

SERFF Tracking Number: UNAM-126050465 State: Arkansas
Filing Company: Marquette National Life Insurance Company State Tracking Number: 41662
Company Tracking Number: MN-COA 2/09
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Certificate of Acceptance
Project Name/Number: /

Filing at a Glance

Company: Marquette National Life Insurance Company

Product Name: Certificate of Acceptance

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: UNAM-126050465 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: MN-COA 2/09

Co Status:

Author: Holly Parenti

Date Submitted: 02/26/2009

State Tr Num: 41662

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 03/12/2009

Disposition Status: Filed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/12/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/12/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Marquette National Life Insurance Company

NAIC No. 71072 FEIN No. 23-2641398

New Submission:

Application MN-COA 2/09

Dear Sir/Madam:

Enclosed please find the above referenced form submitted for your review and approval. This form is new and is not intended to replace any form previously approved by your department.

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Our intent with the Certificate of Acceptance is to offer policyholders who have just been through the underwriting process with Medicare Supplement, a 30-day period during which they can elect to purchase one or all of the following additional policies:

- a Level Death Benefit Whole Life policy, with death benefit choices of \$2500, \$4000, \$6000 or \$10000.
- a Limited Benefit Nursing Facility policy, with daily benefit amounts ranging from \$50 - \$200 daily (in \$50 increments) for benefit periods of 180 days.
- a Hospital Confinement Indemnity policy, with daily benefit amounts of \$50, \$100, \$200 or \$300.

These policy forms have been approved by your department, and are subject to underwriting. However, because we will have just completed the underwriting process for the Medicare Supplement plan, we are willing to offer them without further proof of insurability.

The additional policy forms may be issued by affiliate companies of [Marquette National Life Insurance Company]. We hope these forms will meet with your approval. If you have any questions or comments, please feel free to contact me at 800-538-1053, extension 8531 or by e-mail at hparenti@uafc.com. My fax number is 407-995-8021. Thank you for your time and consideration regarding this filing.

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Marquette National Life Insurance Company CoCode: 71072 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001
Lake Mary, FL 32746 Group Name: State ID Number:
(407) 995-8000 ext. [Phone] FEIN Number: 36-2641398

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Marquette National Life Insurance Company	\$50.00	02/26/2009	25978419

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/12/2009	03/12/2009

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Disposition

Disposition Date: 03/12/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Certification of Acceptance	Filed	Yes

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Form Schedule

Lead Form Number: MN-COA 2/09

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	MN-COA 2/09	Application/Certification of Enrollment Acceptance Form	Initial			MN-COA 2-09.pdf

Certificate of Acceptance

POLICY NUMBER: [F1d0002] NAME: [John Doe] PHONE: [555-555-5555]

I am interested in your 30-day offer. (Please complete, sign and date below.)

This offer is good through [May 1, 2009]

I am not interested. (Please return in reply envelope.)

The coverage I want issued is checked below:

Life Insurance		Acute Care			Hospital Indemnity	
FACE AMOUNT	PREMIUM	DAILY BENEFIT	NURSING HOME DAYS	PREMIUM	DAILY BENEFIT	PREMIUM
<input type="checkbox"/> \$2,500	[\$00000]	<input type="checkbox"/> \$50	180	[\$00000]	<input type="checkbox"/> \$50	[\$00000]
<input type="checkbox"/> \$4,000	[\$00000]	<input type="checkbox"/> \$100	180	[\$00000]	<input type="checkbox"/> \$100	[\$00000]
<input type="checkbox"/> \$6,000	[\$00000]	<input type="checkbox"/> \$150	180	[\$00000]	<input type="checkbox"/> \$200	[\$00000]
<input type="checkbox"/> \$10,000	[\$00000]	<input type="checkbox"/> \$200	180	[\$00000]	<input type="checkbox"/> \$300	[\$00000]

(The premium quoted is the same billing frequency as your new Medicare Supplement policy.)

If the chosen method of payment is by pre-authorized check (PAC), the first and subsequent premiums will be added to the current PAC deduction.

I choose the following persons as my designated beneficiary(ies):

Beneficiary: _____ Relationship: _____

Social Security #: _____

Contingent Beneficiary: _____ Relationship: _____

Social Security #: _____

I hereby request that [Marquette National Life Insurance Company] issue a [type of policy].

I agree that this [Marquette National Life Insurance Company] policy is to be issued upon the application and medical information executed in conjunction with my Marquette National Life Insurance Company Medicare Supplement policy [policy number]. Such application shall become a part of this [life insurance policy]. Any misstatement of material information contained on my application may result in a rescission of this [life insurance policy].

Effective Date: [May 1, 2009]

Issued by Marquette National Life Insurance Company

Accepted By: _____

Signature of Policyholder/Applicant

Amy W. Bryant
President

Date: _____

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Rate Information

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Supporting Document Schedules

<p>Satisfied -Name: Flesch Certification</p> <p>Comments:</p> <p>Attachment: Readability Certification.pdf</p>	<p>Review Status: Accepted for Informational Purposes 03/12/2009</p>
<p>Bypassed -Name: Application</p> <p>Bypass Reason: Form is uploaded under the Form Schedule tab</p> <p>Comments:</p>	<p>Review Status: 02/25/2009</p>
<p>Bypassed -Name: Health - Actuarial Justification</p> <p>Bypass Reason: N/A</p> <p>Comments:</p>	<p>Review Status: 02/25/2009</p>
<p>Bypassed -Name: Outline of Coverage</p> <p>Bypass Reason: N/A</p> <p>Comments:</p>	<p>Review Status: 02/25/2009</p>

READABILITY CERTIFICATION
for
MARQUETTE NATIONAL LIFE INSURANCE COMPANY

MN-COA 2/09	Certificate of Acceptance	45.9
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146 Words
258 Syllables
13 Sentence

I certify that the Flesch Reading Ease Score(s) for the above form(s) is/are true and correct.


Michelle Doherty
Vice President, Compliance
February 24, 2009