

SERFF Tracking Number:	AMMS-126035500	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	41665
Company Tracking Number:	MGR04326		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002A Large Group Only - PPO
Product Name:	MGR04326		
Project Name/Number:	MGR04326/MGR04326		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04326

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126035500 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: MGR04326

Co Status:

Author: Pat Allison

Date Submitted: 02/25/2009

State Tr Num: 41665

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/03/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04326

Project Number: MGR04326

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/03/2009

Deemer Date:

Filing Description:

The enclosed matrix paragraphs are submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue these forms 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, the Federation of American Consumers and Travelers. With the implementation of the enclosed matrix provisions, if the insured fails to meet the applicable deductible amount in any given calendar year, Golden Rule

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our domiciliary state of Indiana on February 14, 2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 03/03/2009

Corresponding Filing Tracking Number:

SERFF Tracking Number: AMMS-126035500 State: Arkansas
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will reduce the covered person's deductible amount by 20% for the following calendar year. The deductible credit will increase for each consecutive year in which the insured fails to incur claims in excess of the deductible to a maximum credit of 50%.

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 (317) 297-0358 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive (317) 297-0358 [Phone]
 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:
 (317) 297-0358 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$105.00
 Retaliatory? Yes
 Fee Explanation: \$35 X 3 forms=\$105
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$105.00	02/25/2009	25955542

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/03/2009	03/03/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Regarding the information you requested on the Association: Federation of American Consumers and Travelers	Note To Reviewer	Pat Allison	03/02/2009	03/02/2009
Association Group	Note To Filer	Rosalind Minor	02/26/2009	02/26/2009

SERFF Tracking Number: AMMS-126035500 *State:* Arkansas
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Disposition

Disposition Date: 03/03/2009

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	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	General Benefits	Approved-Closed	Yes

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Product Name: MGR04326
Project Name/Number: MGR04326/MGR04326

Note To Reviewer

Created By:

Pat Allison on 03/02/2009 02:15 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/03/2009 01:20 PM

Subject:

Regarding the information you requested on the Association: Federation of American Consumers and Travelers

Comments:

Information has been provided in Note to Reviewer via Filing AMMS-126029662.

SERFF Tracking Number: AMMS-126035500 *State:* Arkansas
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Product Name: MGR04326
Project Name/Number: MGR04326/MGR04326

Note To Filer

Created By:

Rosalind Minor on 02/26/2009 02:40 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/03/2009 01:20 PM

Subject:

Association Group

Comments:

Please see the Note to Filer on SERFF #AMMS-126029662. The information provided on the association will also be used to review this filing.

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Form Schedule

Lead Form Number: MGR04326

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04326	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04326 Form Gen 25 Ded Cred.pdf
Approved-Closed	MGR04327	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04327 Form Gen 25 Ded Cred.pdf
Approved-Closed	MGR04328	Policy/Cont	General Benefits ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04328 Form Gen 25 Ded Cred.pdf

DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Deductible credit*" means the amounts [shown on the Data Page] that may be offset against a *qualified covered person's* [individual/family stated deductible/applicable *deductible amount*] for the following calendar year.

DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Qualified covered person*" means a *covered person* who, for any given calendar year:

- (A) Did not [individually or when combined with all *covered persons* under the *policy/certificate*] incur sufficient *covered expenses* to meet [the individual/family stated deductible/applicable *deductible amount*]; [after applying any applicable *deductible credit*];
- (B) Has been a *covered person* for at least 6 consecutive months; and
- (C) Has been in active status for at least the last 6 months, if the UnitedHealth Continuity Rider is part of [the *policy/certificate*].

GENERAL BENEFITS

DEDUCTIBLE CREDIT: A *qualified covered person* will be eligible for a *deductible credit*. The *deductible credit*, if any, will be determined on a specific date, the "*determination date*", by the end of the [1st month of the calendar year] to which it applies. The *deductible credit* will be based on [the individual/family stated deductible/applicable *deductible amount*] as of the *determination date*. The *deductible credit* will not be affected by any changes to [the individual/family stated deductible/applicable *deductible amount*] stated in a rider to the *policy* and required as a condition of issuance of a *covered persons* coverage under the *policy*.

If a *covered person* is a *qualified covered person* for consecutive years, that *covered person* will be eligible for an increased *deductible credit* [as shown on the Data Page].

NOTE: If the *policy/certificate* was issued to meet the requirements for a tax-qualified status for a health savings account, the *deductible credit* will never reduce [the individual/family stated deductible/applicable *deductible amount*] below the minimum *deductible amount* required to maintain that tax-qualified status.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification

Review Status:

Approved-Closed

03/03/2009

Comments:

Attachment:

C006.3 P006.3 Readability 42008.pdf

Bypassed -Name: Application

Review Status:

Approved-Closed

03/03/2009

Bypass Reason: Does not apply to this filing.

Comments:

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