

SERFF Tracking Number: GRTT-126346748 State: Arkansas
Filing Company: United National Life Insurance Company of America State Tracking Number: 43824
Company Tracking Number: UADH2-09-AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Brochure
Project Name/Number: /URADH2-09-AR

Filing at a Glance

Company: United National Life Insurance Company of America

Product Name: Brochure SERFF Tr Num: GRTT-126346748 State: Arkansas
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed- State Tr Num: 43824
Closed
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: UADH2-09-AR State Status: Filed-Closed
Other
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Joan Jannotta Disposition Date: 11/13/2009
Date Submitted: 10/16/2009 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: URADH2-09-AR Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 11/13/2009 Explanation for Other Group Market Type:
State Status Changed: 11/13/2009
Deemer Date: Created By: Joan Jannotta
Submitted By: Joan Jannotta Corresponding Filing Tracking Number:
Filing Description:
Re: Individual Medicare Supplement Insurance
Advertising Brochure UADH2-09-AR

NAIC #92703 903

Dear Sir or Madam:

We are submitting the above referenced form for your review and approval.

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Brochure UADH2-09-AR is new and will replace Brochure UADH2-09-A, which was approved by your Department on October 1, 2009 under serff filing number GRTT-126260941. We have corrected the brochure to show the correct policy form numbers. We have not used brochure UADH2-09-A.

The brochure will be used to sell our previously approved Medicare Supplement policy forms U9740A-4, U9740D-4, U9740F-4 and U9740G-4. These forms were approved by your Department on June 15, 1998.

We would appreciate any consideration you could extend toward the prompt approval of this submission. If I can be of further assistance in the approval process, please contact me directly or at our toll-free number shown below.

Sincerely,

Joan Jannotta
Product Manager
Product Approval and Compliance (PAC)
Direct Phone: 1-847-904-5730
Toll-Free: 1-800-338-7452, extension #5730
E-mail: jjannotta@gtlic.com
Fax: 847-699-0093

Company and Contact

Filing Contact Information

Joan Jannotta, jjannotta@gtlic.com
1275 Milwaukee Ave. 847-904-5730 [Phone]
Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

United National Life Insurance Company of America
1275 Milwaukee Ave.
Glenview, IL 60025
(847) 803-5252 ext. [Phone]

CoCode: 92703 State of Domicile: Illinois
Group Code: 903 Company Type:
Group Name: State ID Number:
FEIN Number: 37-1095206

SERFF Tracking Number: GRTT-126346748 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? Yes
Fee Explanation: 1 advertisement = \$25
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$25.00	10/16/2009	31332307

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	11/13/2009	11/13/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Joan Jannotta	11/13/2009	11/13/2009
Your note	Note To Reviewer	Joan Jannotta	10/21/2009	10/21/2009
Response to "Disapproved"	Note To Filer	Stephanie Fowler	10/21/2009	10/21/2009
Disapproval	Note To Reviewer	Joan Jannotta	10/20/2009	10/20/2009

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Product Name: Brochure
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Disposition

Disposition Date: 11/13/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRTT-126346748</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United National Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>43824</i>
<i>Company Tracking Number:</i>	<i>UADH2-09-AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Brochure</i>		
<i>Project Name/Number:</i>	<i>/URADH2-09-AR</i>		
Schedule Form	Schedule Item Brochure	Schedule Item Status Filed	Public Access Yes

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Product Name: Brochure
Project Name/Number: /URADH2-09-AR

Note To Reviewer

Created By:

Joan Jannotta on 11/13/2009 07:29 AM

Last Edited By:

Stephanie Fowler

Submitted On:

11/13/2009 11:05 AM

Subject:

Status

Comments:

Good Morning,

I'm writing to check on the status of this filing. This is the filing that was disapproved in error and re-opened.

This brochure is the same as the previous version except that we corrected the policy form numbers.

We are very anxious to begin using this brochure.

Anything you can do expedite the approval would be greatly appreciated.

Thank you

Joan

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America
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Product Name: Brochure
Project Name/Number: /URADH2-09-AR

Note To Reviewer

Created By:

Joan Jannotta on 10/21/2009 10:59 AM

Last Edited By:

Stephanie Fowler

Submitted On:

11/13/2009 11:05 AM

Subject:

Your note

Comments:

No problem. Thank you.

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Product Name: Brochure
Project Name/Number: /URADH2-09-AR

Note To Filer

Created By:

Stephanie Fowler on 10/21/2009 10:52 AM

Last Edited By:

Stephanie Fowler

Submitted On:

11/13/2009 11:05 AM

Subject:

Response to "Disapproved"

Comments:

I apologize, I was trying to mark it "Under Review". I will get this corrected, it is not closed.

Sincerely,
Stephanie Fowler

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Product Name: Brochure
Project Name/Number: /URADH2-09-AR

Note To Reviewer

Created By:

Joan Jannotta on 10/20/2009 11:45 AM

Last Edited By:

Stephanie Fowler

Submitted On:

11/13/2009 11:05 AM

Subject:

Disapproval

Comments:

Hi,

This was a new filing. There wasn't an amendment. I'm not sure what went wrong. I attached the brochure to the forms tab.

