

SERFF Tracking Number: AMMS-126407434 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 44287
Company Tracking Number: SA-S-1464
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: SA-S-1464/SA-S-1464

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126407434 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44287

Co Tr Num: SA-S-1464

Authors: Pat Allison, Deb Paris

Date Submitted: 12/09/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/11/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: SA-S-1464

Project Number: SA-S-1464

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/11/2009

Deemer Date:

Submitted By: Pat Allison

Filing Description:

The enclosed rider is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to offer this Critical Illness Rider in conjunction with previously approved policy and certificate forms delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

This rider is nearly identical to rider form SA-S-1434, which was approved by your Department on March 30, 2009. The original rider has been revised to clarify that the Preexisting Conditions Limitation will not apply to the benefits available under this optional rider. Also included is a sample data page, which reflects this additional coverage.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
domiciliary state of Indiana on December 7,
2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 12/11/2009

Created By: Pat Allison

Corresponding Filing Tracking Number:

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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 800-926-7602 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.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive 800-926-7602 [Phone] 7771 [Ext]
 Indianapolis, IN 46278-1719 317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health
 Indianapolis, IN 46278 Group Name: State ID Number:
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$35.00
 Retaliatory? Yes
 Fee Explanation: \$35 per form
 Paid via EFT
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$35.00	12/09/2009	32631783

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/11/2009	12/11/2009

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Disposition

Disposition Date: 12/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126407434

State: Arkansas

Filing Company: Golden Rule Insurance Company

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Sample Data Page	Approved-Closed	Yes
Form	Critical Illness Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SA-S-1464

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/11/2009	SA-S-1464	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Critical Illness Rider	Initial		59.140	SA-S-1464-- Critical Illness (2)110309 No Hi(4).pdf

CRITICAL ILLNESS BENEFIT RIDER

This rider is effective at the same time as the *policy* or certificate to which it is attached, unless a later date is shown below.

By attachment of this rider, the *policy*/certificate is amended as follows:

If a *covered person's date of diagnosis* occurs while insured under this rider and after the end of the *critical illness* waiting period, we will pay, subject to the terms and conditions of this rider and the *policy*/certificate, the percentage of the *critical illness maximum lifetime benefit amount* that is applicable [as shown on the Data Page] to the *critical illness* for which the *covered person* has been diagnosed.

DEFINITIONS

For the purpose of this rider, the following terms have the meanings indicated below:

["Age 65" means the first premium due date for a *covered person* that follows the *covered person's* 65th birthday.]

["Board-certified medical doctor" means a licensed *doctor* who has the required education and experience and meets the testing requirements for the *doctor's* medical specialty, as established by the American Board of Medical Specialties, and has been certified as a specialist for the [*covered person's* type of *critical illness*]. With regard to any *diagnosis* under this rider, a *board-certified medical doctor* may not be *you*, *your* insured *dependent*, or a *family member*.]

"Covered person" means *you* or *your* lawful spouse to the extent each:

- A. Is a *covered person* under the *policy*/certificate and this rider; and
- B. Has purchased coverage under this rider.

"Critical illness", as used in this rider, means one of the medical conditions defined below:

- A. [**Coma** means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. *Diagnosis* must be made by a *board-certified medical doctor*.

Coma due to alcohol or drug misuse or medically induced as part of a treatment plan is not covered.]

- B. [**Coronary Artery Bypass Graft** means undergoing coronary artery revascularization surgery performed to correct narrowing or blockage of either the left main coronary artery or of two or more other coronary arteries with bypass grafts.]
- C. [**Heart Attack (myocardial infarction)** means the occurrence of the death of a portion of heart muscle due to inadequate blood supply, as diagnosed by a *board-certified medical doctor* and as evidenced by:
 1. New electrocardiographic changes consistent with an acute myocardial infarction;
 2. A diagnostic elevation of troponin; and
 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]
- D. [**Life-Threatening Cancer** means any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term *life-threatening cancer* includes leukemia, lymphoma, Hodgkin's disease and other malignant bone marrow disorders. A *pathological diagnosis* of *life-threatening cancer* is required. However, in the event that a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

Life-threatening cancer does not include any of the following:

1. All tumors histologically described as pre-malignant, as non-invasive or as cancer in situ. This includes, but is not limited to, breast carcinoma in situ, intraepithelial neoplasia, and dysplasia.

