

SERFF Tracking Number: AMMS-126059680 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 41712  
Company Tracking Number: GRI-AP-132G  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term  
Product Name: Group Health  
Project Name/Number: Short Term Application/GRI-AP-132G-03

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Group Health

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.004 Short Term

Filing Type: Form

SERFF Tr Num: AMMS-126059680 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41712

Co Tr Num: GRI-AP-132G

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Lori Moline, Cindy Boyer

Disposition Date: 03/05/2009

Date Submitted: 03/04/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Short Term Application

Project Number: GRI-AP-132G-03

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/05/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 03/05/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Subject: Request for Group Health Approval

Application Form: GRI-AP-132G-03

Application form GRI-AP-132G-03 is submitted for your review and approval for use with Golden Rule's short term medical expense insurance business in your state. This form will be used by applicants seeking short term medical coverage under association group policies issued in another state.

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To the best of my knowledge, this filing complies with the statutory and regulatory requirements of your state. The application form has been drafted using simplified language. A Certification of Reading Ease indicating the Flesch score is included. The appropriate filing fee required by your state is included.

This form will be deemed approved after 30 days, unless we hear from you to the contrary.

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

## Company and Contact

### Filing Contact Information

Cindy Boyer, Senior Contract Analyst clboyer@goldenrule.com  
 7440 Woodland Drive (317) 297-0358 [Phone]  
 Indianapolis, IN 46278-9645 (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	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$20.00	03/04/2009	26108531

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/05/2009	03/05/2009

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## **Disposition**

Disposition Date: 03/05/2009

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>Form</b>	Short Term Health Application	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GRI-AP-132G-03	Application/ Short Term Health Enrollment Application Form	Initial		66	GRI-AP-132G-03.pdf

APPLICATION FOR SHORT TERM MEDICAL SM INSURANCE
GOLDEN RULE INSURANCE COMPANY - INDIANAPOLIS, INDIANA 46278-1719

PROPOSED INSURED

First Middle Initial Last SS No. Birth Date Age Sex Male Female

RESIDENT ADDRESS P.O. Boxes are not accepted.

Street (Include Apt.) City State ZIP County Telephone No.

1. List below any dependents to be covered under the policy/certificate.

Table with columns: Dependent's Name (Last, First, M.I.), Social Security Number, Relationship, Date of Birth, Gender. Includes a 'Spouse' entry.

\*If born within 30 days prior to the effective date of coverage, the person will not be covered under the policy/certificate.

- 2. Are you or is any family member... an expectant mother or father...?
3. Have you or has anyone named above been declined for insurance due to health reasons?
4. Have you or has any person named in Question 1 lived in the 50 states of the USA...?
5. Do you or does any person named in Question 1 now have hospital or medical expense insurance...?
6. Within the last [5] years, have you or has anyone listed on the application received medical or surgical consultation...?
7. Within the last [5] years, have you or has anyone listed on the application received treatment, advice, medication, or surgical consultation for HIV infection...?

PLAN: PLAN A PLAN B

DEDUCTIBLE: \$ 250 \$ 500 \$ 1,000 \$ 1,500 \$ 2,500 \$ 5,000 \$ 10,000
REQUESTED EFFECTIVE DATE: / /

PAYMENT OPTION: SINGLE MONTHLY

MONTHS OF COVERAGE: 1 2 3 4 5 6 7 8 9 10 11 12

DAYS OF COVERAGE:

STATEMENT OF UNDERSTANDING

I have read this application and represent that the information shown on it is true and complete. I understand that: (a) no insurance will become effective unless my application is approved and the appropriate premium is actually received by Golden Rule [at its Lawrenceville or Indianapolis Office] with this application; (b) no benefits will be paid for a health condition that exists prior to the date insurance takes effect; and (c) if coverage is issued, the coverage will not be a continuation of any prior coverage.

X Proposed Insured's Signature or Parent/Legal Guardian if proposed insured is a child
X State where you signed this application
X Date you signed and read application

Licensed Agent or Broker (Please Print.)

Individual Producer #

The state of Arkansas requires that we provide you with the following information: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Important Note: "Postmark date" means the date of the postmark as affixed by the U.S. Postal Service.



[No application will be accepted if received by Golden Rule more than 15 days after the date signed.]

ALTERED APPLICATIONS WILL NOT BE ACCEPTED.

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 03/05/2009  
**Comments:**  
**Attachment:**  
Reading Cert GRIAP132-03G.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 03/05/2009  
**Bypass Reason:** This filing is for the application only. Please see the Form Schedule Tab.  
**Comments:**

Certification of Reading Ease

RE: Form (s) GRI-AP-132G -03

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: 66.1
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: Arkansas
6. The above form(s) will be used in:  
 individual health insurance       individual life insurance  
 group health insurance       group life insurance

Date

3/2/009

  
Michael L. Corne  
Vice President Health Products