

SERFF Tracking Number: AMMS-125979261 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 41283
Company Tracking Number: SA-S-1420
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: SA-S-1420
Project Name/Number: SA-S-1420/SA-S-1420

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: SA-S-1420

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: AMMS-125979261 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41283

Co Tr Num: SA-S-1420

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Pat Allison

Disposition Date: 01/22/2009

Date Submitted: 01/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SA-S-1420

Project Number: SA-S-1420

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/06/2009

State Status Changed: 02/06/2009

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Anna Ferrell, Contract Analyst

7440 Woodland Drive

ALFERRELL@goldenrule.com

(317) 297-0358 [Phone]

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Indianapolis, IN 46278-1719 (317) 328-9645[FAX]

Filing Company Information

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278
(317) 297-0358 ext. [Phone]

CoCode: 62286
Group Code: 707
Group Name:
FEIN Number: 37-6028756

State of Domicile: Indiana
Company Type: Life and Health
State ID Number:

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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	01/08/2009	24893558

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009
Approved-Closed	Rosalind Minor	01/22/2009	01/22/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Veterans' Benefits Rider	Form	Pat Allison	02/06/2009	02/06/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form (revised)	Veterans' Benefits Rider	Approved-Closed	Yes
Form	Veterans' Benefits Rider	Replaced	Yes

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Amendment Letter

Amendment Date:
 Submitted Date: 02/06/2009

Comments:

Dear Ms. Minor.:

Thank you for re-opening this filing. I am revising this form to remove the term "in-network", since charges for "covered health services provided by the Department of Veterans Affairs" are covered whether in- or out-of-network.

If you have any questions or concerns, please feel free to contact me.

Anna Ferrell

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SA-S-1420	Policy/Contr	Veterans' act/Fraternal Benefits Certificate: Rider Amendment, Insert Page, Endorsement or Rider	Initial				41	SA-S-1420 Form Rev.pdf

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Form Schedule

Lead Form Number: SA-S-1420

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SA-S-1420	Policy/Cont	Veterans' Benefits ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		41	SA-S-1420 Form Rev.pdf

VETERANS' BENEFITS RIDER

This rider is effective [on DATE, or at the same time as the *policy*, whichever is later].

By the attachment of this rider, *covered expenses* under the *policy* are amended to include charges for covered health services provided by the Department of Veterans Affairs (VA) health care system, when such expenses are otherwise covered under the *policy* and are incurred by a *covered person* who is an enrolled veteran and eligible to receive care in the VA health care system.

Any *policy* provision, limitation, or exclusion that conflicts with this rider is amended to conform with this rider, but only to the extent of the conflict.

Covered expenses under this rider are subject to all the terms, conditions, restrictions, exclusions, and limitations of the *policy*, including [any applicable *deductible amounts*, coinsurance provisions, notification requirements, or maximum dollar limits].

This rider will not change, waive or extend any part of the *policy*, other than as set forth above.

Golden Rule Insurance Company

A handwritten signature in black ink that reads "Patrick F. Carr". The signature is written in a cursive style with a large initial "P".

Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	01/22/2009
Comments:		
Attachment: SA-S-1420 Readability.pdf		
Bypassed -Name: Application	Review Status: Approved-Closed	01/22/2009
Bypass Reason: Does not apply to this filing.		
Comments:		
Bypassed -Name: Outline of Coverage	Review Status: Approved-Closed	01/22/2009
Bypass Reason: Does not apply to this rider filing.		
Comments:		
Satisfied -Name: Cover Letter	Review Status: Approved-Closed	01/22/2009
Comments:		
Attachment: SA-S-1420 Veteran Benefits Rdr Filing Ltr 121708 _2_.pdf		

Certification of Reading Ease

RE: Form (s) SA-S-1420

Golden Rule Insurance Company, by Michael L. Corne, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: 41.3
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. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.
4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.
5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All applicable
6. The above form(s) will be used in:

<input checked="" type="checkbox"/> individual health insurance	<input type="checkbox"/> individual life insurance
<input type="checkbox"/> group health insurance	<input type="checkbox"/> group life insurance

1/8/2009
Date


Michael L. Corne
Vice President Health Products

Golden Rule®

A UnitedHealthcare Company

January 8, 2008

Dan Honey, Deputy Commissioner
Arkansas State Department of Insurance
Life, A&H, Annuities
1200 W. Third Street
Little Rock, Arkansas 72201-1904

Dear Mr. Honey:

Subject: Golden Rule Insurance Company
NAIC Company No.: 62286
Filing for Individual Health and Medicare Supplement Approval
Form: SA-S-1420, Veteran Benefits Rider

Enclosed and submitted for your approval is the rider form referenced above for use with Golden Rule Insurance Company's individual health and Medicare supplement business in Arkansas. The form is being submitted for approval to align policy language with our current practice, which has been in place for several years.

Please note that no rate will be associated with the rider form itself, and Golden Rule Insurance Company does not wish to change the current rates for individual health coverage or Medicare supplement coverage at this time.

To the best of my knowledge, this filing complies with the statutory and regulatory requirements of your state. The enclosed Readability Certification indicates that the form meets the requirements of your state.

If you have any questions regarding this filing, you may call 317-297-0358 collect and request to speak with me, or you may contact me by email at alferrell@goldenrule.com.

Thank you for your time and consideration of this filing.

Sincerely,



Anna Ferrell
Contract Analyst

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Enclosure

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Veterans' Benefits Rider	01/08/2009	SA-S-1420 form Filing 121708.pdf

VETERANS' BENEFITS RIDER

This rider is effective [on DATE, or at the same time as the *policy*, whichever is later].

By the attachment of this rider, *covered expenses* under the *policy* are amended to include charges for in-network covered health services provided by the Department of Veterans Affairs (VA) health care system, when such expenses are otherwise covered under the *policy* and are incurred by a *covered person* who is an enrolled veteran and eligible to receive care in the VA health care system.

Any *policy* provision, limitation, or exclusion that conflicts with this rider is amended to conform with this rider, but only to the extent of the conflict.

Covered expenses under this rider are subject to all the terms, conditions, restrictions, exclusions, and limitations of the *policy*, including [any applicable *deductible amounts*, coinsurance provisions, notification requirements, or maximum dollar limits].

This rider will not change, waive or extend any part of the *policy*, other than as set forth above.

Golden Rule Insurance Company

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Secretary