CRITICAL ILLNESS BENEFIT RIDER (continued)

2. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0 or equivalent.
 3. Any skin cancer, other than melanoma invasive to Clark Level III or higher, or having a measured thickness of greater than 1.00 mm (millimeters).
 4. Papillary or mixed papillary-follicular thyroid carcinoma diagnosed under age 45.]
- E. [**Loss of Hearing (deafness)** means the total and irreversible loss in both ears of the ability to hear, whether aided or unaided, as a result of a physical *illness* or *injury*, as measured by an audiogram and diagnosed by a *board-certified medical doctor*.]
- F. [**Loss of Speech** means the total and irrevocable loss of the ability to speak due to a physical *illness* or *injury*, confirmed by a *board-certified medical doctor*.]
- G. [**Loss of Vision (blindness)** means the total and irreversible loss of the sight of both eyes as a result of a physical *illness* or *injury*, confirmed by a *board-certified medical doctor*.]

The following criteria shall define *loss of vision (blindness)*:

1. Central visual acuity less than [20/200] in both eyes after correction; or
 2. A field of vision reduced to [200] degrees or less of arc in both eyes; or
 3. A combination of visual defects resulting in the same degree of visual impairment as that occurring in 1. or 2.]
- H. [**Major Transplant** means undergoing surgery for a *listed transplant* in accordance with generally accepted medical practices.

Listed transplant means one of the following procedures and no others:

1. Kidney transplant.
2. Liver transplant.
3. Heart transplant.
4. Lung transplant.
5. Pancreas transplant.
6. Bone marrow transplant.
7. Stem cell transplant.
8. Small intestine transplant.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded from this definition. The transplant must be considered *medically necessary* by a *board-certified medical doctor*.]

- I. [**Paralysis** means *quadriplegia*, *paraplegia* or *hemiplegia* that lasts for a continuous period of 180 days or more from the *date of diagnosis* as confirmed by a *board-certified medical doctor*. *Quadriplegia* means the complete and irreversible paralysis of both upper and lower *limbs*. *Paraplegia* means the complete and irreversible paralysis of both lower *limbs*. *Hemiplegia* means the complete and irreversible paralysis of the upper and lower *limbs* of the same side of the body. *Limb* means an entire arm or entire leg.]
- J. [**Renal (kidney) Failure** means end-stage renal disease, which is the chronic irreversible failure of both kidneys requiring treatment with dialysis and kidney transplantation. The *diagnosis* of renal failure/end stage renal disease must be made by a *board-certified medical doctor*.]
- K. [**Stroke** means a cerebrovascular incident producing a sudden-onset and permanent neurological deficit, resulting in a Modified Rankin Scale of 2 or greater 30 days after the onset of symptoms. A cerebrovascular incident includes infarction of brain tissue, intracranial and/or subarachnoid hemorrhage, or embolization from an extracranial source. There must be unequivocal evidence, by

CRITICAL ILLNESS BENEFIT RIDER (continued)

computerized tomography, magnetic resonance imaging or other advanced imaging technique that a *stroke* has occurred. The degree of impairment must be determined by a *board-certified medical doctor*.

A *stroke* does not include transient ischemic attack, reversible ischemic neurological deficit, vascular disease affecting the eye or optic nerve, cerebral symptoms due to migraine or cerebral *injury* resulting from trauma or hypoxia.]

- L. [**Third Degree Burns** means a full destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation as determined by a *board-certified medical doctor*.]

"*Critical illness maximum lifetime benefit amount*" means the maximum amount that may be payable under this rider for all *critical illnesses*. The *critical illness maximum lifetime benefit amount* is [shown on the Data Page].

"*Date of diagnosis*" means the first date a *diagnosis* is established by a *doctor*, who is also a *board-certified medical doctor* where required by this rider, through the use of clinical and/or laboratory findings as supported by *your* or *your spouse's* medical records.

"*Diagnosis*" means the definitive establishment of a *critical illness* through the use of clinical and/or laboratory findings. The *diagnosis* must be made by a *doctor* who is also a *board-certified medical doctor* where required under this rider.

"*Effective date*" means the applicable date a *covered person* becomes insured for *critical illnesses* under this rider. The applicable effective date is shown: (A) on the [face page or Data Page of the *policy/certificate*] for initial *covered persons*; and (B) on the rider adding a new *covered person* to the *policy/certificate*, including this rider.

"*Family member*" means the parents, *spouse*, children or siblings of a *covered person*, or any person residing with a *covered person*.

"*Pathological diagnosis*" means a diagnosis of *life-threatening cancer* based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. A *pathological diagnosis* must be determined by a *doctor* who is also a board-certified pathologist and whose *diagnosis* of malignancy conforms with the standards set by the American College of Pathology.

"*Spouse*" means the *covered person* named as *your spouse* in the application or any amendment.

