

SERFF Tracking Number: AMGN-126021695 State: Arkansas  
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 41468  
Company Tracking Number: AGLA 1000SMCAR  
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Product Name: AGLA 1000SMCAR Authorization/Application/Acceptance Form  
Project Name/Number: AGLA 1000SMCAR Authorization/Application/Acceptance Form/AGLA 1000SMCAR

## Filing at a Glance

Company: American General Life and Accident Insurance Company  
Product Name: AGLA 1000SMCAR SERFF Tr Num: AMGN-126021695 State: ArkansasLH  
Authorization/Application/Acceptance Form  
TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 41468  
Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: AGLA 1000SMCAR State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Marilyn Ellis Disposition Date: 02/06/2009  
Date Submitted: 02/05/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: AGLA 1000SMCAR Authorization/Application/Acceptance Form Status of Filing in Domicile: Pending  
Project Number: AGLA 1000SMCAR 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: 02/06/2009 Deemer Date:  
State Status Changed: 02/06/2009  
Corresponding Filing Tracking Number: AGLA 1000SMCAR  
Filing Description:  
AGLA 1000SMCAR Authorization/Application/Acceptance Form  
AGLA 1000SMCJAR Authorization/Application/Acceptance Form

SERFF Tracking Number: AMGN-126021695 State: Arkansas  
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The above forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your department. The referenced forms have been submitted to our domicile state of Tennessee.

AGLA 1000SMCAR and AGLA 1000SMCJAR are Authorization/Application/Acceptance Forms that will be used in direct marketing to inforce policyowners as an offer to purchase individual, nonparticipating cancer coverage. Form AGLA 1000SMCAR will be used for offers for coverage on an adult insured (ages 18 and older), while form AGLA 1000SMCJAR will be used for offers for coverage on a juvenile insured (under age 18). The forms will be included in a package with the policyowner's billing statement. If the policyowner elects to purchase the additional coverage, he or she must complete and return the authorization/application/acceptance form.

An explanation of the bracketed items on each referenced form is attached.

The Flesch readability scores are as follows:

Form No. Flesch Score  
AGLA 1000SMCAR 50.4  
AGLA 1000SMCJAR 51.6

## Company and Contact

### Filing Contact Information

Kathryn Mitchell, Manager kathryn\_mitchell@aigag.com  
American General Center (615) 749-1139 [Phone]  
Nashville, TN 37250-0001 (615) 749-2521[FAX]

### Filing Company Information

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American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee  
Company

American General Center Group Code: 12 Company Type:  
Nashville, TN 37250-0001 Group Name: AIG State ID Number:  
(615) 749-1139 ext. [Phone] FEIN Number: 62-0306330  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$40.00  
Retaliatory? No  
Fee Explanation: 2 forms x \$20 = \$40.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$40.00	02/05/2009	25524653

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009

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## Disposition

Disposition Date: 02/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Authorization/Application/Acceptance Form	Approved-Closed	Yes
<b>Form</b>	Authorization/Application/Acceptance Form	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** AGLA 1000SMC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AGLA 1000SMCAR	Application/Enrollment Form	Authorization/Initial Acceptance Form	Initial		50	Arkansas_SM_Cancer_App_ADULT.pdf
Approved-Closed	AGLA 1000SMCAR	Application/Enrollment Form	Authorization/Initial Acceptance Form	Initial		52	Arkansas_SM_Cancer_App_JUVE.pdf

### IMPORTANT NOTICE

The policy offered as Option B may be applied for and purchased only by the insured policyholder. [JANE] [BALDWIN] must sign the application below and must reside in the state of [STATE] in order to qualify for this offer. This offer is not valid unless signed by the Insured.

IF SELECTING OPTION B, PLEASE BE SURE THE INSURED COMPLETES THE APPLICATION BELOW AND RETURN WITH YOUR PAYMENT. THANK YOU.

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY [AUTHORIZATION/APPLICATION/ACCEPTANCE] FORM FOR CANCER INSURANCE

Insurance being applied for: Cancer ([Gold]) Insurance Premium: \$[x.xx]/[month]

Name of Applicant/Insured: [JANE] [BALDWIN]  
Address: [1234 ADDRESS 1], [ADDRESS 2]  
[CITY], [STATE] [ZIP]

[Beneficiary: \_\_\_\_\_] [Relationship to Insured: \_\_\_\_\_]  
First Name M.I Last Name

Within the past 10 years, I have not been diagnosed as having or been treated for cancer, leukemia, melanoma, tumor or malignant growth, Hodgkin's disease, or non-Hodgkin's lymphoma.

Within the past 6 months I have not been advised by a member of the medical profession of any abnormal diagnostic test results, had medical treatment for sores that have not healed, had changes in the appearance of a mole, had unexplained weight loss, blood loss or fatigue or been advised to have any diagnostic tests, hospitalization, medical treatment or surgery which was not completed.

**Will the policy replace any existing accident, health or disability insurance?**  Yes  No. If "Yes", please indicate:  
Insured's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

X \_\_\_\_\_  
Signature Date

### IMPORTANT NOTICE

The policy offered as Option B may be applied for and purchased only by the insured policyholder. [JANE] [BALDWIN] must sign the application below and must reside in the state of [STATE] in order to qualify for this offer. This offer is not valid unless signed by the Owner and Insured's Parent or Legal Guardian.