Can you see it and re-open the filing?

Thank you

Joan

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Form Schedule

Lead Form Number: UADH2-09-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 11/13/2009	AR	UADH2-09-	Advertising Brochure	Initial			UADH2-09-AR.pdf

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

SENIOR SELECT

Medicare
Supplement
Protection

Pick the

Plan that

Best Meets

Your Needs





Medicare Supplement Insurance Plan



United National Life Insurance Company's Medicare Supplement Insurance Plan is designed to work with the Federal Medicare program. Since Medicare Part A Hospital Deductibles are constantly rising, you may become responsible for paying a large amount of out-of-pocket health care expenses. Medicare Supplement Insurance from UNL can help cover health care costs that you must pay.

Features:

- ***No Pre-Existing Limitations****
Coverage is available immediately.
- ***Guaranteed Renewable***
Medicare Supplement Insurance is renewable for life. This means that as long as premiums are paid on time, your policy can never be canceled.
- ***Premiums***
Your premiums cannot be changed due to declining health. Your premium can only be changed if we change premiums for all policies like yours in the state. If your premium changes, we will notify you in advance.
- ***30-Day Free Look***
If you are not completely satisfied with your Medicare Supplement policy, simply return your policy within 30 days after you receive it for a complete refund of all premiums paid.
- ***Grace Period***
Your Medicare Supplement policy provides a 31-day grace period. Premium notices are mailed to you well in advance of due dates.
- ***Automatic Adjustment of Benefits***
Your Medicare Supplement Insurance policy will increase your covered deductibles and copayment benefits whenever these Medicare Deductibles and copayment amounts are increased by Medicare. Your premiums may change as your benefits change.

* Pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the coverage of the insured person.

Your Basic Benefit Package provides the following:

Part A — Inpatient Care Benefits

Your Medicare Supplement Insurance Plan will provide benefits for the expenses you incurred due to an injury or sickness:

1. All copayment expenses incurred after the Medicare Part A Deductible during a hospital stay covered by Medicare. This includes the Medicare lifetime reserve co-payment amount.
2. Upon exhaustion of Medicare benefits, including lifetime reserve days, we will pay 100% of the Medicare Eligible Expenses incurred due to inpatient hospital care. This benefit starts on the day following the last day of coverage by Medicare. These expenses must be of the type Medicare would have covered if Medicare benefits were not exhausted. This benefit is subject to a lifetime maximum benefit of an additional 365 days.
3. The expense incurred for the first three pints of blood furnished on an inpatient basis (or the equivalent in packed red blood cells) which have not been replaced.

Part B — Medical Care Benefits

Your Medicare Supplement Insurance Plan will provide the following benefits for the expenses you incur due to an injury or illness.

1. The Medicare Part B copayment amount of the Medicare Eligible Expenses incurred, which exceed the Medicare Part B Annual Deductible.
2. The copayment for each Hospital Outpatient service and supply.
3. The Actual Charge for the first three pints of blood furnished on an outpatient basis (or the equivalent in packed red blood cells) which have not been replaced.

Choose from the following options:

Plan A Policy Form U9740A-4

- Basic Benefit Package

Plan D Policy Form U9740D-4

- Basic Benefit Package
- Coverage for the Medicare Part A Deductible, as determined by Medicare
- Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits
- Covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare
- Home Care Benefit - up to \$40.00 per visit, with a calendar maximum of \$1,600.

Plan F Policy Form U9740F-4

- Basic Benefit Package
- Coverage for the Medicare Part A Deductible, as determined by Medicare
- Medicare Part B Annual Deductible, as determined by Medicare
- Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits
- 100% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses
- Covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare

Plan G Policy Form U9740G-4

- Basic Benefit Package
- Coverage for the Medicare Part A Deductible, as determined by Medicare
- Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits
- Covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare
- 80% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses
- Home Care Benefit - up to \$40 per visit, with a calendar maximum of \$1,600.

You can select your Medicare Supplement Insurance Plan based on your individual needs.

FORM U9740A-4	FORM U9740D-4	FORM U9740F-4	FORM U9740G-4
BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS
	SKILLED NURSING CO-INSURANCE	SKILLED NURSING CO-INSURANCE	SKILLED NURSING CO-INSURANCE
	PART A DEDUCTIBLE	PART A DEDUCTIBLE	PART A DEDUCTIBLE
		PART B DEDUCTIBLE	
		PART B EXCESS (100%)	PART B EXCESS (80%)
	FOREIGN TRAVEL EMERGENCY	FOREIGN TRAVEL EMERGENCY	FOREIGN TRAVEL EMERGENCY
	AT HOME RECOVERY		AT HOME RECOVERY

EXCLUSIONS

Unless specifically stated otherwise, this policy does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this policy duplicate any benefit paid by medicare. This policy has exclusions. For costs and complete details of the coverage, call your insurance agent or the company.



1275 Milwaukee Ave. Glenview, IL
1.800.207.8050

This is a solicitation of insurance. An agent may be in contact with you. United National Life Insurance Company of America representatives are independent and are not connected with or endorsed by the United States Government or the Federal Medicare Program.