"*You*" means the insured *covered person* named [on the face page or Data Page] of the *policy/certificate*.

[SPOUSE COVERAGE EFFECTIVE DATE

If: (A) *you* apply in writing for insurance under the *policy/certificate*, including this rider, on *your spouse*; (B) *you* pay the required premiums; (C) *you* furnish *proof of good health*, at no cost to *us*; and (D) *we* agree to insure *your spouse*, then the effective date will be shown in the written notice to *you* that *your spouse* is insured as a *covered person*.]

TERMINATION

All insurance under this rider will automatically stop on the earliest of the date:

- A. *We* receive *your* written request to terminate coverage under this rider;
- B. The full *critical illness maximum lifetime benefit amount* for *you* and *your spouse* is paid; or
- C. The medical coverage terminates under the *policy/certificate*.

In addition, a *covered person's* insurance under this rider will automatically stop on the earliest of the date:

- A. Of the *covered person's* death;
- B. When the full *critical illness maximum lifetime benefit amount* is paid for that *covered person*; or
- C. Medical coverage for that *covered person* terminates under the *policy/certificate*.

CRITICAL ILLNESS BENEFIT RIDER (continued)

If we accept premium for a *covered person* after the full *critical illness maximum lifetime benefit amount* for that *covered person* has been paid, such premium will be refunded.

CRITICAL ILLNESS BENEFITS

Eligibility

Payment of *critical illness* benefits is subject to the following:

- A. *Your* or *your spouse's date of diagnosis* must occur after the *critical illness* waiting period has been satisfied;
- B. The *diagnosis* is made within the United States;
- C. The *diagnosis* is made while *you* or *your spouse* is a *covered person* under this rider; and
- D. Benefits are subject to all other terms, conditions, limitations and exclusions for any *covered expenses* under the *policy/certificate*.

An *illness* or *injury* may be covered for medical benefits but not meet the definition of a *critical illness* and not be covered under this rider.

Critical Illness Diagnosis Requirements

We reserve the right to have any *critical illness diagnosis* reviewed by a *doctor* of *our* choice. In the event of any dispute or disagreement regarding the appropriateness or correctness of the *diagnosis*, we shall have the right to request an examination of either the *covered person* or the evidence used in arriving at the *diagnosis* by an independent, acknowledged expert selected by *us* in the applicable field of medicine.

Critical Illness Maximum Lifetime Benefit Amount

If a *covered person's date of diagnosis* occurs after the applicable *critical illness* waiting period indicated below, and while this rider is in force, we will pay *you* or *your beneficiary* the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page].

The portion of the *critical illness maximum lifetime benefit amount* payable depends on the type of *critical illness* [as specified in Section 1/on the Data Page].

Total benefits payable under this rider for a *covered person* will not exceed the *critical illness maximum lifetime benefit amount*.

Critical Illness Waiting Period

There is a 30-day waiting period from each *covered person's* effective date of coverage under this rider before any benefits are available for any *critical illness*. [See the Data Page for benefit amounts.]

[Coma

If *you* or *your spouse's date of diagnosis* as being comatose is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis* of *coma* must indicate that permanent neurological deficit is present.]

[Coronary Artery Bypass Graft

If *you* or *your spouse* receive(s) a *diagnosis* for a condition that requires a *coronary artery bypass graft*, if the *date of diagnosis* is after the [30-day] *critical illness* waiting period, and if the *covered person* receives the *coronary artery bypass graft* while insured under this rider, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

If *you* or *your spouse* receive(s) a *coronary artery bypass graft* and later receive a *diagnosis* for a different *critical illness*, we will pay the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page], for the *critical illness*, less any amounts paid or payable for the *coronary artery bypass graft*.

CRITICAL ILLNESS BENEFIT RIDER (continued)

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

Benefits are limited to one *coronary artery bypass graft* per covered person under this rider.

The *diagnosis* of the condition that necessitates the need for a *coronary artery bypass graft* must be made by a *board-certified medical doctor* and based on angiographic evidence of the underlying disease.]

[Heart Attack

If *you* or *your spouse's date of diagnosis* for a heart attack is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis* of *heart attack* must be based on an event that contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes that support the *diagnosis*; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

[Life-Threatening Cancer

If *your* or *your spouse's date of diagnosis* with *life-threatening cancer* is more than [90] days after *your* or *your spouse's* effective date of coverage under this rider, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

If *your* or *your spouse's date of diagnosis* with *life-threatening cancer* is within the [90]-day period after *your* or *your spouse's* effective date of coverage under this rider, but after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page] .

Life-threatening cancer benefits are payable one time per covered person under this rider.