IF SELECTING OPTION B, PLEASE BE SURE THE OWNER AND INSURED'S PARENT OR LEGAL GUARDIAN COMPLETES THE APPLICATION BELOW AND RETURN WITH YOUR PAYMENT. THANK YOU.

#### AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY [AUTHORIZATION/APPLICATION/ACCEPTANCE] FORM FOR CANCER INSURANCE

Insurance being applied for: Cancer ([Gold])		Insurance Premium: \$[x.xx]/[month]	
Name of Applicant/Insured: [JANE] [BALDWIN] Address:[1234 ADDRESS 1], [ADDRESS 2] [CITY], [STATE] [ZIP]		[Beneficiary: _____] First Name M.I Last Name	
		[Relationship to Insured: _____]	
Within the past 10 years, I have not been diagnosed as having or been treated for cancer, leukemia, melanoma, tumor or malignant growth, Hodgkin's disease, or non-Hodgkin's lymphoma.			
Within the past 6 months I have not been advised by a member of the medical profession of any abnormal diagnostic test results, had medical treatment for sores that have not healed, had changes in the appearance of a mole, had unexplained weight loss, blood loss or fatigue or been advised to have any diagnostic tests, hospitalization, medical treatment or surgery which was not completed.			
<b>Will the policy replace any existing accident, health or disability insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", please indicate:			
Insured's Name: _____		Company Name: _____ Policy Number: _____	
NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.			
Signature of Owner _____		Date _____	
Signature of Minor Insured's Parent, Grandparent, or Court Appointed Legal Guardian (if different from Owner) _____		Relationship _____ Date _____	

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Comments:</b>				
<b>Attachments:</b>				
	AGLA120Z49 REV0807.pdf			
	87-1.pdf			
	ARCERT2.pdf			
	ARCERT5.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Bypass Reason:</b>	This is a direct mail application filing.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Bypass Reason:</b>	This is a direct mail application filing.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Statement of Variability	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Arkansas_SM_Cancer_Apps_Variable_Copy_Detail.pdf			

## **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 insurance 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. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

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

(please turn to back of page)

The state law that provides for this safety-net 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 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 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 future assessments, or by an insurance exchange.

The Guaranty 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 an 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 nonaffiliate 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 or 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.

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### American General Life and Accident Insurance Company

*A member company of American International Group, Inc.*  
American General Center • Nashville, Tennessee 37250-0001



**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**  
A Member Company of American International Group, Inc.  
American General Center • Nashville, Tennessee 37250-0001  
(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services  
American General Life and Accident Insurance Company  
American General Center - 305N  
Nashville, Tennessee 37250  
PH: 1-800-888-2452

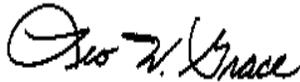
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904  
PH: 1-800-852-5494

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject:      AGLA 1000SMCAR      Authorization/Application/Acceptance Form  
                 AGLA 1000SMCJAR      Authorization/Application/Acceptance Form

This is to certify that, to the best of my knowledge and belief, the above forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Leo W. Grace". The signature is written in a cursive style with a large initial "L" and a stylized "W".

Leo W. Grace  
Vice President

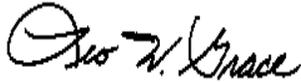
DATE: February 5, 2009

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject:      AGLA 1000SMCAR      Authorization/Application/Acceptance Form  
                  AGLA 1000SMCJAR      Authorization/Application/Acceptance Form

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.



Leo W. Grace  
Vice President

DATE: February 5, 2009

**American General Life and Accident Insurance Company**  
**Statement Marketing (Direct Marketing) for Approval by State DOI**  
**Variable Copy Detail for: AGLA1000SMCAR / AGLA1000SMCJAR**  
**ARKANSAS**

**Use of Forms:**

1. Direct Marketing purposes (Mail)
2. A Cancer Product offer will be offered to AGLA Life (Whole and Term) and A&H Policy Insureds (Adult and Juvenile)
  - ➔ Cancer Policy Form Numbers: AGLA 63002-1 (Gold - Plan1) , AGLA 63002-2 (Platinum - Plan 2) and AGLA 63002-3 (Platinum Plus - Plan 3)
3. Mail package will consist of:
  - ➔ Marketing letter
  - ➔ Billing Statement
  - ➔ Payment Coupon/Application
  - ➔ Business Reply Envelope

**APPLICATIONS:**

**AGLA1000SMCAR (Adult version) and AGLA1000SMCJAR (Juvenile version)**

(Variable data or bracketed information)

- ➔ [JANE] [BALDWIN] – Applicant/Insured Name
- ➔ [STATE] – Residing state of insured
- ➔ [Authorization/Application/Acceptance] - will test response by using one of the three title options: Authorization, Application or Acceptance
- ➔ [Gold] – Cancer plan – Options are: Gold (Plan 1), Platinum (Plan 2) or Platinum Plus (Plan3)
- ➔ \$[x.xx]/[month] - premium amount and frequency of premium payments for the Cancer insurance
- ➔ Applicant/Insured Address, City, State and Zip
- ➔ [Beneficiary...] and [Relationship to Insured...] - will test response by including or omitting this information on the App