

SERFF Tracking Number: MGCC-126335046 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 43705
 Company Tracking Number: MW-26057-IR AR (01/10)
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: MW-26057-IR AR (01/10)
 Project Name/Number: HB 1930/

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-26057-IR AR (01/10) SERFF Tr Num: MGCC-126335046 State: Arkansas
 TOI: H21 Health - Other SERFF Status: Closed-Withdrawn State Tr Num: 43705
 Sub-TOI: H21.000 Health - Other Co Tr Num: MW-26057-IR AR State Status: Withdrawn
 (01/10)

Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Courtney Sharp, Kathleen Allen, Jaime Butler, Kim Perkins Disposition Date: 11/10/2009
 Date Submitted: 10/07/2009 Disposition Status: Withdrawn

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: HB 1930	Status of Filing in Domicile:
Project Number:	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: 11/10/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/10/2009
Deemer Date:	Created By: Kathleen Allen
Submitted By: Kathleen Allen	Corresponding Filing Tracking Number:
Filing Description:	
Form Number, MW-26057-IR AR (01/10) is submitted for your review and approval. This form is new and not intended to replace any forms previously approved by your Department.	

The Rider form, upon approval, has been created to comply with HB 1930 and will be offered to MidWest health benefit plans that are issued or renewed offering coverage for a hearing aid or hearing instrument as well as any other MidWest health plans that may be approved by your Department in the future.

To the best of our knowledge, information and belief, the form being submitted herewith are in compliance in respects

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with the provisions of the insurance laws, rules and regulations of your State.

If you have any questions regarding this submission or if anything further is needed to expedite the review of this filing, please contact me at 817-255-3590.

Respectfully submitted,
 Kathleen Allen

Company and Contact

Filing Contact Information

Kathleen Allen, Senior Compliance Analyst kathleen.allen@healthmarkets.com
 9151 Boulevard 26 817-255-3590 [Phone]
 North Richland Hills, TX 76180 817-255-8153 [FAX]

Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 62-0724538

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 x 1 form filing=\$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of Tennessee	\$20.00	10/07/2009	31110047

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	11/10/2009	11/10/2009
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdrawal Request	Note To Reviewer	Kathleen Allen	11/09/2009	11/09/2009
Implementation of rider and rates	Note To Filer	Rosalind Minor	10/30/2009	10/30/2009

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Disposition

Disposition Date: 11/10/2009

Implementation Date:

Status: Withdrawn

Comment:

As requested in your Note to Reviewer on 11/9/09, this submission is being withdrawn.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Supporting Document	Outline of Coverage	Withdrawn	Yes
Form	Hearing Aids Benefit Rider	Withdrawn	Yes
Rate	Hearing Aids Benefit Rider	Withdrawn	Yes

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Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Note To Reviewer

Created By:

Kathleen Allen on 11/09/2009 09:53 AM

Last Edited By:

Kathleen Allen

Submitted On:

11/09/2009 09:53 AM

Subject:

Withdrawal Request

Comments:

Please accept this as our formal request to withdraw this filing at this time.

Thank you for your attention to this matter.

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Note To Filer

Created By:

Rosalind Minor on 10/30/2009 08:52 AM

Last Edited By:

Rosalind Minor

Submitted On:

10/30/2009 08:52 AM

Subject:

Implementation of rider and rates

Comments:

Please hold up on implementing this filing. As discussed in our telephone conversation, when I reviewed the filing I was looking at the base rate as an annual rate and not monthly.

I will be having a discussion with my Director either today or Monday and will immediately notify you if we decide to withdraw the filing because the rates are excessive in relationship to the benefit.

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn 11/10/2009	MW-26057-IR AR (01/10)	Policy/Cont ract/Fratern al	Hearing Aids Benefit	Initial			MW-26057-IR AR _0110_.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-733-1110

HEARING AIDS BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy, which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and/or any other Rider, and are subject to the Policy Coinsurance, Policy Lifetime Maximum Amount, Policy Calendar Year Maximum Amount (if any), Policy Aggregate Maximum Amount (if any) shown in the POLICY SCHEDULE, as well as the Rider Maximum Benefit Amounts shown below.

Covered Expenses, as defined below, incurred under this Rider will not be considered "Covered Services" or "Covered Expenses" under the Policy to which this Rider is attached, and are not subject to and will not be used to satisfy the Policy Deductible.

COVERED EXPENSES

For the purpose of this Rider, Covered Expenses include hearing aids and instruments prescribed for Insured Persons by a professional licensed in the state of Arkansas to dispense such hearing aids and instruments.

RIDER MAXIMUM BENEFIT AMOUNT

Not to exceed [\$1,400] per Insured Person, per ear

LIMITATION

From the Effective Date of this Rider, the Maximum Benefit Amount shown above will be paid [once] every [three (3)] calendar years.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider Effective Date, if different from Policy Date:

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE



SECRETARY



PRESIDENT

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Withdrawn 11/10/2009 Rider	Hearing Aids Benefit	MW-26057-IR AR (01/10)	New		MW-26057-IR AR (0110) 20090928 Rates.pdf

Mid-West National Life Insurance Company of Tennessee

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

HEARING AIDS BENEFIT RIDER

MW-26057-IR AR (01/10)

Formula
Round(AE x AgeSex x Base x Inflation x Marital,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	325.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

AE	Factor
Child	1.000000
Female	1.000000
Male	1.000000

Demographic	Value	Factor
Marital	No	1.000
Marital	Yes	0.510

Age	Factor	Gender	Adult/Dep
00 - 64	1.0000	Female	Adult
00 - 64	1.0000	Male	Adult
00 - 64	0.0200	Female	Dep Child
00 - 64	0.0200	Male	Dep Child

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please refer to attached. Attachments: ARGA 0104.pdf Cert Compl Rule-Reg19 -AR.pdf Cert Compliance AR-Readability.pdf	Withdrawn	11/10/2009
Bypassed - Item: Application Bypass Reason: Not applicable. Comments:	Withdrawn	11/10/2009
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable. Comments:	Withdrawn	11/10/2009

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]

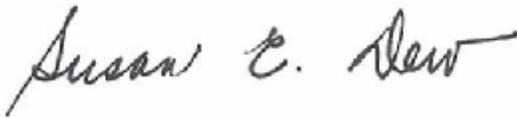
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: MidWest National Life Insurance Company of Tennessee

Form Number(s):

MW-26057-IR AR (01/10)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew

Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

Title

October 7, 2009

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Number and Form Name:

MW-26057-IR AR (01/10)
Hearing Aids Benefit Rider

Flesch Reading Score:

47.2



Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

October 7, 2009

Date