Life-threatening cancer must be positively diagnosed by a *board-certified medical doctor* certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues or preparations from the hemic system. Such *diagnosis* shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical *diagnosis* alone does not meet this standard unless a pathological diagnosis is medically inappropriate.]

[Loss of Hearing

If *you* or *your spouse's date of diagnosis* for *loss of hearing* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis* of *loss of hearing* must be by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of *loss of hearing* must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels. Psychiatric related causes are not covered.]

[Loss of Speech

If *you* or *your spouse's date of diagnosis* for *loss of speech* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis* of *loss of speech* must be made by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of *loss of speech* must be established for a continuous period of 12 months. Psychiatric related causes are not covered.]

[Loss of Vision (blindness)

If *you* or *your spouse's date of diagnosis* for *loss of vision (blindness)* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

CRITICAL ILLNESS BENEFIT RIDER (continued)

The *diagnosis of loss of vision* must be made by a *board-certified medical doctor* in that field of medicine. Psychiatric related causes are not covered. The *diagnosis of loss of vision* must indicate that corrected visual acuity must be worse than [20/200] in both eyes, the field of vision must be less than [200] degrees in both eyes or there is a combination of visual defects resulting in the same degree of visual impairment as otherwise stated in this paragraph.]

[Major Transplant

If *you or your spouse* receive(s) a *major transplant* after the [30-day] *critical illness* waiting period, the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page] will be paid. The *date of diagnosis* of a condition that necessitates a *major transplant* must also be after the [30-day] *critical illness* waiting period.]

[Paralysis

If *you or your spouse's date of diagnosis* for *paralysis* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

If *you or your spouse* receive(s) a *diagnosis* for more than one type of *paralysis*, only the largest percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page] for *paralysis* will be paid.

The *diagnosis of paralysis* must include documented evidence of the physical *illness* or *injury* that caused the *paralysis*.

[Renal (kidney) Failure

If *you or your spouse's date of diagnosis* for *renal (kidney) failure* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis* of end stage renal disease must be based on chronic irreversible failure of the function of both kidneys requiring hemodialysis and necessitating kidney transplant.]

[Stroke

If *you or your spouse's date of diagnosis* for a *stroke* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/on the Data Page].

The *diagnosis of stroke* must be made by a *board-certified medical doctor* and based on documented neurological deficits and confirmatory neuroimaging studies.]

[Third Degree Burns

If *you or your spouse's date of diagnosis* for a *third degree burn* is after the [30-day] *critical illness* waiting period, we will pay the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page] for the specified body area burned.]

Benefit Reduction at Age 65

When a *covered person* reaches *age 65*, the *critical illness maximum lifetime benefit amount* then remaining for that *covered person* will automatically be reduced by 50%.

[NOTE: Receipt of *critical illness* benefits may affect eligibility for Medicaid or other government benefits and entitlements.]

EXCLUSIONS

This rider does not provide benefits for *diagnosis* of a *critical illness* to a *covered person* for, due to or resulting from:

- A. A *critical illness* for which a *covered person's date of diagnosis* occurs before satisfaction of a *covered person's critical illness* waiting period;

CRITICAL ILLNESS BENEFIT RIDER (continued)

- B. *Diagnosis* of a *critical illness* while this rider is not in force.
- C. Suicide or intentionally self-inflicted *injury* or *illness* while sane or insane [if committed during the first [24 months] of coverage under this rider].
- D. Driving a motorized vehicle or operating any machinery while legally intoxicated from alcohol, or driving a motorized vehicle or operating any machinery while under the influence of drugs unless taken as prescribed by a *doctor* and provided there is no recommendation by a pharmacist, a *doctor* or indicated on the prescription drug label instructions, warning against driving while under the influence of that drug.
- E. Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as *your doctor* prescribes or administers it.
- F. Committing or attempting to commit a civil or criminal battery, felony or misdemeanor.
- G. Service in the armed forces of any country, including non-military units supporting such forces.
- H. Engaging in an illegal occupation.
- I. Participating in a riot, rebellion or insurrection. Participating means *you* are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
- J. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
- K. *Injury* or *illness* caused by an act of declared or undeclared war.

PREEXISTING CONDITIONS LIMITATION

The Preexisting Conditions Limitation provision of the *policy/certificate* will not apply to this rider.

