows:

COVERAGE FOR SERVICES RELATED TO HEARING AIDS

[**Benefits**] [Benefits] include [**Covered Expenses**] [Covered Expenses] incurred for a [**Medically Necessary**] [Medically Necessary] **Hearing Aid** or hearing instrument by a [**Provider**] [Provider] licensed to dispense a [**Hearing Aid**] [Hearing Aid] or instrument. The amount of the [**Benefit**] [Benefit] shall be \$[1,400] per ear for each three-year period beginning on the first day of coverage per [**Covered**] **Insured**] [Covered] Insured].

This [**Benefit**] [Benefit] is not subject to any [**Deductibles**] [Deductibles] [or] [**Co-Pays**] [Co-Pays].

[**Benefits**] [Benefits] shall not be duplicated or covered under any other provisions of [the] [**Your**] [Your] [**Certificate**] [Certificate], or any other riders, endorsements or amendments attached thereto.

This rider is subject to all terms, conditions, limitations, exclusions and definitions contained in [the] [**Your**] [Your] [**Certificate**] [Certificate] not inconsistent herewith. All other provisions of [the] [**Your**] [Your] **Certificate** will remain the same.

Signed for the Company in Fort Worth, Texas by its Secretary and President.



Secretary



President

SERFF Tracking Number: USHG-126338193 State: Arkansas
 Filing Company: National Foundation Life Insurance Company State Tracking Number: 43746
 Company Tracking Number: HA-GOR-AR-FLIC
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
 Product Name: Arkansas Hearing Aid Group Offer
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/14/2009
Comments:			
Attachment:			
FLESCH.NFL.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/14/2009
Bypass Reason:	The group supplemental app was previously approved. The form number is GRP-SA-06-AR-NFL and was approved on March 2, 2007.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/14/2009
Comments:			
Attachment:			
Cover Letter.pdf			

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

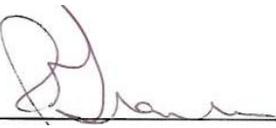
READABILITY CERTIFICATION

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

<u>Form Number</u>	<u>Flesch Score</u>
HA-GOR-AR-NFL	43.25

(Scored with insurance forms)

Name: Ranita Grauwiler

Signature:  _____

Title: Vice President

Dated: October 9, 2009

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-221-9039

October 9, 2009

Honorable Joy Bradford
Commissioner of Insurance
Insurance Division
1200 W. Third Street
Little Rock, AR 72201

Re: **National Foundation Life Insurance Company**
NAIC # 98205 FEIN # 73-1187572

Form

HA-GOR-AR-NFL Group Optional Rider – Hearing Aids

Dear Commissioner:

Enclosed is the referenced form filed for your review and approval. This form is new and is not intended to replace any forms previously approved or filed with your Department.

This form is being filed to bring our group policy and certificate forms into compliance with Arkansas requirements.

We also reserve the right to amend the referenced form to correct any minor typographical errors we may have neglected to find prior to submitting for approval, and to amend the language in order to clarify the intent within the confines of the law.

Attached, please find the applicable filing forms and fees.

Thank you very much for your continued assistance with this filing. Should you have any questions, please contact me via email at mcbrides@ushealthgroup.com , via telephone at (800) 2221-9039, ext. 422, or via fax at (817) 878-3810.

Sincerely,



Shari McBride, FLMI
Product Analyst
Product Development