BENEFICIARY

A *covered person* can name any person, other than the *covered person's* employer, as a *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying *us* in writing on a form furnished by *us*. The new designation will be effective when the notice is received by *us*. If *we* pay the proceeds before *we* receive the *covered person's* change request, *we* are released from further liability to the extent of *our* payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

You are the *beneficiary* for *your spouse* until *your spouse* designates a new *beneficiary* by notifying *us* in writing on a form furnished by *us*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the proceeds equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by *us* as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at *our* option, payment may be made to one or more of the following surviving relatives of the *covered person*:

- A. *Spouse*;
- B. Children, including legally adopted children;
- C. Parents; or
- D. Brothers and sisters.

If proceeds are not paid within 30 days after *we* received due proof of death, *we* will pay interest on the proceeds. Interest will be paid at the rate of [3%] a year from the date *we* receive due proof of death until the date the proceeds are paid. If the law in the state where the *policy* is issued requires payment of a greater amount, *we* will pay that amount.

CRITICAL ILLNESS BENEFIT RIDER (continued)

[We rely on an affidavit to determine payment of proceeds, unless we receive written notice of a valid claim from a person before we make the payment. The affidavit releases us from further liability.]

[COORDINATION OF BENEFITS

The Coordination of Benefits provision of the *policy/certificate* is not applicable to this rider.]

PROOF OF LOSS

An insured person who is diagnosed with a *critical illness* [and wishes to file a claim under this rider, must request payment under the *critical illness* benefit rider and submit *proof of loss* to us.]

The *critical illness proof of loss* must be submitted to us in writing within 90 days from the date of *diagnosis*. No claim will be reduced or denied by us if it was not reasonably possible for you to submit the *proof of loss* within 90 days.

In any event, the *critical illness proof of loss* must be submitted to us within one year from the date written *critical illness proof of loss* is required to be submitted under this provision. We will not honor the claim for payment after the one year is expired, unless you were not legally able to provide the *proof of loss* within one year.

[[INSURANCE BENEFITS UNITEDHEALTH CONTINUITY RIDER]

For *covered persons* who have purchased the [Insurance Benefits UnitedHealth Continuity Rider], benefits described under this rider will be considered *covered expenses* for a *covered person* only if the *covered person* is [active] under the [Insurance Benefits UnitedHealth Continuity Rider] on the *date of diagnosis* and subject to all other terms, conditions, exclusions, and limitations of this rider.]

Except as specifically stated in this rider, the benefits under this rider are subject to all of the terms, conditions, limitations and exclusions of the *policy/certificate*.

This rider will not change, waive, or extend any part of the *policy* or certificate, other than as stated herein.

Golden Rule Insurance Company



Secretary

<i>SERFF Tracking Number:</i>	<i>AMMS-126407434</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>44287</i>
<i>Company Tracking Number:</i>	<i>SA-S-1464</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>Association Group</i>		
<i>Project Name/Number:</i>	<i>SA-S-1464/SA-S-1464</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: C006.3 P006.3 Readability 42008.pdf	Approved-Closed	12/11/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	12/11/2009

	Item Status:	Status Date:
Satisfied - Item: Sample Data Page Comments: Attachment: SA-S-1464 CriticalIllness Sample DataPage - 110309 (3).pdf	Approved-Closed	12/11/2009

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

**[Section 1]
[Data Page]**

AMOUNT PAYABLE UNDER CRITICAL ILLNESS RIDER

Critical Illness Maximum Lifetime Benefit Amount

Per covered person [\$5,000 - \$25,000]

WAITING PERIOD - First *diagnosis* must be made after the applicable waiting period to be eligible for benefits

Critical Illness Waiting Period [30 days]

IMPORTANT: Benefits are paid upon first *diagnosis*, as a one time payment, not paid based on actual expenses incurred.

Critical Illness	Percentage of Critical Illness Maximum Lifetime Benefit Amount
[Coma	[100%]]
[Coronary Artery Bypass Graft	[25%]]
[Heart Attack	[100%]]
[Life-Threatening Cancer [Diagnosed more than 90 days after Effective Date]	[100%]]
[Life-Threatening Cancer [Diagnosed after the waiting period, within the first 90 days of coverage]	[10%]]
[Loss of Hearing	[100%]]
[Loss of Speech	[100%]]
[Loss of Vision	[100%]]
[Major Transplant	[100%]]
[Paralysis	
[Quadriplegia]	[100%]]
[Paraplegia]	[50-100%]]
[Hemiplegia]	[50-100%]]
[Renal Failure	[100%]]
[Stroke	[100%]]
[Third Degree Burns -	
[20-30% of total body]	[50-100%]]
[31-40% of total body]	[50-100%]]
[41% or more of total body]	[100%]]

Reduction Schedule

When a covered person reaches age 65, the critical illness maximum lifetime benefit amount then in force for that covered person will automatically be reduced by 50%.